

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

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 "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	7. UNIT AGREEMENT NAME Gallegos Canyon Unit
2. NAME OF OPERATOR Energy Reserves Group, Inc.	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR P. O. Box 3280 Casper, Wyoming 82602	9. WELL NO. 341
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1575' FNL & 1180' FWL	10. FIELD AND POOL, OR WILDCAT West Kutz Pictured Cliffs
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 16 T28N-R12W
15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR-5479'; KB-5487'	12. COUNTY OR PARISH 13. STATE San Juan New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input checked="" type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input checked="" type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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 subject well was recompleted as follows:

- 3-29-85: MI RUCT. Installed BOPE. TOOH w/tbg. Set CIBP w/wireline @ 1326'. TIH w/tbg. Mix and spotted 6 sx of C1 "B" w/2% CaCl₂ onto CIBP. PU to 1202'. Reverse tubing clean w/2% KCl water. Pressure tested plug to 1000 psi-Held O.K. SIFN.
- 3-30-85: Swabbed fluid level to 600'. TOOH. Perf'd Fruitland @ 1024'-30', 1037'-48', and 1051' 52' w/1 JSPF. SIFN and Sunday.
- 4-1-85: PU packer and TIH to 920'. Set packer. Broke down perfs w/1000 gals 2% KCl water and dropping 30 ball sealers. Released packer and TIH past perfs. Blew well dry w/ N₂. TOOH. Frac'd down casing @ 15 BPM w/23,000 gals of 70 Q foam w/30,500# 10-20 sand. Flowed back frac.
- 4-2-85: Blew well down. TIH w/tbg and expendable check valve. Cleaned out well to 1228' (P.B.T.D.) w/N₂. PU and landed tbg @ 1195'. ND BOP. NU wellhead. Pumped off check. RD MOCT. Put well on test thru 3/8" choke nipple.
- 4-3-85: Well stabilized @ 347 MCFD w/FTP-90 psig. SI well @ 8:00 A.M. for 7 days build-up.

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

SIGNED Paul C. Bertoglio
Paul C. Bertoglio

TITLE Petroleum Engineer

DATE 4-3-85

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side