## UNITED STATES DEPARTMENT OF THE INTERIOR

UNITED STATES	5. LEASE 27 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
DEPARTMENT OF THE INTERIOR	SF-078807-A
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
	- C L
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
(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 gas 🖶	8. FARM OR LEASE NAME
well gas well other	9. WELL NO
2. NAME OF OPERATOR	321
Energy Reserves Group, Inc.	10. FLELD OR WILDCAT NAME COST KILLS
3. ADDRESS OF OPERATOR	10. FIELD OR WILDCAT NAMEWEST Kutz Pictured Cliffs
Box 3280 Casper, Wyoming 82602	11. SEC., T., R., M., OR BLK. AND SURVEY OR
<ol> <li>LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)</li> </ol>	AREA Sec. 12, T28N-R13W = 1=
AT SURFACE: 810' FSL & 1540' FEL	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL:	San Juan - New Mexico
AT TOTAL DEPTH:	14. API NO
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	5684 GR
TEST WATER SHUT-OFF	> 하세 :   (* 한세 : ) * * * * * * * * * * * * * * * * * *
FRACTURE TREAT	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
SHOOT OR ACIDIZE REPAIR WELL	ରେ%ା ∖୍ଞାରିୟା ହିଲ୍ଲିକ
PULL OR ALTER CASING T	(NOTE: Report results of multiple completion or zone change on Form 9–330.)
MULTIPLE COMPLETE	SURVERTINE TO THE STATE OF THE
CHANGE ZONES	
(other) Change Casing Program \ v. s.	
· · · · · · · · · · · · · · · · · · ·	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly statincluding estimated date of starting any proposed work. If well is d	e all pertinent details, and give pertinent dates,
measured and true vertical depths for all markers and zones pertiner	it to this work.)*
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It is proposed to change the casing p	program on the above reference
well.	
From - 0'-120' - 8-5/8" - 24# - K-55	- ST&C - New Casing
To - 0'-120' - 7" - 17# - H-40 - ST&C	J - New Casing.
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Subsurface Safety Valve: Manu. and Type	Se @ Ft./
18. I hereby certify that the foregoing is true and correct	
SIGNED TITLE ield Service	2-23-81 -
(This space for Federal or State offi	ce use)
APPROVED BY TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:	흥효성되는 남리 얼린지의
ATTICNED	골속절심한 원리 취임실하
FEB 2.7 1081 See Instructions on Reverse S	id <b>e</b>

NMOCC