

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	
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 and in accordance with any State requirements.* See also space 17 below.) At surface 1850' FNL & 1020' FWL	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR 5532'; KB 5540'

5. LEASE DESIGNATION AND SERIAL NO. SF-078106	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME Gallegos Canyon Unit	
8. FARM OR LEASE NAME	
9. WELL NO. 346	
10. FIELD AND POOL, OR WILDCAT North Pinon Fruitland	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 15 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.)*

The subject well was spudded @ 8:30 P.M. 1-8-85. Drld 12 1/4" hole to 144'. Circ hole clean. TOOH. Ran 3 jts new 8 5/8" 20# H-40 ST&C to 144'. Cmt'd w/90 sx Class "B" w/2% CaCl₂ and 1/4#/sx Flocele. Plug down @ 4:30 A.M. 1-9-85. Good circ throughout. Circ 3 bbls (14 sx) to the surface. W.O.C. 12 hrs.

NU BOPE. Pressure tested casing and BOPE to 600 psi-Held O.K.

Drld 6 1/4" hole to 1178'. Circ & cond hole. TOOH. Ran SP-DIL and GR-FDC-CNL logs. L.D. D.P. Ran 30 jts used 4 1/2" 10.5# K-55 ST&C to 1175'. Cmt'd w/175 sx 50-50 pozmix w/2% gel, 0.5% FR-10 and 1/4#/sx Flocele. Plug down @ 9:00 P.M. 1-10-85. Good circ throughout. Circ 2 bbls (9 sx) cmt to the surface. Release rig.

W.O.C.T.

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

SIGNED Paul C. Bertoglio
Paul C. Bertoglio

TITLE Petroleum Engineer

DATE 1-11-85

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

ACCEPTED FOR RECORD

FEB 05 1985

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

BY _____

NMOCC