

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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 "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. SF-078019
2. NAME OF OPERATOR Energy Reserves Group, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 3280 Casper, Wyoming 82602		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1470' FNL & 850' FWL		8. FARM OR LEASE NAME E. H. Pipkin
15. ELEVATIONS (Show whether OF RT OR etc.) GR-5954, KB-5967		9. WELL NO. 26
12. COUNTY OR PARISH San Juan		10. FIELD AND POOL, OR WILDCAT Kutz Gallup
13. STATE New Mexico		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 12 T27N-R11W

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JAN 14 1985

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) Well History <input type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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 subject well was spudded @ 5:30 P.M. 1-7-85. Drld 12 1/4" hole to 310'. TOOH. Ran 7 jts 8 5/8" 20# & 24# H-40 & K-55 ST&C to 307'. Cmt'd w/200 sx (236 ft³) Class "B" w/2% CaCl₂ & 1/4#/sx Celloflake. Plug down @ 1:00 A.M. 1-8-85. Good circ throughout. Circ. 10 bbls, (48 sx) cement to the surface. W.O.C. 12 hrs.

NU BOPE. Pressure tested 750 psi for 30 mins-Held O.K.

7:00 A.M. 1-9-85: Drlg ahead @ 1712' w/7 7/8" bit.

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JAN 28 1985

OIL CON. DIV.
DIST. 3

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

SIGNED Paul C. Bertoglio TITLE Petroleum Engineer

DATE 1-9-85

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

JAN 22 1985

*See Instructions on Reverse Side

NMOCC

FARMINGTON RESOURCE AREA

BY Smw