

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil well ☐ gas well ☒ other ☐
2. NAME OF OPERATOR  
Energy Reserves Group, Inc.
3. ADDRESS OF OPERATOR  
P. O. Box 3280 Casper, Wyoming 82602
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1650' FSL, 990' FEL (SW NE SE)  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

- | REQUEST FOR APPROVAL TO:                      | SUBSEQUENT REPORT OF:    |
|---|--------------------------|
| TEST WATER SHUT-OFF <input type="checkbox"/>  | <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/>       | <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/>     | <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/>          | <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | <input type="checkbox"/> |
| MULTIPLE COMPLETE <input type="checkbox"/>    | <input type="checkbox"/> |
| CHANGE ZONES <input type="checkbox"/>         | <input type="checkbox"/> |
| ABANDON* <input type="checkbox"/>             | <input type="checkbox"/> |
| (other) <u>Temporary Abandonment</u>          | <u>X</u>                 |

5. LEASE  
SF 078903-A
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME  
Gallegos Canyon Unit-PC
8. FARM OR LEASE NAME
9. WELL NO.  
30
10. FIELD OR WILDCAT NAME  
Kuts, West Pictured Cliffs
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 33-T28N-R12W
12. COUNTY OR PARISH  
San Juan
13. STATE  
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
5758' K.B.

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

Well has downhole problems. Approval is requested to temporarily abandon the well while an evaluation is conducted to determine what to do with it.

**\* Approval is limited to one year. Report results of evaluation upon completion, or no later than one year from now. Change well status on 9-331 from GI to T/A.**

RECEIVED

AUG 01 1979

Subsurface Safety Valve: Manu. and Type

U. S. GEOLOGICAL SURVEY

Set @

Ft.

18. I hereby certify that the foregoing is true and correct

Dist. Prod. Engr.

SIGNED

Alan B. Barner

TITLE

RMD

DATE

August 6, 1979

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

\* See Above

\*See Instructions on Reverse Side

N/MOC

DATE

AUG 07 1979

ALAN B. BARNER, ENGR.