

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 <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. SF-078905
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 1640' FNL & 3870' FWL	8. FARM OR LEASE NAME
14. PERMIT NO.	9. WELL NO. 342
15. ELEVATIONS (Show whether SP, BH, GR, etc.) GR 5701' KB 5709'	10. FIELD AND POOL, OR WILDCAT West Kutz Pictured Cliffs
	11. SEC., T., R., M., OR B.L. AND SURVEY OR AREA Section 14 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 checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) Completion History <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.)*

- 1-31-85: MI RUCT. NU BOPE. PU bit and 4 1/2" csg scraper and TIH to 1478'. Tagged cmt. Drld cmt to 1528'. SDFN.
- 2-1-85: Drld cmt to 1610'. Pressure tested csg and BOP to 2000 psi-Held O.K. Swabbed fluid level to 1450'. RU perforators. Ran correlation log. Perf'd Pictured Cliffs @ 1581'-84', 1578'-79', 1573'-76', and 1566'-69' w/1 JSPF. PU packer and TIH to 1440'. Set packer and SDFN.
- 2-4-85: Broke down perfs @ 5 BPM w/1000 gals of 2% KCl wtr and dropping 25 ball sealers. TIH and knocked off balls. Blew well dry w/N₂. TOOH. Frac'd down csg at 15 BPM w/22,000 gals of 70 Q foam w/30,000# 10-20 sand. SI well for 1 hr. Flowed back frac to pit overnight.
- 2-5-85: Blew well down. PU expendable check valve and TIH. Tagged sand at 1575'. Cleaned out to 1610' w/N₂. PU and landed 51 jts 2 3/8" tbg @ 1598'. ND BOP and NU wellhead. RD MOCT. Pumped off check. Began flow testing well.

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

SIGNED Paul C. Bertoglio
Paul C. Bertoglio
(This space for Federal or State office use)

TITLE Petroleum Engineer

DATE 2-6-85

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

ACCEPTED FOR RECORD

FEB 21 1985

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

BY Sm