

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

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 ☐ GAS WELL ☒ 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  
900' FNL & 820' FEL (NE/NE)

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
G.L. 5579' K.B. 5587'

5. LEASE DESIGNATION AND SERIAL NO.  
SF-078828

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME  
Gallegos Canyon Unit

8. FARM OR LEASE NAME

9. WELL NO.  
352

10. FIELD AND POOL, OR WILDCAT  
West Kutz Pictured Cliffs

11. SEC., T., R., M., OR BLK. 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"/>		<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 checked="" type="checkbox"/>
(Other) Well 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.)\*

The above referenced well was spudded at 2:45 P.M. 7-15-85. Drilled 12 1/4" hole to 133' K.B. Set 3 jts 8 5/8", 24#, K-55 ST&C, R3, new casing at 130.72' K.B. Cemented w/100 sx (118 ft<sup>3</sup>) Class "B" cement w/2% CaCl<sub>2</sub> and 1/4# Flocele/sx. Plug down 9:15 P.M. 7-15-85. Good cement returns. Nippled up and pressure tested BOPE to 500 psi-Held O.K. Drilled 6 1/4" hole to 1580' and ran logs. Ran 38 jts 4 1/2", 10.5#, K-55 ST&C, R3, new casing set @ 1576.93' K.B. Cemented w/250 sx (315 ft<sup>3</sup>) 50-50 Pozmix and cement w/2% gel, 0.5% D-31 and 1/4# Celloflakes/sx. Plug down at 4:00 P.M. 7-17-85. Good cement returns to surface.

7-18-85 W.O.C. and W.O.C.T.

RECEIVED  
AUG 12 1985  
OIL CON. DIV.  
DIST. 9

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

SIGNED N. D. Thomas TITLE Drilling Foreman DATE 7-18-85

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

OPERATOR