

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 ☐ gas ☒ well ☐ other
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. See space 17 below.)
AT SURFACE: 1,520' FSL & 1,520' FEL(NW/SE)
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other)

SUBSEQUENT REPORT OF:

☒
☐
☐
☐
☐
☐
☐
☐

5. LEASE
SF-078019
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

E.H. Pipkin

9. WELL NO.

7-E

10. FIELD OR WILDCAT NAME

Basin-Dakota

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

Sec. 35T-28N-R11W

12. COUNTY OR PARISH 13. STATE

San Juan New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
-
- GL - 5,899' KB 5,909'

(NOTE: Report results of multiple completion or zone change 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 above referenced well was spudded @ 9:00 pm 10-27-79.
Drilled 12-1/4" hole to 854' (KB) set 8-5/8" O.D., 24#, 8rth, ST&C,
SS R-3, new casing set @ 842' (KB) cemented w/625 sks of Class "B"
cement w/2% CaCl₂ & 1/4# Flocele/sx. Plug down @ 10:00 pm 10-29-79.
Good cement returns.
Pressure tested BOPE to 600 psi - held ok. Drilled out w/7-7/8" bit.
11-1-79 - Drilling 7-7/8" hole @ 2,334.

Subsurface Safety Valve: Manu. and Type

Set @

Ft.

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

SIGNED James H. Supt. TITLE Dr1g. Supt. DATE 11-1-79

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY.

TITLE

DATE

NMOCC

*See Instructions on Reverse Side