

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C 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. See space 17 below.)
AT SURFACE: 2015' FSL & 905' FEL (NE-SE)
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF	<input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	<input type="checkbox"/>
(other) Well History		X

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 @3:00 P.M. 1-18-80. Drilled 12 1/4" hole to 130' KB and set 3 jts. 8-5/8", 24#, K55, 8Rth, R3, ST&C new casing at 129' KB- Cemented w/100 sx class "B" cement w/3% CACL₂ & 1/4# Flocele/sx plug down @12:01 A.M., 1-19-80 - Good cement returns.

Nippled up & pressure tested BOPE to 600 P.S.I. - Held

Drilled 6-3/4" hole to 1610' KB & ran logs.

Ran 49 jts. 4 1/2" 10.5#, CW55, R2, 8Rth, ST&C New casing set @1602' K.B. Cemented w/300sx. 50-50 Pozmix & cement w/2% Gel & 1/4# Flocele/sx plug down @ 11:45 A.M. 1-21-80 Good cement returns

1-22-80 W.O.C. & W.O.C.T.

Subsurface Safety Valve: Manu. and Type _____

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

SIGNED [Signature] TITLE Drlg Foreman DATE January 22, 1980

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

5. LEASE
SF 080723

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Gallegos Canyon Unit

8. FARM OR LEASE NAME
Gallegos Canyon Unit

9. WELL NO.
300

10. FIELD OR WILDCAT NAME
West Kutz Pictured Cliffs

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 19, T29N-R12W

12. COUNTY OR PARISH
San Juan

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
G.L. 5415'-KB 5425'

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

