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Form Approved.
Budget Bureau No. 42-

1973	Budget Bureau No. 42-R1424
UNITED STATES DEPARTMENT OF THE INTERIOR	5. LEASE
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo a 450
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 well other	9. WELL NO.
2. NAME OF OPERATOR	319
Energy Reserves Group, Inc. 3. ADDRESS OF OPERATOR	10. FIELD OR WILDCAT NAME Pinon Fruitland
P.O. Box 3280 - Casper, Wyoming 82602 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	11. SEC., T., R., M., OR BLK. AND SURVEY OF AREA Sec. 30-T28N-R12W
below.) AT SURFACE: 1,520' FNL & 1,400' FWL (SE/NW)	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	San Juan 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 5,776' KB (GR + 2')
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	A Fig. 1
FRACTURE TREAT	
SHOOT OR ACIDIZE	
PULL OR ALTER CASING [(NOTE: Report results of multiple completion or zon change on Form 9-330.)
MULTIPLE COMPLETE .	
ABANDON*	
(other)	· · · · · · · · · · · · · · · · · · ·
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is dimeasured and true vertical depths for all markers and zones pertinent	irectionally drilled, give subsurface locations an
The G.C.U. #319 was permitted and drilled as	
the West Kuzt Pictured Cliffs field. The Pic	
to produce, so the well was completed as a Francisco Fruitland Field.	ruitland producer in the Pinon
ridiciand riesu.	
	AUGERE
	Part Colored State Colored St
Subsurface Safety Valve: Manu, and Type	Set @ F
18. I hereby certify that the foregoing is true and correct	
SIGNED TWOQUER TITLE Prod. Engr -	RMD DATE 8-21-81
(This space for Federal or State offi	ice use)
APPROVED BY T'TLE	DATE, COLOR
CONDITIONS OF APPROVAL, IF ANY.	The state of the s

NMOCC

See Instructions on Reverse Side