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UNITED STATES DEPARTMENT OF THE INTERIOR

5.	LEASE	Ξ,	
	SF-078019		

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6.	IF INDIAN	ALLOTTEE	OR TRIBE NAM

GEOLOGICAL SI	6. IF INDIAN, ALLOTTEE OR TRIBE NAME		
SUNDRY NOTICES AND RE (Do not use this form for proposals to drill or to reservoir. Use Form 9–331–C for such proposals.)	7. UNIT AGREEMENT NAME		
1. oil gas well other		8. FARM OR LEASE NAME E.H. Pipkin 9. WELL NO.	
2. NAME OF OPERATOR Energy Reserves Group, In	nc.	9. WELL NO. 8-E 10. FIELD OR WILDCAT NAME	
3. ADDRESS OF OPERATOR P.O. Box 3280 - Casper, N	lyoming 82602	Basin Dakota 11. SEC., T., R., M., OR BLK. AND SURVEY OR	
4. LOCATION OF WELL (REPORT LOCAT	•	AREA Sec. 1-T27N-R11W	
AT SURFACE: 950' FSL & 890' AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	& 890' FEL (SE/SE)	12. COUNTY OR PARISH San Juan New Mexico	
16. CHECK APPROPRIATE BOX TO IND REPORT, OR OTHER DATA	CATE NATURE OF NOTICE,	14. API NO.	
REQUEST FOR APPROVAL TO: SL	BSEQUENT REPORT OF:	15. ELEVATIONS (SHOW DF, KDB, AND WD) GRD 5,736'; KB 5,750'	
TEST WATER SHUT-OFF			
PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other) Well History		(NOTE: Report results of multiple completion or zone change on Form 9–330.)	
17. DESCRIBE PROPOSED OR COMPLETI including estimated date of starting a measured and true vertical depths for Drilled 7-7/8" hole to 6	all markers and zones pertinen	e all pertinent details, and give pertinent dates, rectionally drilled, give subsurface locations and t to this work.)*	
Ran 147 jts. 4-1/2" O.D., w/stage tools @ 4,363' &	10.5#, K-55, SS, ST 1,829'.	&C, new casing set 0 6,210 (K.B.)	
Cemented 1st stage w/465	sx of Class "B" ceme	ent w/10% salt	
		1/2% Ge1 & 1/4# Flocele/sx.	
Cemented 3rd stage w/375 mix w/2% Gel & 1/4# Floce to surface.	sx of 65-35 Pozmix w ele/sx. Plug down 0 1	1/6% Gely followed w/385 of 50-50 Poz 15 P.M. 5-14-80 Good cement return	
5-12-80: MORT & W.O.C.T. Subsurface Safety Valve: Manu. and Type _		OIST 3 5 SetFt.	
18. I hereby certify that the foregoing is tru	e and correct		
SIGNED KONER C. Gilley	TITLE Drlg SuptR	MD DATE May 12, 1980	
	(This space for Federal or State office	ce use)	
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE PROPERTED STATE OF THE PROPERTED STATE O	
	Pana	######################################	



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*See Instructions on Reverse Side