WE'L

UNITED STATES SUBMIT IN TRIPLICATE* DEPARTMENT OF THE INTERIOR (Other Instructions on reverse side)

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

ß	IF INDIAN, A			NAME
	I-149-	Tnd-8	7.71	
		•		

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 "APPLICATION FOR PERMIT—" for such proposals.)

-	7. UNIT AGREEMENT NAME
	Gallegos Canyon-P.C.

2. NAME OF OPERATOR Energy Reserves Group, Inc.

WELL X

3. ADDRESS OF OPERATOR

OTHER

9. WELL NO.

82602 P. O. Box 3280, Casper, WY 276 LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)

At surface 10. FIELD AND POOL, OR WILDCAT

1650' FSL & 1090' FEL (SWNESE)

(utz Pictured CLiffs, Wes
11. SEC., T., B., M., OR BLK. AND
SURVEY OR AREA

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

Sec. 25-T28N-R13W 2. COUNTY OR PARISH 13. STATE

Ground - 5,798'; K.B. - 5,807'

San Juan New Mexico

16.

14. PERMIT NO.

(Other)

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

NOTICE OF INTENTION TO: PULL OR ALTER CASING TEST WATER SHUT-OFF MULTIPLE COMPLETE FRACTURE TREAT SHOOT OR ACIDIZE ABANDON* CHANGE PLANS REPAIR WELL

REPAIRING WELL WATER SHUT-OFF FRACTURE TREATMENT ALTERING CASING ABANDON MENT* SHOOTING OR ACIDIZING WellHistory

SUBSEQUENT REPORT OF:

(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 pertinent to this work.)*

Drilled 6-1/4" hole to 1,580'. Ran Logs. Ran 48 jts. - 4-1/2" O.D., 9.5#, 8rth, K-55, ss, R-2 & R-3, USED casing set at 1,575' (K.B.). Cemented w/130 sacks of Class "A" cement. Plug down at 8:50 P.M., 1-21-77. Good returns throughout job. W.O.C.T.



18. I hereby certify that the foregoing is true and correct SIGNED 18. Samuel	THTLE Dist. Prod. Engr RMD	DATE 1-24-77
(This space for Federal or State office use)		
APPROVED BY	TITLE	DATE