

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side.)

Form approved,
Budget Bureau No. 42 R1424.
5. LEASE DESIGNATION AND SERIAL NO.

1-149-IND-8470
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 "APPLICATION FOR PERMIT--" for such proposals.)

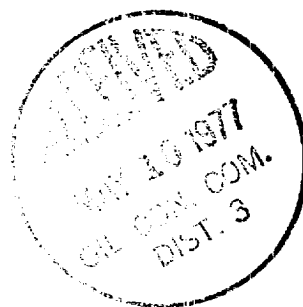
1. OIL WELL ☐ GAS WELL ☒ OTHER		7. UNIT AGREEMENT NAME Gallegos Canyon Unit
2. NAME OF OPERATOR ENERGY RESERVES GROUP, INC.		8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR P. O. Box 3210, Casper, Wyoming 82602		9. WELL NO. 48
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1650' FSL, 1650' FWL (NE SW)		10. FIELD AND POOL, OR WILDCAT Kutz Pict. Cliffs, West
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 30-T28N-R12W
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5757' DF	12. COUNTY OR PARISH San Juan
		13. STATE New Mexico

10. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☒
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) <u>Temporary Abandonment Extension</u> ☐	(Note: Report results of multiple completion on Well Completion or Reconpletion Report and Log form.)

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 is still being evaluated for further production, therefore, a Temporary Abandonment Extension is requested.



RECEIVED

MAY 10 1977

18. I hereby certify that the foregoing is true and correct
SIGNED Lester L. Fisher TITLE District Clerk DATE 5/5/77
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: