

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE (Print instructions on reverse side)

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

NM 077281

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUMMARY NOTICES AND REPORTS ON WELLS

(Do not use this form for production, drill or re-drill or plug back to a different reservoir. Use "API" in "APPROPRIATE PERMITS" for such operations.)

1. WELL NO. 7. UNIT AGREEMENT NAME N.E. Hogback Unit 8. FARM OR LEASE NAME

2. NAME OF OPERATOR Energy Reserves Group, Inc.

3. ADDRESS OF OPERATOR P. O. Box 3280 Casper, Wyoming 82602

4. LOCATION OF WELL (If production, clearly and in accordance with any state requirements. See also page 14 below.) At surface

530' FSL & 365' FWL (SW SW)

14. PERMIT NO. 15. PERMITS (Show whether DE, RT, GR, etc.) 5,328' FOM 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, FRACTURE TREAT, SHOOT OR ACIDIZE, REPAIR WELL, (Other). SUBSEQUENT REPORT OF: WATER SHUT-OFF, FRACTURE TREATMENT, SHOOTING OR ACIDIZING, (Other) Temporary Abandonment Extension X, REPAIRING WELL, ALTERING CASING, ABANDONMENT*.

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 SI 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: Alan B. Barner TITLE: District Production Engineer DATE: 4-30-79

(This space for Federal or State office use) APPROVED BY: TITLE: DATE: CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NYMOC