

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYForm Approved.
Budget Bureau No. 42-R1424

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 ☐ gas ☒ other ☐
2. NAME OF OPERATOR
Energy Reserves Group, Inc.
3. ADDRESS OF OPERATOR
P. O. Box 3280, Casper, WY 82602
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) NE $\frac{1}{4}$ SE $\frac{1}{4}$, Sec. 14, T28N-R12W
AT SURFACE:
AT TOP PROD. INTERVAL: 1335/S 1070/E
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

- REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:
- TEST WATER SHUT-OFF ☐ ☐
- FRACTURE TREAT ☐ ☐
- SHOOT OR ACIDIZE ☐ ☐
- REPAIR WELL ☐ ☐
- PULL OR ALTER CASING ☐ ☐
- MULTIPLE COMPLETE ☐ ☐
- CHANGE ZONES ☐ ☐
- ABANDON* ☐ ☐
- (other) Permit to Drill ☐

RECEIVED

AUG 22 1983

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

(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.)*

Please extend the application for permit to drill for the above referenced well.

extended to 3/16/84

RECEIVED
AUG 26 1983
OIL CON. DIV.
DIST. 3

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED [Signature] TITLE Field Services Administrator DATE August 18, 1983

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCC

