

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. 81102

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1870'/S & 1715'/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 ☐ ☒

FRACTURE TREAT ☐ ☐

SHOOT OR ACIDIZE ☐ ☐

REPAIR WELL ☐ ☐

PULL OR ALTER CASING ☐ ☐

MULTIPLE COMPLETE ☐ ☐

CHANGE ZONES ☐ ☐

ABANDON* ☐ ☐

(other) ☐ ☐

5. LEASE
Noo-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.
23

10. FIELD OR WILDCAT NAME
Verde Gallup

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
13-T31N-R15W

12. COUNTY OR PARISH
San Juan

13. STATE
NM

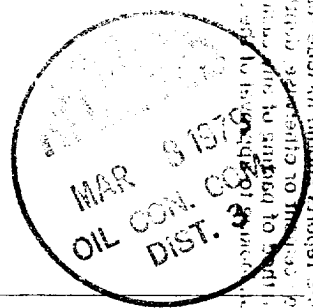
14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
5773' 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.)*

Rig up rotary tools and spud 12 1/4" hole at 9:00 AM 1-25-79. Ran 2 joints 8 5/8" casing and landed at 93'. Cemented with 70 sacks Class "B" + 2% CaCl₂. Circulated 10 sacks cement. Plug down at 10:45 AM 1-26-79. W.O.C. 12 hours.



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 3-1-79

(This space for Federal or State office use)

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