

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYForm Approved.
Budget Bureau No. 42-R1424

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 ☒ other2. NAME OF OPERATOR
Energy Reserves Group, Inc.3. ADDRESS OF OPERATOR
P.O. Box 3280 - Casper, Wyoming 826024. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1,100' FNL & 810' FWL (NW/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) ☐

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.)*

The above reference well was spudded @ 8:00 PM 9-25-81.

Drld 9-7/8" hole to 125'. Ran 3 jts 7" O.D., 23#, K-55, R-3, ST&C new casing set @ 122' (K.B.) Cemented w/60 sx Class "B" cement w/2% CaCl₂ & 1/4# Flocele/sx. Plug down @ 12:30 AM 9-26-81. Good cement returns.

N.U. and pressure tested BOPE to 1,000 psi--held o.k.

Drld 6-1/4" hole to 1,910' and ran logs.

Ran 46 jts 4-1/2" O.D., 10.5#, K-55, R-3, ST&C new casing set @ 1,891' K.B. Cemented w/375 sx of 50-50 Pozmix w/2% Gel; 0.5% Halad-9 & 1/4# Flocele/sx. Plug down @ 2:00 AM 9-29-81. Good cement returns.

Subsurface Safety Valve: Manu. and Type

Set @ Ft.

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

SIGNED Kenneth C. Gillinger TITLE Drlg Supt.-RMD DATE 9-29-81

(This space for Federal or State office use)

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