

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.)

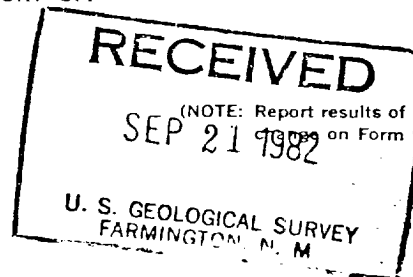
1. oil well <input type="checkbox"/> gas well <input type="checkbox"/> other <input type="checkbox"/>	5. LEASE SF - 078106
2. NAME OF OPERATOR Energy Reserves Group, Inc.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Gallegos Canyon Unit
3. ADDRESS OF OPERATOR P.O. Box 3280 Casper, WY 82602	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 660' FNL 780' FWL AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	8. FARM OR LEASE NAME
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	9. WELL NO. #131
	10. FIELD OR WILDCAT NAME West Kutz Pictured Cliffs
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 17, T28N-R12W
	12. COUNTY OR PARISH San Juan
	13. STATE New Mexico
	14. API NO.
	15. ELEVATIONS (SHOW DF, KDB, AND WD)

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>
(other)	<input type="checkbox"/>

SUBSEQUENT REPORT OF:

	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input checked="" type="checkbox"/>



(NOTE: Report results of multiple completion or zone changes 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.)*

The referenced location and access road has been rehabilitated and is ready for your inspection.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED William J. [Signature] TITLE Adm. Field Services DATE September 17, 1982

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

*See Instructions on Reverse Side

NMOCC

FARM
BY JK