

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 F. H. Pipkin
14. PERMIT NO. GR-5954'; KB 5967'	9. WELL NO. 26
	10. FIELD AND POOL, OR WILDCAT Kutz Gallup
15. ELEVATIONS (Show whether on BLM or other survey) GR-5954'; KB 5967'	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 12 T27N-R11W
	12. COUNTY OR PARISH San Juan
	13. STATE New Mexico

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"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input checked="" type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <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.) \*

Energy Reserves Group, INC. has proposed to change the production casing program for the subject well. The original program called for a two stage cement procedure and the proposed change will call for a three stage procedure. Stage tools will be set at approximately 4550' and 1900'. Cements to be used are:

- 1st stage - Class "B" w/10% salt.
- 2nd stage - 50-50 pozmix w/2% gel, and
- 3rd stage - 65-35 pozmix followed by 100 sx Class "B".

The bottom two stages will have sufficient cement volumes to circulate cement up to the next stage tool and the third stage will have sufficient cement volume to circulate cement to the surface.

Verbal approval for this change was received from Jim Lovato with BLM in Farmington on 1-14-85.

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

SIGNED <u>Paul C. Bertoglio</u> Paul C. Bertoglio	TITLE <u>Petroleum Engineer</u>	DATE <u>1-18-85</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE <u>JAN 22 1985</u>
CONDITIONS OF APPROVAL, IF ANY:		

\*See Instructions on Reverse Side

NMOCC