

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 <input type="checkbox"/> gas well <input checked="" type="checkbox"/> other <input type="checkbox"/>
2. NAME OF OPERATOR Energy Reserves Group, Inc.
3. ADDRESS OF OPERATOR P.O. Box 3280 - Casper, Wyoming 82602
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 1460' FNL & 1160' FWL (SW/NW) AT TOP PROD. INTERVAL: AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON ☐
(other) Well History ☐

SUBSEQUENT REPORT OF:

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(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.)*
- Drilled 7-7/8" hole to 6,455' and ran logs.
Ran 154 jts 4-1/2" O.D., 10.5#, K-55, 8RTH, R-3, SS, ST&C new casing set @ 6,454' (K.B.) w/stage collar @ 4,515'. Cemented 1st stage w/175 sx of 50-50 Pozmix w/2% Gel & 1/4# Flocele/sx followed by 250 sx of Class "B" cement w/10% Salt & 1/4# Flocele/sx. Opened DV tool and circulated for 6 hours.
Cemented 2nd stage w/550 sx of 65-35 Pozmix w/12% Gel & 10# Gilsonite per sx follow w/500 sx of 50-50 Pozmix w/2% Gel & 12-1/2# Gilsonite/sx.
Plug down on 2nd stage @ 2:45 A.M. 2-24-80. Good returns throughout on both stages.
Temp survey indicates cement top @ 1,150'.

Subsurface Safety Valve: Manu. and Type _____

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

SIGNED Kenneth C. Hilligier TITLE Geology Supt. DATE 3-1-80

(This space for Federal or State office use)

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