UNITED STATES DEPARTMENT OF THE INTERIOR **GEOLOGICAL SURVEY** 

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_	8. FARM OR	LEASE NAM	E j	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	9. WELL NO 321		<u>। इ</u> उ रु	Carlos And	<del></del>	
	10. FIELD OR West Kutz	WILDCAT NA Picture	AME d Cli	ffs ;		
7	11. SEC., T., AREA		K. ANE	SURVEY	OR	
′	Sec. 12 -	T28N-R1		# (* 60 원 # 보급 (*		
	12. COUNTY San Juan			ATE &		
_	14. API NO.		-	9 16		
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ate all pertinent details, and give pertinent dates, directionally drilled, give subsurface locations and ent to this work.)*						
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SUNDRY NOTICES AND REPORTS ON WELLS  (Do not use this form for proposals to drill or to deepen or plug back to a different	7. UNIT AGREEMENT NAME Gallegos Canyon Unit
reservoir. Use Form 9-331-C for such proposals.)	8. FARM OR LEASE NAME
1. oil gas K other	<u> </u>
2. NAME OF OPERATOR	9. WELL NO. STEEL 4 (58)
Energy Reserves Group, Inc.	10. FIELD OR WILDCAT NAME West Kutz Pictured Cliffs
3. ADDRESS OF OPERATOR P.O. Box 3280, Casper, Wyoming 82602	11. SEC., T., R., M., OR BLK. AND SURVEY
4. LOCATION OF WELL (I EPORT LOCATION CLEARLY, See space 17	AREA 5.55
below.) AT SURFACE: 810' FSL & 1,540' FEL (SW/SE)	Sec. 12 - T28N-R13W 32-33 12. COUNTY OR PARISH 13. STATE 2
AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	San Juan & San New Mexico
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. API NO. 7
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND W
DECULEST FOR APPROVAL TO CURRENT PROCESS	G.L. 5,684'; K.B. 5,686'
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:  TEST WATER SHUT-OFF   [X]	
FRACTURE TREAT	불명하였다. 한 중앙등인
SHOOT OR ACIDIZE	
REPAIR WELL	(NOTE: Report results of multiple completion or ze
MULTIPLE COMPLETE	change on Form 9–330.) ့ ချွန်မာမှုနှင့်
CHANGE ZONES	
ABANDON*	ကြောက်သည်။ အချိန်တို့ မြောက်သည်။ အချိန်တို့ မြောက်သည်။ အချိန်တို့ မြောက်သည်။ အချိန်တို့ မြောက်သည်။ အချိန်တို့ သည်သည်။ မြောက်သည်။ မြောက်သည်။ မြောက်သည်။ မြောက်သည်။ မြောက်သည်။ မြောက်သည်။ မြောက်သည်။ မြောက်သည်။ မြောက်သည်။ မြေ
(other) Well History X	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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	all pertinent details, and give pertinent dat
measured and true vertical depths for an markers and zones pertinen	t to this work.)*
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Subsurface Safety Valve: Manu. and Type	
18. I hereby certify that the foregoing is true and correct	
SIGNED PORCE C. Billing. TITLE Drig. Supt.	DATE 33-31-81 3 3 3 5 5
(This space for Federal or State office	ာe use) အခိုတ်သည် ပည်သည်။ မြေ
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