UNITED STATES DEPARTMENT OF THE INTERIOR

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY	5. LEASE 5. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.
	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
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.)	7. UNIT AGREEMENT NAME
1. oil gas well other	8. FARM OR LEASE NAME 7 629 E.H. Pipkin 3 679
2. NAME OF OPERATOR Energy Reserves Group, Inc.	9. WELL NO. 10 10 10 10 10 10 10 10 10 10 10 10 10
3. ADDRESS OF OPERATOR	10. FIELD OR WILDCAT NAME Basin Dakota
P.O. Box 3280 - Casper, Wyoming 82602 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 36-T28N-R11W
AT SURFACE:1,520' FSL & 1,820' FEL (NW/SE) AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	12. COUNTY OR PARISH 13. STATE San Juan Synthesia New Mexico
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE.	14. API NO.
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD) G.L 5,739; K.B 5,753
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL SUBSEQUENT REPORT OF: U U U U U U U U U U U U U	(NOTE: Report results of multiple completion or zone
PULL OR ALTER CASING	change on Form 9–330.)
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is di measured and true vertical depths for all markers and zones pertinen	irectionally drilled, give subsurface locations and t to this work.)* දෙල්ල්ල්ල ද අවුද්ධතිම
Drilled 7-7/8" hole to 6,272' (K.B.) & ran lo Ran 4-1/2", 10.5#, K-55, R-3, SS, ST&C, new c collars @ 4,408' and 1,748'.	· 프리트 - 프로마 트레이트 - 프로마 - 프
Cemented 1st stage w/375 sx of Class "B" ceme	ent w/10% salt.
Cemented 2nd stage w/625 sx of 50-50 Pozmix w	7/2% gel & 1/4# Flocele/sx. 5
Cemented 3rd stage w/250 sx 65-35 Pozmix w/6% by 350 sx of 50-50 Pozmix w/1/4# Flocele/sx.	gel & 1/4# Flocele/sx; followed Job completed @ 8:45 a.m., 8-7-8
8-11-80: W.O.C.T.	The office of the property of
Subsurface Safety Valve: Manu. and Type	20
18. I hereby-certify that the foregoing is true and correct	
SIGNED Record () Ellegretitle Drlg. SuptR	MD DATE August 11, 1980
EPTEU FUI NECORU (This space for Federal or State office	ce use)
APPROVED BY TITLE TO APPROVAL, IF ANY: AUG 13 1980 NMOOO	DATE DATE DATE DATE DATE DATE DATE DATE
FARMINGTON DISTRICT *See Instructions on Reverse Si	g g cabbil cluyer ground chill chill chill
See manufactions on reverse of	