CHANGE ZONES ABANDON*

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UNITED STATES DEPARTMENT OF THE INTERIOR **GEOLOGICAL SURVEY**

	Budget B	ureau N	o. 42–R14	24
5. LEASE	, 4 · ·	.5		_
SF-078807-A	:			
6. IF INDIAN, ALLO	TTEE OF	TRIBE	NAME	
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7. UNIT AGREEME	NT NAM	Ε		_
Gallegos Can	yon Un	it	1 1	
8. FARM OR LEASE	NAME			
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9. WELL NO.	-			
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10. FIELD OR WILD West Kutz Pic		_	ff.	
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11. SEC., T., R., M., AREA	OR BLK	AND	URVEY	UR
<u>Sec. 12-T28N</u>	-R13W		\$ P	
12. COUNTY OR PA		B. STAT	ΓE	
San Juan	N	ew Me	exico	
14. API NO.				
15. ELEVATIONS (S				/D)
G.L. 5,684';	K.B.	5,686)	_
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DIST. 3

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.) gas well well other 2. NAME OF OPERATOR Energy Reserves Group, Inc. 3. ADDRESS OF OPERATOR P.O. Box 3280 - Casper, Wyoming 82602 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 AT SURFACE: 810' FSL & 1,540' FEL (SW/SE) AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE. REPORT, OR OTHER DATA SUBSEQUENT REPORT OF: REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE

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.)*

Energy Reserves Group, Inc., as operator of the subject well proposes to squeeze the 7" surface casing - 4-1/2" production annulus w/50 sx 50-50 Pozmix cement to cover the Ojo Alamo w/cement (according to R. Tucker Attebery, consulting geologist, the Ojo Alamo lies from the bottom of the surface casing to 206' the top of the cement is 0 \pm 350'. The above cement should yield sufficent volume to bring cement from the present top back to surface).

Subsurface Safety Valve: Manu. and Type 18. I hereby certify that the foregoing is true and correct SIGNED	to deliberate at the least of t	Ft.
	to account of the state of the	

CONDITIONS OF APPROVAL, IF ANY:

DATE