

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

SF - 078904

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Gallegos Can. Unit- P.C.

8. FARM OR LEASE NAME

9. WELL NO.

267

10. FIELD AND POOL, OR WILDCAT

Kutz Pictured Cliffs, West

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 23-T28N-R12W

12. COUNTY OR PARISH 13. STATE

San Juan N. Mexico

1. OIL ☐ GAS ☒ OTHER ☐
WELL WELL

2. NAME OF OPERATOR

Energy Reserves Group, Inc.

3. ADDRESS OF OPERATOR

P. O. Box 3280, Casper, WY 82602

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1960' FNL, 1700' FEL (NE SW NE)

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

5797' GRD

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☐CHANGE PLANS ☐Charge well location ☒

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐(NOTE: Report results of multiple completion on Well
Completion or Recompletion 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 perti-
nent to this work.)

At the recent inspection of this location by representatives of the appropriate regulatory agencies, it was agreed to move the location as follows, to get closer to an orthodox location and improve the drill site.

From: 2030' FNL, 1830' FEL (SE SW NE)
To : 1960' FNL, 1700' FEL (NE SW NE)

NOV 26 1976

U. S. GEOLOGICAL SURVEY

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

SIGNED

Dean B. Barnes

TITLE Dist. Prod. Engr.- RMD DATE 11-23-76

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: