

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
well well
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: 1,190' FNL & 1,050' FEL (NE/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	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>

(other) Change Field Name

SUBSEQUENT REPORT OF:

[illegible]

5. LEASE
SF-078019

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
E.H. Pipkin

9. WELL NO.

14

10. FIELD OR WILDCAT NAME

Fulcher Kutz Pictured Cliffs

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 35-T28N-R11W

12. COUNTY OR PARISH San Juan	13. STATE New Mexico
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14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
5,699' K.B.; 5,697' G.L.

(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.)*

The above mentioned well was originally permitted as a Kutz Fruitland & West Kutz Pictured Cliffs well. The well was completed in the Pictured Cliffs formation only. We request that the well be classified as a Fulcher Kutz Pictured Cliffs well only.

Subsurface Safety Valve: Manu. and Type

Set @ — DISC 3 Ft

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

SIGNED [Signature] TITLE Prod. Engr-RMD

DATE 8-14-81

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY: _____

TITLE

DATE _____

ACCEPTED FOR RECORD

NMOCC

AUG 18 1981

FARMINGTON DISTRICT

BY

***See Instructions on Reverse Side**