

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 80112
102 Inverness Terrace East, Englewood, Colo.

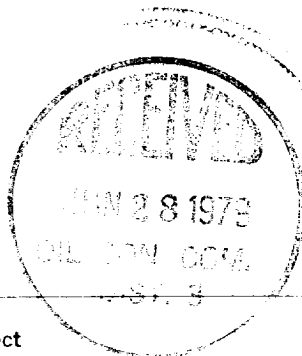
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 640' S, 1650' W
AT TOP PROD. INTERVAL: same
AT TOTAL DEPTH: same

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input checked="" type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input type="checkbox"/>
(other) <input type="checkbox"/>	<input type="checkbox"/>

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 cable tools and drill 4 3/4" hole to 2540'. Fractured Gallup formation with 5600 gal. crude oil and 4100# 10-20 sand. Cleaned out sand to 2540'. Ran 2 3/8" tubing to 2528' and installed rods and pumping unit. Ready for production on 04/13/79.



Subsurface Safety Valve: Manu. and Type _____

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

SIGNED JOHN ALEXANDER TITLE AGENT DATE June 20, 1979

(This space for Federal or State office use)

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

5. LEASE MOO-C-1420-1718	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME MOUNTAIN UTE	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME UTE 12	
9. WELL NO. 24	
10. FIELD OR WILDCAT NAME VERDE GALLUP	
11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA 12-31N-15W	
12. COUNTY OR PARISH SAN JUAN	13. STATE NEW MEXICO
14. API NO.	
15. ELEVATIONS (SHOW DF, KDB AND WD) 6035 GL	

(NOTE: Report results of multiple completion or zone change on Form 9-330.)