

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 <input type="checkbox"/>
2. NAME OF OPERATOR <u>Energy Reserves Group, Inc.</u>		
3. ADDRESS OF OPERATOR <u>P.O. Box 3280 Casper, Wyoming 82602</u>		
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) <u>AT SURFACE: 1750' FNL & 990' FEL</u> <u>AT TOP PROD. INTERVAL:</u> <u>AT TOTAL DEPTH:</u>		
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF	<input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	<input type="checkbox"/>
(other) <u>90 Day SI-Returned to Production</u>		

5. LEASE NM-019414	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME	8. FARM OR LEASE NAME Federal Gas Com
9. WELL NO. #1	10. FIELD OR WILDCAT NAME Blanco Mesa Verde
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 20 T32N-R12W	
12. COUNTY OR PARISH San Juan	13. STATE New Mexico
14. API NO.	
15. ELEVATIONS (SHOW DF, KDB, AND WD)	

(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 Federal Gas Com No. 1 has been returned to production for a deliverability test after over a 90 day shut-in period due to prorations unit over production. The shut-in period was from 10-3-83 to 5-2-84.

RECEIVED

MAY 11 1984

OIL CON. DIV.
DIST. 3

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

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

SIGNED Paul C. Bertoglio TITLE Petroleum Engineer DATE 5-2-84

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

ACCEPTED FOR RECORD
MAY 11 1984
FARMINGTON RESOURCE AREA
BY ESB