5. LEASE

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

DEPARTMENT OF THE INTERIOR	SF - 0/8904
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
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.)	7. UNIT AGREEMENT NAME Gallegos Canyon Unit 8. FARM OR LEASE NAME
1. oil gas well other	Gallegos Canyon Unit 9. WELL NO.
2. NAME OF OPERATOR Energy Reserves Group, Inc.	291 10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	West Kutz-Pictured Cliffs
P.O. Box 3280, Casper, Wyoming 82602 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 23T28N-R12W
AT SURFACE: 1,850' FSL & 1,830' FEL (NW/SE) AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	12. COUNTY OR PARISH 13. STATE San Juan New Mexico
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. API NO.
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD) G.L. 3,760 KB - 5,770
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: FEST WATER SHUT OFF FRACTURE TREAT SHOOT OR ACIDIZE FRACTOR ACIDIZE SHOOT OR ACIDIZE FRACTOR ACIDIZE SHOOT OR ACIDIZE SHOT	3,70
REPAIR WELL	(NOTE: Report results of multiple completion or zone shange of Form 9–330.)
CHANGE ZONES	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is di measured and true vertical depths for all markers and zones pertinen. The above referenced well was spudded.	rectionally drilled, give subsurface locations and to this work.)*
Drilled 12-1/4" to 132'. Ran 3 jts. 8 new casing set @ 131' (K.B.) Cemented w/100 and 1/4# Flocele/sx. Plug down @ 6:00 pm 12	-5/8" OD 20#, 8rth, MU.46, ST&C sx of Class "B" cement w/3% CaCl.
Nipple up and pressure tested BOPF to 800 pe	

Drill 6-3/4" hole to 1,817' and ran logs.

Ran 46 jts. 4-1/2" OD 9.5#, K-55, R-3, SS, ST&C ne cemented w/400 sx 50-50 Pozmix w/1/4# Celloflake/sx. Plus Good cement returns.

Subsurface Safety Valve: Manu. and Type

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

TITLE Drilling Supt. DATE

(This space for Federal or State office use)

APPROVED BY ______ TITLE _
CONDITIONS OF APPROVAL, IF ANY:

DATE

ACCEPTED E.

338

Ft.

NMOCC

*See Instructions on Reverse Side

DEC 27 '79

FARMINGTON DISTRICT