

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.

NM 04443

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

NE Hogback Unit

8. FARM OR LEASE NAME

9. WELL NO.

5

10. FIELD AND POOL, OR WILDCAT

Horseshoe Gallup

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec 15, T30N, R16W

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

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

820' FNL, 2,170' FWL (NENW)

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, CR, etc.)

5,441' RDB

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

SUBSEQUENT REPORT OF:

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(Other) Temporary Abandonment Extension X

(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.)*

Our evaluation of the overall reservoir performance has not been completed. Therefore, the need to return some S.I. wells to production or plugging and abandoning them has not been determined. We request a temporary abandonment extension for this well.

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

SIGNED

Dean B. Barnes

TITLE Dist. Prod. Engr. -RMD-

DATE 09-19-78

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

