Form 9-331 (May 1963)

UNITED STATES

SUBMIT IN TRIPLICATE*

Form approved. Budget Bureau No. 42-R1424.

ENT	OF	THE	INTERIOR	verse side)	

DEPARTMENT OF TH	SF-078904			
SUNDRY NOTICES AND R (Do not use this form for proposals to drill or to d Use "APPLICATION FOR PERMIT	EPORTS C	ON WELLS ack to a different reservoir.	G. IF INDIAN, A	LLOTTEE OR TRIBE NAME
OIL GAS X OTHER		7. UNIT AGREEMENT NAME Gallegos Canyon Unit-P.C. 8. FARM OR LEASE NAME		
2. Name of operator nergy Reserves Group, Inc.				
3. ADDRESS OF OPERATOR	9. WELL NO.	9. WELL NO.		
P. O. Box 3280, Casper, WY 826	267			
4. LOCATION OF WELL (Report I ceation clearly and in accord See also space 17 below.) At surface		State requirements.		ured Cliffs, West
1960' FNL, 1700' FEL (NE	SW NE)		SURVEY	-T28N-R12V
14. PERMIT NO. 15. ELEVATIONS (Show whether DF	, RT, GR. etc.)	1	PARISH 13. STATE
	5,797'; I	C.B. 5,806'	San Juan	New Mexico
16. Check Appropriate Box T	o Indicate N		or Other Data	
NOTICE OF INTENTION TO:	[٦	
TEST WATER SHUT-OFF PULL OR ALTER CAS: FRACTURE TREAT MULTIPLE COMPLETI		WATER SHUT-OFF FRACTURE TREATMENT		AIRING WELL ERING CASING
FRACTURE TREAT SHOOT OR ACIDIZE ABANDON*		SHOOTING OR ACIDIZIN	G ABA	NDONMENT*
REPAIR WELL CHANGE PLANS		(Other)	results of multiple com	pletion on Well
(Other)		1 Completion or R	ecompletion Report and	Log form.)
 Describe Proposed or Completed Operations (Clearly st proposed work. If well is directionally drilled, give nent to this work.) * 	tate all pertinen subsurface loca	it details, and give pertinent tions and measured and true	vertical depths for all	markers and zones perti-
The above described well was spurilled 9-7/8" hole to 94' K.B. Ran 2 jts. 82.16' Net, 7" O.D., Cemented w/50 sx. Class "A" cemer Plug down at 2:00 P.M., 2-9-77 Good cement returns. Tested BOPE to 400 psi, held O.E. Drilled out at 11:00 A.M., 2-10-	20#, 8RTH nt w/3% (1, R-3, SS, <u>USED</u> c CaCl2.		at 93' K.B.
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	- ;			
18. I hereby certify that the foregoing is true and correct				0.31.77
SIGNED Science (1) Allegan	TITLE OPE	erations Supt Dr	illing DATE	Z-11-//
(This space for Federal or State office use)				
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE		DATE _	