

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 well ☐ gas well ☒ other2. NAME OF OPERATOR
*Energy Reserves Group, Inc.*3. ADDRESS OF OPERATOR
Box 3280 Casper, Wyoming 82602

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: *1110' FSL & 1100' FWL*

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* ☐

SUBSEQUENT REPORT OF:

(other) *Change casing program*5. LEASE
SF-078828-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Gallegos Canyon Unit

8. FARM OR LEASE NAME

9. WELL NO.
*311*10. FIELD OR WILDCAT NAME *West Kutz*
*Gallegos Canyon-Pictured Cliffs*11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
*Sec. 14, T28N-R12W*12. COUNTY OR PARISH *San Juan* 13. STATE *N. Mexico*

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
5718' GR

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

FEB 27 1981
U. S. GEOLOGICAL SURVEY
WASHINGTON, D. C.

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.)*

*It is proposed to change the casing program on the above referenced well.**From -0'-120' - 8 5/8" - 24#. K-55, ST&C - New Casing**To - 0'-120' - 7" - 17#. H-40, ST&C - New Casing*

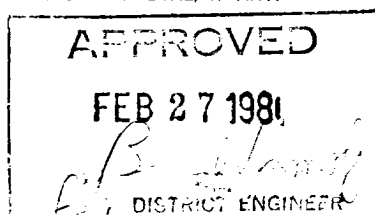
Subsurface Safety Valve: Manu. and Type _____

Set @ _____ Ft.

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

SIGNED *[Signature]* TITLE *F. Services Adm.* DATE *2-23-81*

(This space for Federal or State office use)

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

*See Instructions on Reverse Side