Form 9-331 (May 1063)

UNITED STATES SUBMIT IN TRIPLICATES DEPARTMENT OF THE INTERIOR Verse side) UNITED STATES

GEOLOGICAL SURVEY

Form approved. Budget Bureau No. 42 R1424. 5. LEASE DESIGNATION AND SERIAL NO.

NM 04443/

| SUNDRY | NOTICES | AND | REPORTS | ON. | WELLS |
|--------|---------|-----|---------------------------------|-----|------------------------|
| | | | deepen or plug SIT" for such | | a different reservoir. |

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|----|----|-----|----|----|-----|-----|-----|---|-----|----|-----|-----|----|----|
| 11 | IN |)1A | N, | AL | LOI | TE: | : O | R | Tit | nd | E : | VA: | ME | |
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| | | | | | | | | | | | | | | |

| | (Do not use this form for proposals to dr Use "APPLICATION FO | ill or to deepen or plug back t PERMIT" for such propose | o a different reservoir. ds.) | \vec{d} | | |
|-----|--|---|----------------------------------|---|------------|--|
| 1. | | | | 7. UNIT AGREEMENT NA | (E | |
| | WE'L X WELL OTHER | | | N.E. Hogback 1 | Jnit | |
| 2. | NAME OF OPERATOR | | | 8. FARM OR LEASE NAM | | |
| | ENERGY RESERVES GROUP, INC | | | | | |
| 3. | ADDRESS OF OPERATOR | | | 9. WELL NO. | | |
| | P.O. Box 3280 Casper, WY | 82602 | | 21 | | |
| 4. | LOCATION OF WELL (Report location clearly and See also space 17 below.) | I in accordance with any State | requirements.* | 10. FIELD AND POOL, OR | WILDCAT | |
| | At surface | | | Horseshoe Gal | | |
| | | | | 11. SEC., T., R., M., OR B. SURVEY OR ALEA | LK. AND | |
| | 410' FNL & 910' FVL (NW N | J) | | | | |
| | | | | <u>Sec 15, T30N,</u> | | |
| 14. | PERMIT NO. | VATIONS (Show whether DF, RT, C | R, etc.) | 12. COUNTY OR PARISH | 13. STATE | |
| | | 5,418' R.D.B. | | San Juan | New Mexico | |
| 16. | Check Appropria | te Box To Indicate Natur | e of Notice, Report, or O | ther Data | | |
| | NOTICE OF INTENTION TO: | 1 | SUBSEQUI | SUBSEQUENT REPORT OF: | | |
| | <u> </u> | <u> </u> | | 1 | r | |

| NOTICE OF INTENTION TO: | | | SUBSEQUENT REPORT OF: | | | | |
|-------------------------|----------------------|----|--|---------------------|-----|--|--|
| | <u></u> | | | Ĺ | ٠-٦ | | |
| TEST WATER SHUT-OFF | PULL OR ALTER CASING | | WATER SHUT-OFF | REPAIRING WELL | | | |
| FRACTURE TREAT | MULTIPLE COMPLETE | | FRACTURE TREATMENT | ALTERING CASING | | | |
| SHOOT OR ACIDIZE | ABANDON* | | SHOOTING OR ACIDIZING | ABANDON MENT* | | | |
| REPAIR WELL | CHANGE PLANS | | (Other) | | | | |
| (Other) Temp. Aba | andonment Extension | X_ | (NOTE: Report results of mult Completion or Recompletion Re | port 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.)*

Evaluation of producing this well is still in progress. We request approval of an extension of the temporary abandoned status of this well pending the outcome of the present evaluation.

Well was shut-in 3-7-78 due to uneconomical oil production.



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|--|----------------------------|--------------|
| 18. I hereby certify that the foregoing is true and corr | ect | |
| SIGNED Mean S. Barnes | TITLE Dist. Prod. EngrRMD- | DATE 3-27-79 |
| (This space for Federal or State office use) | | |
| APPROVED BY | TITLE | DATE |

*See Instructions on Reverse Side

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