

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 ☒ well gas ☐ well other ☐
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: 1
AT TOTAL DEPTH: 1

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-1420-1720
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Mountain Ute
7. UNIT AGREEMENT NAME
Ute 14
8. FARM OR LEASE NAME
34
9. WELL NO.
Verde Gallup
10. FIELD OR WILDCAT NAME
11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA
14-31N-15W
12. COUNTY OR PARISH
San Juan
13. STATE
NM
14. API NO.
5606 GL
15. ELEVATIONS (SHOW DF, KDB, AND WD)

(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 from 94' to 2061' and ran IES log for correlation. Continue drilling to 2200'. Ran 53 joints 5 1/2" 15.5 lb casing and set at 2199'. Cemented with 75 sacks Class "B" with good circulation through out job. Plug down at 2:00 AM 1-1-79. Now waiting on cable tools.

Subsurface Safety Valve: Manu. and Type _____

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

SIGNED 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:

