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UNITED STATES	5. LEASE	ने हैं है है	y His	,;
DEPARTMENT OF THE INTERIOR	SF-07801	9	<u>. 5 - </u>	
GEOLOGICAL SURVEY	6. IF INDIAN,	ALLOTTEE OR	TRIBE NAM	ΛE
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different	7. UNIT AGRE	EMENT NAME		<del>-</del>
reservoir. Use Form 9-331-C for such proposals.)	8. FARM OR L			Ţ.
1. oil gas well other	E. H. Pi 9. WELL NO.	pkin	<u> </u>	-
2. NAME OF OPERATOR Energy Reserves Group, Inc.	20 <b>10.</b> FIELD OR V	VII DCAT NAM	E 3	<u></u>
3. ADDRESS OF OPERATOR		z Picture		
Box 3280, Casper, Wy. 82602	11. SEC., T., R			
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	AREA Sec. 12,	, T27N-R11	W 5	<u>.</u>
AT SURFACE: AT TOP PROD. INTERVAL:  970' FNL 370' FEL	12. COUNTY O San Juar		. STATE. W Mexic	.0
AT TOTAL DEPTH: (NE/NE)  16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. API NO.			i i
REPORT, OR OTHER DATA	15. ELEVATION	NS (SHOW DE	, KDB, AN	D WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	5761' (	GR	7 4 5	ē
TEST WATER SHUT-OFF		्रेष्ठ हैं। इ.स.च्या		h L
FRACTURE TREAT			E 545	3
SHOOT OR ACIDIZE	(NOTE: Repart i	results of multip	le completion	ຼ i or zone
PULL OR ALTER CASING		on Form 9-330.		
MULTIPLE COMPLETE			그 원통	
ABANDON* Delete producing zone	•			<del>1</del> <del>0</del> <del>1</del>
(other)				
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly statincluding estimated date of starting any proposed work. If well is constant to the control of the	e all pertinent de	etails, and giv	e pertinent	t dates,
measured and true vertical depths for all markers and zones pertine	nt to this work.)*	u, give aubaur	ace locatio	ms and
			E 527	
The above referenced well was permitted to be	a multi-zo	ne comple	tion gra	<i>.</i> ‡
(Kutz Fruitland & West Kutz Pictured Cliffs). you that we plan only to produce the West Kut	This noti	ce is to Cliffs fo	rmation	
you that we plan only to produce the west kut	Z Tictarca		-	
				Project Society
				, _5
		7 5 6 6 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		No. 5
			<u> </u>	: 15 : 15
				i iz
		All this policy of the policy		
			10 to	2
Subsurface Safety Valve: Manu. and Type		Set @	( -	Ft
18. I hereby certify that the foregoing is true and correct			81	; <del>-</del> 1
SIGNED TITLE Field Service	es Adm. DATE	- % 58-18- 	81	15
(This space for Federal or State of	ffice use)			
APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:	DATE	1		·
NMOCC		L mayl polibbs of pull a polib guld a polib guld a polib guld a polib guld base guld base guld base	e and the second	2000 2000 2000
•		nett dibbs n dibbs n dibbs n dibbs	mati	<del>}</del>
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