

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS, AND MINING

(Lub Island)

5. Lease Designation and Serial No.

ML-28622

6. If Indian, Allottee or Tribe Name

7. Unit Agreement Name

8. Farm or Lease Name

State of Utah "R"

9. Well No.

#1

10. Field and Pool, or Wildcat

Wildcat

11. Sec., T., R., M., or Blk. and Survey or Area

Section 22 T8N-R9W

12. County or Parrish 13. State

Box Elder Utah

1a. Type of Work DRILL DEEPEN PLUG BACK

b. Type of Well Oil Well Gas Well Other Single Zone Multiple Zone

2. Name of Operator
Amoco Production Company

3. Address of Operator
P.O. Box 17675 Salt Lake City, Utah 84117

4. Location of Well (Report location clearly and in accordance with any State requirements.)*
At surface * NW/4 NW/4 SE/4 Sec. 22 1980' FSL & 1980' FEL
At proposed prod. zone

14. Distance in miles and direction from nearest town or post office*

15. Distance from proposed* property or lease line, ft. (Also to nearest drlg. line, if any)

16. No. of acres in lease

17. No. of acres assigned to this well

18. Distance from proposed location* to nearest well, drilling, completed, or applied for, on this lease, ft.

19. Proposed depth

20. Rotary or cable tools

21. Elevation (feet) to top of hole

4200' Lake Level

4000'

22. Approx. date work will start*

When Approved

CONFIDENTIAL
Paleo.

CONFIDENTIAL

PROPOSED CASING AND CEMENTING PROGRAM

Size of Hole	Size of Casing	Weight per Foot	Setting Depth	Quantity of Cement
Driven	20"		300'	
17 1/2"	13-3/8"	54.5#	1200'	To Surface
12 1/4"	9-5/8"	40 & 43.5#	4000'	Across pay as dtmnd. from logs

TIGHT HOLE

Amoco Production Company proposes to drill the subject well to test the Paleozoic formation of the Great Salt Lake for hydrocarbons

RECEIVED

DEC 10 1980

DIVISION OF OIL, GAS & MINING

Well to be drilled in compliance with the State of Utah "Operating Rules and Regulations Governing Drilling Procedures in the Great Salt Lake", adopted July 18, 1973. An Oil Spill Contingency Plan is on file with your office.

* Note: Survey Plats will be forwarded to your office immediately upon preparation.

See Attachments

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24. Original Signed By E. R. NICHOLSON Title Administrative Supervisor Date 12-5-80

(This space for Federal or State office use)

Permit No. _____ Approval Date _____

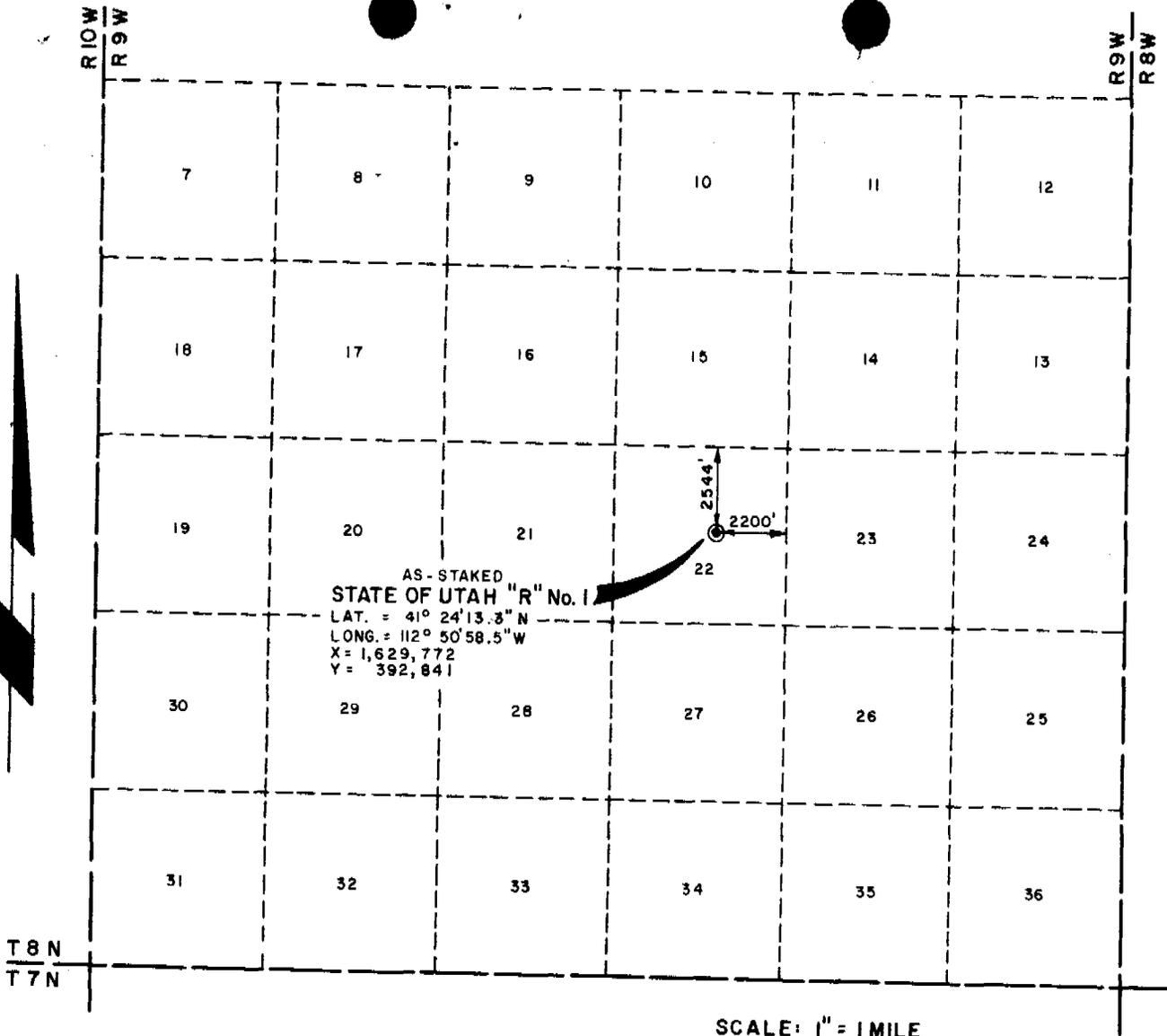
Approved by _____ Title _____ Date _____

Conditions of approval, if any:

APPROVED BY THE DIVISION OF OIL, GAS, AND MINING

*See Instructions On Reverse Side

DATE: 12/18/80
BY: [Signature]



AS-STAKED
 STATE OF UTAH "R" No. 1
 LAT. = 41° 24' 13.3" N
 LONG. = 112° 50' 58.5" W
 X = 1,629,772
 Y = 392,841

SCALE: 1" = 1 MILE

CERTIFICATE OF SURVEYOR

I hereby certify that I am properly registered and licensed to practice land surveying in the State of Utah and that this plat represents a location survey made by me or under my supervision, and that all dimensions and other details are correct.



DEC 9, 1980 Richard C. Davis
 Date SURVEYOR

Date of Survey Dec. 6, 1980

NOTE:
 1. Coordinates are Utah State Plane, North Zone.



JAN 7 1981

DIVISION OF
 OIL, GAS & MINING

AS-STAKED
STATE OF UTAH "R" No. 1
 Located in
 NE 1/4 SEC. 22, T. 8 N., R. 9 W., SALT LAKE MERIDIAN, UTAH
 Surveyed for
AMOCO PRODUCTION CO.
 Salt Lake City, Utah
 Surveyed by
F. M. LINDSEY & ASSOC.
 LAND & HYDROGRAPHIC SURVEYORS
 2502 West Northern Lights Boulevard Box 4-081
 Anchorage Alaska

CONFIDENTIAL

** FILE NOTATIONS **

DATE: Dec 16, 1980
OPERATOR: Amoco Production Co.
WELL NO: State of Utah "R" - # 1
Location: Sec. 22 T. 8N R. 9W County: Box Elder

File Prepared: Entered on N.I.D:
Card Indexed: Completion Sheet:

CONFIDENTIAL

API Number 43-003-30020

CHECKED BY:

Petroleum Engineer: _____

Director: OK as per operating rules governing the drilling of wells on Great Salt Lake

Administrative Aide: Mr. Salt Lake approval

*However
needs
survey
plat*

APPROVAL LETTER:

Bond Required: Survey Plat Required:

Order No. _____ O.K. Rule C-3

Rule C-3(c), Topographic Exception - company owns or controls acreage within a 660' radius of proposed site

Lease Designation ST. Plotted on Map

Hot Line Approval Letter Written

P.I.

December 18, 1980

Amoco Production Company
P. O. Box 17675
Salt Lake City, Utah 84117

Re: Well No. State of Utah "R" #1
Sec. 22, T. 8N, R. 9W,
Box Elder County, Utah

Insofar as this office is concerned, approval to drill the above referred to oil well is hereby granted in accordance with the Order issued in Cause No. 150-2, dated November 20, 1974; and the "Operating Rules and Regulations Governing Drilling Procedures in the Great Salt Lake," adopted July 18, 1973, by the Board of Oil, Gas, and Mining. However, this approval is conditional upon a survey plat being furnished with this office.

Should you determine that it will be necessary to plug and abandon this well, you are hereby requested to immediately notify the following:

MICHAEL T. MINDER - Petroleum Engineer
Office: 533-5771
Home: 876-3001

Enclosed please find Form OGC-8-X, which is to be completed whether or not water sands (aquifers) are encountered during drilling. Your cooperation in completing this form will be appreciated.

Further, it is requested that this Division be notified within 24 hours after drilling operations commence, and that the drilling contractor and rig number be identified.

The API number assigned to this well is 43-003-30020.

Sincerely,

DIVISION OF OIL, GAS, AND MINING

Cleon B. Feight
Cleon B. Feight
Director

CONFIDENTIAL

/ka

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS, AND MINING

SUBMIT TRIPPLICATE*
(Other instructions on
reverse side)

(Lub Island)

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 "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. ML - 28622
2. NAME OF OPERATOR Amoco Production Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 17675 Salt Lake City, Utah 84117		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface NW/4 SE/4 Sec. 22 1980' FSL & 1980' FEL		8. FARM OR LEASE NAME State of Utah "R"
14. PERMIT NO. 43-003-30020	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4200' Lake Level	9. WELL NO. #1
		10. FIELD AND POOL, OR WILDCAT Wildcat
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 22, T8N-R9W
		12. COUNTY OR PARISH Box Elder
		13. STATE Utah

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
(Other) <input type="checkbox"/>	

(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.)*

Amoco Production Company plugged and abandoned the subject well as follows:

- Set: 100 sx plug @ 1710' (Top @ 1660')
- : 300 sx plug @ 320' (Top @ 220')
- Cut casing 10' below mud line
- : 500 sx plug @ 220' (Top @ mud line)

Subject well was P & A on 12-22-80.

Verbal approval received from Jack Feight, U.O.G. & M.C.

RECEIVED
JAN 13 1981

DIVISION OF
OIL, GAS & MINING

TIGHT
HOLE

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

SIGNED E.R. Nichols TITLE Administrative Supervisor DATE 1-6-81

(This space for Federal or State office use)

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

RECEIVED

SUBMIT IN DUPLICATE*

STATE OF UTAH

(See other instructions on reverse side)

OIL & GAS CONSERVATION COMMISSION

(Lib Island)

5. LEASE DESIGNATION AND SERIAL NO.

ML-28622

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL GAS WELL DRY Other _____

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

State of Utah 'R'

9. WELL NO.

#1

10. FIELD AND POOL, OR WILDCAT

Wildcat

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

Section 22, T8N-R9W

12. COUNTY OR PARISH

Box Elder

13. STATE

Utah

b. TYPE OF COMPLETION: NEW WELL WORK OVER DEEP-EN PLUG BACK DIFF. RESVR. Other P & A

2. NAME OF OPERATOR: Amoco Production Company

3. ADDRESS OF OPERATOR: P.O. Box 17675 Salt Lake City, Utah 84117

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface: NW/4 SE/4 Sec. 22 1980' FSL & 1980' FEL

At top prod. interval reported below
At total depth

Revised date: 7-22-81

14. PERMIT NO. 43-003-30020 DATE ISSUED 12-18-80

15. DATE SPUNDED 12-16-80 16. DATE T.D. REACHED 12-20-80 17. DATE COMPL. (Ready to prod.) 12-22-80 (P & A) 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 4200' Lake Level 19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD 1713' 21. PLUG, BACK T.D., MD & TVD 226' 22. IF MULTIPLE COMPL., HOW MANY* 23. INTERVALS DRILLED BY Surface TD 24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* None 25. WAS DIRECTIONAL SURVEY MADE No

26. TYPE ELECTRIC AND OTHER LOGS RUN: Dual Induction, Sonic, Neutron Density 27. WAS WELL CORED No

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
30"		101'	Driven		50'
20"		277'	Driven	200 sx	50'

29. LINER RECORD					30. TUBING RECORD		
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
		None				None	

31. PERFORATION RECORD (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
INTERVAL	SIZE	DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
None			None

33.* PRODUCTION							
DATE FIRST PRODUCTION	PRODUCTION METHOD	CHOKE SIZE	PRODUCTION TEST PERIOD	WELL STATUS (Producing or shut-in)	GAS-OIL RATIO		
	Flowing gas lift, pumping (size and type of pump)			P & A			
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PRODUCTION TEST PERIOD	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) TEST WITNESSED BY

35. LIST OF ATTACHMENTS

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED Ed Nicholas TITLE Administrative Supervisor DATE 1-14-81

*(See Instructions and Spaces for Additional Data on Reverse Side)

7-22-81

10

TIGHT HOLE

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES:

SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.
No cores or DST's			

38.

GEOLOGIC MARKERS

NAME	TOP	
	MEAS. DEPTH	TRON VERT. DEPTH
None reported		

STATE OF UTAH

SUBMIT IN DUPLICATE

(See other instructions on reverse side)

OIL & GAS CONSERVATION COMMISSION

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

(Lub Island)

9. LEASE DESIGNATION AND SERIAL NO.

ML-28622

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

1a. TYPE OF WELL: OIL WELL GAS WELL DRY Other

b. TYPE OF COMPLETION: NEW WELL WORK OVER DEEP-EN PLUG BACK DIFF. RESVR. Other

2. NAME OF OPERATOR Amoco Production Company

3. ADDRESS OF OPERATOR P.O. Box 17675 Salt Lake City, Utah 84117

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)

At surface NW/4 SE/4 Sec. 22 1980' FSL & 1980' FEL

At total depth

14. PERMIT NO. 43-003-30020 DATE ISSUED 12-18-80

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

State of Utah "R"

9. WELL NO.

#1

10. FIELD AND POOL, OR WILDCAT

Wildcat

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

Section 22, T8N-R9W

12. COUNTY OR PARISH Box Elder

13. STATE Utah

15. DATE SPUNDED 12-16-80 16. DATE T.D. REACHED 12-20-80 17. DATE COMPL. (Ready to prod.) 12-22-80 (P & A)

18. ELEVATIONS (DP, RKB, RT, GR, ETC.)* 4200' Lake Level

19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD 1713'

21. PLUG. BACK T.D., MD & TVD 226'

22. IF MULTIPLE COMPL., HOW MANY*

23. INTERVALS DRILLED BY

ROTARY TOOLS

CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

Surface TD

25. WAS DIRECTIONAL SURVEY MADE

None

No

26. TYPE ELECTRIC AND OTHER LOGS RUN

Dual Induction, Sonic, Neutron Density

27. WAS WELL CORED

No

28. CASING RECORD (Report all strings set in well)

Table with columns: CASING SIZE, WEIGHT, LB./FT., DEPTH SET (MD), HOLE SIZE, CEMENTING RECORD, AMOUNT PULLED. Includes rows for 30" and 20" casing.

29. LINER RECORD

Table with columns: SIZE, TOP (MD), BOTTOM (MD), SACKS CEMENT*, SCREEN (MD). Includes entry for None.

30. TUBING RECORD

Table with columns: SIZE, DEPTH SET (MD), PACKER SET (MD). Includes entry for None.

31. PERFORATION RECORD (Interval, size and number)

None

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

Table with columns: DEPTH INTERVAL (MD), AMOUNT AND KIND OF MATERIAL USED. Includes entry for None.

33.* PRODUCTION

Table with columns: DATE FIRST PRODUCTION, PRODUCTION METHOD, DATE OF TEST, HOURS TESTED, CHUCKE IZ, PROD. FOR TEST PERIOD, OIL--BBL., GAS--MCF., WATER--BBL., GAS-OIL RATIO, FLOW. TUBING PRESS., CASING PRESSURE, CAL. DATE, 24 HOUR RATE, GAS--MCF., WATER--BBL., OIL GRAVITY-API (CORR.).

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

TEST WITNESSED BY

35. LIST OF ATTACHMENTS

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED Original Signed By E. R. NICHOLSON

TITLE Administrative Supervisor

DATE 1-14-81

*(See Instructions and Spaces for Additional Data on Reverse Side)

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES				38. GEOLOGIC MARKERS		
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	TOP	
					MEAS. DEPTH	TRUE VERT. DEPTH
No cores or DST's			O+2 State 3 Denver 1 F.E.S. 1 C.R.T. 1 M.A.S. 1 WF 1 DF <hr style="width: 20%; margin: 0 auto;"/> 10	Basalt	1200'	