

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 ☐ gas ☒ other ☐
2. NAME OF OPERATOR
Energy Reserves Group, Inc.
3. ADDRESS OF OPERATOR
P.O. Box 3280 - Casper, Wyoming 82602
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 990' FSL & 990' FEL (SE/SE)
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:

- ☐
☐
☐
☐
☐
☐
☐
☐
☐
☐

5. LEASE
I-149-IND-8476
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
Gallegos Canyon Unit - Pictured Cliffs
8. FARM OR LEASE NAME
9. WELL NO.
274
10. FIELD OR WILDCAT NAME
Kutz Pictured Cliffs, West
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 20-T28N-R12W
12. COUNTY OR PARISH
San Juan
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
K.B. 5,512' (GRD + 9')

(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.)*

Verbal approval was received from Richard Bell of the USGS by phone on 4-24-81, concerning the request to change zones in the subject well. Richard recommended setting a wireline CIBP within 50' of the top perf (1,246') and spotting 5 sx of cement on top of CIBP. (5 sx = 70.4 ft of fill in 4-1/2").

The subject well has never been economical to produced in the Pictured Cliffs, and has been shut-in since October 1977.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Bobby Patrick TITLE Prod. Engr-RMD DATE 5-05-81

(This space for Federal or State office use)

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

NMOCC