

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.)

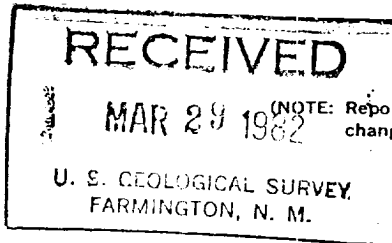
1. oil well <input type="checkbox"/> gas well <input checked="" type="checkbox"/> other	5. LEASE SF-078926
2. NAME OF OPERATOR Energy Reserves Group, Inc.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 3280 - Casper, Wyoming 82602	7. UNIT AGREEMENT NAME Gallegos Canyon Unit
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 1,520' FNL & 880' FWL AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	8. FARM OR LEASE NAME
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	9. WELL NO. 325
	10. FIELD OR WILDCAT NAME West Kutz Pictured Cliffs
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 35-T29N-R13W
	12. COUNTY OR PARISH San Juan
	13. STATE New Mexico
	14. API NO.
	15. ELEVATIONS (SHOW DF, KDB, AND WD) K.B. 5,860'; GR 5,855'

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) Workover History

SUBSEQUENT REPORT OF:

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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 worked over from 3-15-82 to 3-19-82.

During this period, the following was done to the well:

1. Squeezed Pictured Cliffs perms from 1,613'-50' w/200 sx Class "B" w/2% CaCl₂;
2. Well was cleaned out to 1,710' and the Pictured Cliffs was reperf'd @ 1,657'-68' w/1 JSPF;
3. Broke down perms w/ 750 gal of 7-1/2% HCl w/add; and
4. Frac'd new perf's down csg w/15,000 gal 70Q foam w/23,000 lbs 10-20 sand.

The well is currently being flow tested, and at the present time, it appears the well will now produce at an economical rate.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED _____ TITLE Prod. Engr - RMD DATE 3-26-82

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

NMOCC

ACCEPTED FOR RECORD

MAR 30 1982

FARMINGTON DISTRICT

BY