

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

102 Inverness Terrace East, Englewood, Colo 80111

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 6801'/S & 1670'/E

AT TOP PROD. INTERVAL: 4

AT TOTAL DEPTH: 4

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* ☐(other) ☐

SUBSEQUENT REPORT OF:

☒☐☐☐☐☐☐☐5. LEASE
Noo-C-1420-17206. IF INDIAN, ALLOTTEE OR TRIBE NAME
Mountain Ute

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Ute 149. WELL NO.
3410. FIELD OR WILDCAT NAME
Verde Gallup11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA
14-31N-15W12. COUNTY OR PARISH
San Juan13. STATE
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
5606 GL

(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.)*

Move in and rig up rotary tools. Spud 12 $\frac{1}{4}$ " hole at 2:30 AM 12-23-78. Drill to 93' and run 8 5/8" 24 lb casing. Set casing at 90'. Cement with 70 sacks Class "B" +2% CaCl₂. Circulate 10 sack cement. Plug down at 11:00AM 12-23-78. W.O.C. 12 hours

Subsurface Safety Valve: Manu. and Type _____

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

SIGNED

John Alexander
John Alexander

TITLE

Agent

DATE

2-28-79

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____