

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME Gallegos Canyon Unit
2. NAME OF OPERATOR Energy Reserves Group, Inc.		8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR P. O. Box 3280 Casper, Wyoming 82602		9. WELL NO. 359
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1075' FSL & 1025' FWL		10. FIELD AND POOL, OR WILDCAT North Pinon Fruitland
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 10 T28N-R12W
15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR-5532', KB-5540'		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 checked="" type="checkbox"/> Completion History	

(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.) *

- 8-12-85: MI RUCT. NU EOP. PU bit and 4 1/2" csg scraper. TIH and tagged cmt @ 989'. Drld cmt to 1195'. Circ hole clean w/2% KCl water. Pressure tested BOP and casing to 2000 psi- Held O.K. SDFN.
- 8-13-85: Swabbed fluid level to 650'. TOOH. RU perforators. Ran GR-CCL log: Perf'd Fruitland Formation @ 1158', 1156', 1154', 1152', 1150', 1138', 1136', 1134', 1132', 1130', 1128', 1126', 1122', 1120', and 1118' w/15 shots. Ran 33 jts 2 3/8" tubing to 1107'. ND BOP. NU wellhead. Frac'd down tubing and casing @ 20 BPM w/40,000 gals 70 Q Foam w/52,000# 10-20 sand. Flowed back frac.
- 8-14-85: Tested well at a stabilized rate of 1214 MCFD thru a 3/8" choke nipple. SI well for build up.
- 8-21-85: SICP-515 psig, SITP 515 psig. Opened well up for 3 hrs thru a 3/4" choke nipple. Final SICP-209 psig, FTP-209 psig, 3204 MCFD. SI well waiting on pipeline connection.

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

SIGNED

Paul C. Bertoglio
Paul C. Bertoglio

TITLE

Petroleum Engineer

DATE

8-23-85

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

AUG 27 1985

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

BY