

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, Colorado
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660'N/ 730'E
AT TOP PROD. INTERVAL: same
AT TOTAL DEPTH: same
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

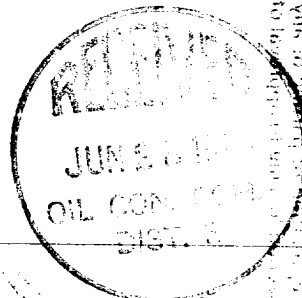
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF ☐ ☐
FRACTURE TREAT ☐ ☒
SHOOT OR ACIDIZE ☐ ☐
REPAIR WELL ☐ ☐
PULL OR ALTER CASING ☐ ☐
MULTIPLE COMPLETE ☐ ☐
CHANGE ZONES ☐ ☐
ABANDON* ☐ ☐
(other) ☐ ☐

5. LEASE
MPO-C-1420-1719
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
MOUNTAIN UTE
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
UTE 13
9. WELL NO.
41
10. FIELD OR WILDCAT NAME
VERDE GALLUP
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
13-31N-15W
12. COUNTY OR PARISH
SAN JUAN
13. STATE
NEW MEXICO
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
5706 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.)*

Moved in cable tools and drilled 4 3/4" hole from 2119' to 2460'. Fractured Gallup with 5586 gal. crude oil and 4100# 10-20 sand. Cleaned out to 2460'. Ran 2 3/8" tubing with 3/4" rods and insert pump to 2302'. Placed well on test.



Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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: