

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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 "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. SF-078904
2. NAME OF OPERATOR Energy Reserves Group, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 3280 Casper, Wyoming 82602		7. UNIT AGREEMENT NAME Gallegos Canyon Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State Requirements. See also space 17 below.) At surface 930' FNL & 1050' FEL		8. FARM OR LEASE NAME
14. PERMIT NO.		9. WELL NO. 343
15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR 5806'; KB 5814'		10. FIELD AND POOL, OR WILDCAT West Kutz Pictured Cliffs
BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA		11. SEC., T., R., M., OR BLK. AND SUBST. OR AREA Section 26 T28N-R12W
		12. COUNTY OR PARISH San Juan
		13. STATE New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.) *

To clear up all confusion caused by this well's APD, Energy Reserves Group, Inc. will not be completing the Fruitland Formation. The original intention of the APD was to receive approval to recomplate in the Fruitland should the Pictured Cliffs be uneconomical.

RECEIVED
APR 10 1985
OIL CON. DIV.
DIST. 3

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

SIGNED Paul C. Bertoglio

TITLE Petroleum Engineer

DATE 3-25-85

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

ACCEPTED FOR RECORD
DATE _____

APR 09 1985

*See Instructions on Reverse Side
NMOCC

FARMINGTON RESOURCE AREA