

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, Wyoming 82602

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1,455' FSL & 1,750' 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  
I-149-IND-8474

6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
Navajo

7. UNIT AGREEMENT NAME  
Gallegos Canyon Unit

8. FARM OR LEASE NAME

9. WELL NO.  
310

10. FIELD OR WILDCAT NAME  
Pinon Fruitland

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 9-T28N-R12W

12. COUNTY OR PARISH  
San Juan

13. STATE  
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
5,401' G.L.

(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 GCU #310 was permitted and drilled as a Pictured Cliffs well in the West Kutz Pictured Cliffs Field. The well was also completed in the Pinon Fruitland Field as a Fruitland producer.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_

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

SIGNED

P. Wagner

TITLE Prod. Engr-RMD

DATE

JUL 15 1981

(This space for Federal or State office use)

APPROVED BY

TITLE

BY

DATE

CONDITIONS OF APPROVAL, IF ANY:

NMOC

\*See Instructions on Reverse Side