

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form approved.
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. 353 |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1470' FSL & 1060' FEL | 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 22 T28N-R12W |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR-5693', KB-5701' | 12. COUNTY OR PARISH San Juan |
| | 13. STATE 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"/> | |

SUBSEQUENT REPORT OF:

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

(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 spudded @ 8:30 A.M. 7-8-85. Drld 12 1/4" hole to 135'. Ran 3 jts 8 5/8" 24# K-55 ST&C to 135'. Cmt'd w/100 sx (118 ft³) Class "B" w/2% CaCl₂ and 1/4#/sx Flocele. Plug down at 12:15 P.M. 7-8-85. Good circ throughout. Circ 5 bbls (24 sx) cmt to the surface. W.O.C. 12 hrs. NU BOPE. Pressure tested to 500 psi-Held O.K.

Drld 6 1/4" hole to 1540'. Ran GR-CDL-CNL and SP-DIL logs. Ran 38 jts 4 1/2" 10.5# K-55 ST&C to 1540'. Cmt'd w/275 sx (346.5 ft³) 50-50 Pozmix w/2% gel, 0.5% TF-4, and 1/2#/sx Celloflake. Plug down @ 10:30 A.M. 7-10-85. Good circ throughout. Circ 5 bbls (22 sx) cmt to the surface.

W.O.C.T.

RECEIVED

JUL 19 1985

OIL CON. DIV.
DIST. 3

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

SIGNED Paul Bertoglio TITLE Petroleum Engineer DATE 7-12-85
Paul Bertoglio
(This space for Federal or State office use)

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

*See Instructions on Reverse Side

NMOC