

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: 1,520' FNL & 800' FWL
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 ☐
- FRACTURE TREAT ☐
- SHOOT OR ACIDIZE ☐
- REPAIR WELL ☐
- PULL OR ALTER CASING ☐
- MULTIPLE COMPLETE ☐
- CHANGE ZONES ☐
- ABANDON* ☐
- (other) Well History ☒

- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☒

5. LEASE
NM-09867A
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
Farnsworth Gas Unit "A"
8. FARM OR LEASE NAME
E.B. Farnsworth
9. WELL NO.
1-E
10. FIELD OR WILDCAT NAME
Basin Dakota
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 17-T30N-R13W
12. COUNTY OR PARISH
San Juan
13. STATE
New Mexico
14. API NO.
30-045-24491
15. ELEVATIONS (SHOW DF, KDB, AND WD)
G.L. 5,564'; K.B. 5,578'

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

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 reference well was spudded @ 9:30 a.m., 9-9-80.

Drilled 12-1/4" hole to 370'.

Ran 8-5/8" O.D., 24#, 8Rth, ST&C, R-3 new casing set @ 367' (K.B.) Cemented w/325 sx of Class "B" cement w/2% CaCl₂ & 1/4# Flocele/sx. Plug down @ 9:40 p.m., 9-9-80. Good cement returns.

Nippled up and tested BOPE to 1,000 psi--held o.k.

9-11-80 - Drilling 7-7/8" hole to 1,700'.

Subsurface Safety Valve: Manu. and Type

Set @ Ft.

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

SIGNED Ron Schanaman TITLE Ron Schanaman-RMD DATE 1-19-81

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL _____

JAN 27 1981

NMOCC

*See Instructions on Reverse Side

FARMINGTON DISTRICT

BY BW