

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 ☒ gas ☐ other ☐
well well

2. NAME OF OPERATOR
ENERGETICS, INC.

3. ADDRESS OF OPERATOR
333 W. Hampden Ave., Suite 1010, Englewood, Colo

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 550' FNL & 1880' FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH: Same

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) ☐ ☐

5. LEASE
NOO-C-1420-1716

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Mountain Ute Co

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Ute 18

9. WELL NO.
31

10. FIELD OR WILDCAT NAME
Verde Gallup

11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA
Sec 18-31N-17W

12. COUNTY OR PARISH
San Juan

13. STATE
NM

14. API NO.

15. ELEVATIONS (SHOW DE KDB AND WD)
5941

(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.)*

Drill 7 7/8" hole to 2425'. Ran induction electric open hole log from 2000 to surface for correlation. Ran 5 1/2" 14# casing and landed at 2425'. Cemented with 150 sk Class "B" with 2% Gel. Plug down at 1915 hours. Now waiting on completion unit.

Subsurface Safety Valve: Manu. and Type _____

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

SIGNED John Alexander TITLE Agent DATE 12-19-73

(This space for Federal or State office use)

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