

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  
Box 3280, Casper, Wy. 82602
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE:  
AT TOP PROD. INTERVAL: 880' FSL 1850' FWL  
AT TOTAL DEPTH: (SE/SW)

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\*
- ☐

## SUBSEQUENT REPORT OF:

- ☐
- 
- ☐
- 
- ☐
- 
- ☐
- 
- ☐
- 
- ☐
- 
- ☐
- 
- ☐
- 
- (other)
- Delete producing zone

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.  
22
10. FIELD OR WILDCAT NAME  
West Kutz Pictured Cliffs
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 35, T28N-R11W
12. COUNTY OR PARISH  
San Juan
13. STATE  
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
5904' GR

(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 permitted to be a multi-zone completion (Kutz Fruitland & West Kutz Pictured Cliffs). This notice is to inform you that we plan only to produce the West Kutz Pictured Cliffs formation.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED [Signature] TITLE Field Services Adm. DATE 8-18-81

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

NMOCC

\*See Instructions on Reverse Side