15. Separations (Show whether Dr. Rt. CR. etc.) 16. Separations (Show whether Dr. Rt. CR. etc.) 17. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data Notice of Intention to: TEST WATER SHUT-OFF PRACTISE TERAT MICHIELE COMPLETE BEFORM WILL CHANGE PLANS (Other) Tempolary (Other) Tempolary					•			
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EMERCY RESERVES GROUP, INC. 3. ADBERTS OF OPERATOR P. O. BOX 3280, Casper, Wyoming 82602 4. DOCUMEN OF WHILE despot heating clearly and in recordance with any State requirements. At surface 1594' FSL, 1716' FWL (NE SW) 1594' FSL, 1716' FWL (NE SW) 16. BENATONS (Show whether W, RT, GR, etc.) 17. DEBATT NO. 16. BENATONS (Show whether W, RT, GR, etc.) 17. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Date NOTICE OF INTENDIOR TO: THEN WATER SHUT-OFF PRACTIES TREAT MILITIFIE COMPLETE BROOT OR ALTER CASING BROOTIES OF THE SHOW OF THE SHOW OR ALTER CASING BROOTIES OF THE SHOW OR ALTER CASING CHASCE PLANS WORTH SHOPT OR ALTER COMPLETE BROOTIES OF THE SHOW OR ALTER CASING BROOTIES OF THE SHOW OR ALTER CASING BROOTIES OF THE SHOW OF THE SHOW OR ALTER CASING BROOTIES OF THE SHOW OF THE SH	1. OIL GAS WELL X OTHER						Gallegos Canyon Unit	
As earnest page 37 below.) New Market State requirements.* See also page 37 below.) 1594 FSL, 1716' FWL (NE SW) 16. Elexations (Show whether DV, RI, On, etc.) 17. PERMIT NO. 18. ELEXATIONS (Show whether DV, RI, On, etc.) 18. PERMIT NO. 19. TEST WATER SHUT-OFF PRACTURE TREAT REPORT DV: WATER SHOT-OFF ADDRESS TREATMENT ALPERT CONFIGURE REPAIN WELL OTHER CASING WATER SHOT-OFF PRACTURE TREAT REPORT DV: WATER SHOT-OFF PRACTURE TREAT REPORT DV: WATER SHOT-OFF ADDRESS TREATMENT ALPERT REPORT DV: WATER SHOT-OFF PRACTURE TREAT REPORT DV: WATER SHOT-OFF AD SHOT REPORT AND A REPORT REPORT DV: WATER SHOT-OFF AD SHOT REPORT TREAT REPORT DV: WATER SHOT REPORT TRE	ENERGY RESERVES GROUP, INC.							
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16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data **Notice of Invention to: **TEST WATER SHUT-OFF** PRACTURE THEAT** **SHOOT OR ACIDIZE** **ALTERING CARING** **REPARTENE THEAT** **SHOOT OR ACIDIZE** **LEPAR WELL** **COLORY JETHON TO: **TEST WATER SHUT-OFF** **PRACTURE THEAT SHOOT OR ACIDIZE** **LEPAR WELL** **COLORY JETHON THEATH ALANDON** **COLORY JETHON THEATH ALANDON						12 0		
NOTICE OF INTENCION TO: TEST WATER SHUT-OFF PRACTURE TREAT SHOT GA ACIDIZE SHOT THE SHUT-OFF PRACTURE TREAT SHOT GA ACIDIZE SHOT GA ACIDIZE SHOT IN GA ACIDIZE SHOT TREATMENT ALTERNAC CASING (Other) 17. DESCRIPTION OF COMPLETED OPPRATIONS (Clearly state all pertinent details, and give pertinent details,	14. PERMIT NO.	-			RI, GR, ecc.)	1	i .	
TEST WATER SHUT-OFF PRACTURE TREAT SHOOT OR ACIDIZE SHOOT	16.			ndicate No				
Temporary Abandonment Extension is requested. **RECEIVED** MAY 9 1977 **MEVIOUS COMMON DIST. 3 18. I hereby certify that the foregoing is true and correct	FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other) 17. DESCRIBE PROPOSE proposed work.	FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other) CHANGE PLANS (Other) DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pert proposed work. If well is directionally drilled, give subsurface locations and measured and				ALTERING CASING IZING ABANDONMENT* X rary Abandonment Extension ort results of multiple completion on Well or Recompletion Report and Log form.)		
MAY 9 1977 MAY 9 1977 OIL DIST. 3					•	efore, a	1	
18. I hereby certify that the foregoing is true and correct					1977			
18. I hereby certify that the foregoing is true and correct				OI	2 CON. COM.			
	18. I hereby certify t	that the foregoing	1s true and correct		,		DATE: 5/5/77	

TITLE .

DATE ____

(This space for Federal or State office use)

APPROVED BY _______CONDITIONS OF APPROVAL, IF ANY: