

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

## 2. NAME OF OPERATOR

Energy Reserves Group, Inc.

## 3. ADDRESS OF OPERATOR

Box 3280, Casper, Wy. 82602

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

AT SURFACE:

AT TOP PROD. INTERVAL: 1740' FSL 1070' FWL

AT TOTAL DEPTH: (NW/SW)

## 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\* ☐  
(other) ☐

## SUBSEQUENT REPORT OF:

☐  
☐  
☐  
☐  
☐  
☐  
☐  
☐  
☐  
☐  
Delete producing zone

## 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.

25

## 10. FIELD OR WILDCAT NAME -

West Kutz Pictured Cliffs

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

Sec. 36, T28N-R11W

## 12. COUNTY OR PARISH

San Juan

## 13. STATE

New Mexico

## 14. API NO.

## 15. ELEVATIONS (SHOW DF, KDB, AND WD)

5702' GR

(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 referenced well was permitted to be a multi-zone completion (Kutz Fruitland & West Kutz Pictured Cliffs). This notice is to inform you that we plan only to produce the West Kutz Pictured Cliffs formation.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_

Set @ \_\_\_\_\_ Ft.

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

SIGNED William J. [Signature] TITLE Field Services Adm. DATE 8-18-81

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

AMOC

\*See Instructions on Reverse Side