

FILE NOTATIONS

|                           |                                     |                          |                    |
|---------------------------|-------------------------------------|--------------------------|--------------------|
| Entered in NID File       | <input checked="" type="checkbox"/> | Checked by Chief         | <i>PMB</i>         |
| Entered On S R Sheet      | _____                               | Copy NID to Field Office | <i>[Signature]</i> |
| Location Map Pinned       | <input checked="" type="checkbox"/> | Approval Letter          | <i>[Signature]</i> |
| Card Indexed              | <input checked="" type="checkbox"/> | Disapproval Letter       | _____              |
| IWR for State or Fee Land | _____                               |                          |                    |

COMPLETION DATA:

|                     |       |                    |       |
|---------------------|-------|--------------------|-------|
| Date Well Completed | _____ | Location Inspected | _____ |
| OW                  | _____ | WW                 | _____ |
| TA                  | _____ | Bond released      | _____ |
| GW                  | _____ | OS                 | _____ |
| PA                  | _____ | State of Fee Land  | _____ |

*Shubin*

LOGS FILED

Driller's Log.....

Electric Logs (No. ).....

E..... I..... E-I  GR..... GR-N..... Micro.....

Lat..... Mi-L..... Sonic..... Others.....

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

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  
Mountain Fuel Supply Company

3. ADDRESS OF OPERATOR  
P. O. Box 1129, Rock Springs, Wyoming 82901

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)\*  
 At surface  
1765' FNL, 1650' FWL, NW SE NW sec. 21  
 At proposed prod. zone  
As above

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE\*  
42 miles S Rock Springs, Wyoming

16. DISTANCE FROM PROPOSED\* LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT. (Also to nearest drlg. unit line, if any)  
330' E SLC 045051

18. NO. OF ACRES IN LEASE  
640

17. NO. OF ACRES ASSIGNED TO THIS WELL  
640

18. DISTANCE FROM PROPOSED LOCATION\* TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT.  
4950' W Murphy No. 1

19. PROPOSED DEPTH  
5500'

20. ROTARY OR CABLE TOOLS  
Rotary

21. ELEVATIONS (Show whether DF, RT, GR, etc.)  
Ground 6382'

22. APPROX. DATE WORK WILL START\*  
June 13, 1964

PROPOSED CASING AND CEMENTING PROGRAM

| SIZE OF HOLE | SIZE OF CASING | WEIGHT PER FOOT | SETTING DEPTH | QUANTITY OF CEMENT |
|--------------|----------------|-----------------|---------------|--------------------|
| 12-1/4"      | 9-5/8" OD      | 40.0            | 400'          | 200                |
| 7-5/8"       | 5-1/2" OD      | 17.0            | 5500'         | To be determined   |

We would like your permission to drill the subject well to a depth of 5500' as a development well of gas producing sands in the Frontier formation. Anticipated formation tops are as follows: Mancos at surface, Frontier at 5275', Mowry at 5413', and total depth at 5500'.

Lewmont Drilling Associates, Inc., will be drilling contractor on this well.

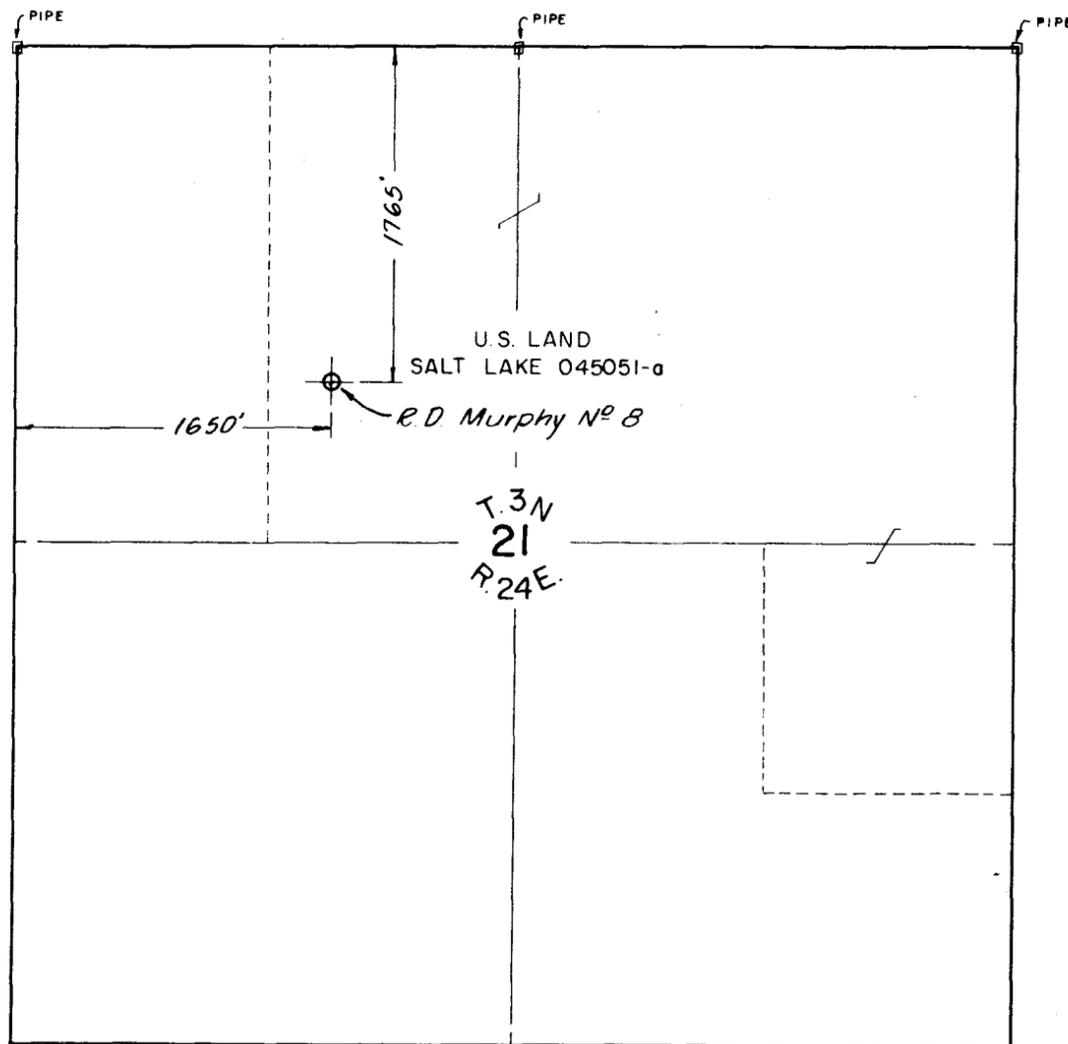
IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer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

24. SIGNED B. W. Croft TITLE General Manager, Producing and Pipeline Divisions DATE June 9, 1964

(This space for Federal or State office use)

PERMIT NO. \_\_\_\_\_ APPROVAL DATE \_\_\_\_\_

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
 CONDITIONS OF APPROVAL, IF ANY:



LOCATION DATA

WELL - R.D. Murphy No. 8      FIELD - Clay Basin

LOCATION

1765' From North Line  
 1650' From West Line  
 NW SE NW Sec. 21, T. 3N., R. 24E. S.L.B. & M  
 Daggett County, Utah

ELEVATION

6382  
 By spirit levels from BM. fdn Boiler Hse No. 202, Murphy Well No. 2

SURVEYED BY

R.D. Knudsen June 8<sup>th</sup>, 1964.

DATE OF REPORT

June 9<sup>th</sup>, 1964

REMARKS

Weather - Cloudy, Rainy, and Cool.  
 Well Elevation for Ground as graded.

ENGINEER'S AFFIDAVIT

State of Wyoming }  
 County of Sweetwater } s.s.

I, R.C. Day, of Rock Springs Wyoming, hereby certify that this map was made from notes taken during an actual survey made under my direction by R.D. Knudsen on June 8<sup>th</sup>, 1964; and that it correctly represents the location thereon with Section measurements based on the official Township Plat of Section 21, T. 3N., R. 24E. S.L.B. & M.

*R.C. Day*  
 Engineer

Utah Registration No. 1295

| REVISIONS DESCRIPTION | DATE | BY | MOUNTAIN FUEL SUPPLY CO.<br>ROCK SPRINGS, WYO. |                   |
|-----------------------|------|----|--|-------------------|
|                       |      |    | WELL LOCATION                                  |                   |
|                       |      |    | <b>R.D. MURPHY WELL No. 8</b>                  |                   |
|                       |      |    | NW SE NW SEC. 21, T. 3N., R. 24E. SLB & M      |                   |
|                       |      |    | DAGGETT COUNTY, UTAH                           |                   |
|                       |      |    | DRAWN: 6-9-64 DGH.                             | SCALE: 1" = 1000' |
|                       |      |    | CHECKED <i>Rum</i>   KAL                       | DRWG. NO. M-7745  |
|                       |      |    | APPROVED <i>R</i>                              |                   |

*Copy file*  
**UNITED STATES DEPARTMENT OF THE INTERIOR**  
**GEOLOGICAL SURVEY**

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

5. LEASE DESIGNATION AND SERIAL NO.

SLC 045051-a

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

**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  GAS WELL  OTHER

2. NAME OF OPERATOR  
Mountain Fuel Supply Company

3. ADDRESS OF OPERATOR  
P. O. Box 1129, Rock Springs, Wyoming

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
1765' FNL, 1650' FWL, NW SE NW sec. 21

7. UNIT AGREEMENT NAME  
Clay Basin

8. FARM OR LEASE NAME  
R. D. Mupphy

9. WELL NO.  
8

10. FIELD AND POOL, OR WILDCAT  
Clay Basin - Frontier

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
21-3N-24E., SLB&M

14. PERMIT NO.  
-

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
KB 6394.90'; DF 6392.30'

12. COUNTY OR PARISH | 13. STATE  
Daggett | Utah

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

NOTICE OF INTENTION TO :

SUBSEQUENT REPORT OF :

TEST WATER SHUT-OFF   
 FRACTURE TREAT   
 SHOOT OR ACIDIZE   
 REPAIR WELL   
 (Other)   
 PULL OR ALTER CASING   
 MULTIPLE COMPLETE   
 ABANDON\*   
 CHANGE PLANS

WATER SHUT-OFF   
 FRACTURE TREATMENT   
 SHOOTING OR ACIDIZING   
 (Other) Spud, surface casing, drill   
 REPAIRING WELL   
 ALTERING CASING   
 ABANDONMENT\*

(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.)\*

The subject well was spudded June 13, 1964, by Lewmont Drilling Associates, Inc., contractor. At a depth of 225', a surface string of 9-5/8" OD, 40#, N-80, 8rnd thd, IT&C casing, measuring 206.20' net, 208.97' gross, was landed at 219.10' KBM, and cemented with 104 sacks regular cement treated with 160 pounds calcium chloride. About 2 barrels of cement slurry returned to surface. Pressure tested BOP's and casing to 500 psi each for 15 minutes; held good.

Presently drilling at a depth of 435', using a 7-5/8" bit.

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

SIGNED B. W. Craft

General Manager, Producing  
and Pipeline Divisions

DATE June 15, 1964

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLI  
(Other instructions re-  
verse side)

5. LEASE DESIGNATION AND SERIAL NO.

SLC 045051-a

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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  GAS WELL  OTHER

2. NAME OF OPERATOR  
Mountain Fuel Supply Company

3. ADDRESS OF OPERATOR  
P. O. Box 1129, Rock Springs, Wyoming 82901

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
1765' FNL, 1650' FWL, NW SE NW sec. 21

7. UNIT AGREEMENT NAME  
Clay Basin

8. FARM OR LEASE NAME  
R. D. Murphy

9. WELL NO.  
8

10. FIELD AND POOL, OR WILDCAT  
Clay Basin - Frontier

11. SEC., T., R., M., OR B.L.E. AND SURVEY OR AREA  
21-3N-24E., SLB&M

14. PERMIT NO.  
-

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
KB 6394.90'; DF 6392.30'

12. COUNTY OR PARISH  
Daggett

13. STATE  
Utah

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF   
FRACTURE TREAT   
SHOOT OR ACIDIZE   
REPAIR WELL   
(Other)

PULL OR ALTER CASING   
MULTIPLE COMPLETE   
ABANDON\*   
CHANGE PLANS

WATER SHUT-OFF   
FRACTURE TREATMENT   
SHOOTING OR ACIDIZING   
(Other)

REPAIRING WELL   
ALTERING CASING   
ABANDONMENT\*

(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.)\*

The subject well is drilling at a depth of 5140', using 7-5/8" bit.

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

SIGNED B. W. Craft

General Manager, Producing  
and Pipeline Divisions

DATE June 22, 1964

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN THIS STATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

SIC 045051-a

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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  GAS WELL  OTHER

2. NAME OF OPERATOR

Mountain Fuel Supply Company

3. ADDRESS OF OPERATOR

P. O. Box 1129, Rock Springs, Wyoming 82901

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface

1765' FNL, 1650' FWL, NW SE NW sec. 21

7. UNIT AGREEMENT NAME

Clay Basin

8. FARM OR LEASE NAME

R. D. Murphy

9. WELL NO.

8

10. FIELD AND POOL, OR WILDCAT

Clay Basin - Frontier

11. SEC., T., R., M., OR S.E. AND SURVEY OR AREA

21-3N-24E., SLB&M

14. PERMIT NO.

-

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

KB 6394.90'; DF 6392.30'

12. COUNTY OR PARISH 13. STATE

Daggett

Utah

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)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

Supplementary history

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(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.)\*

Total depth 5436', waiting on completion rig. Released rotary rig June 29, 1964.

DST #1: 5226'-5288', Frontier, IO 1/2 hour, ISI 1/2 hour, FO 75 minutes, FSI 1 hour. Fair blow, decreasing to weak blow on initial opening; gas to surface in 11 minutes on final opening, not enough to gauge. Recovered 650' mud. IHP 2700 psi, SIP 2089 psi, IOFP's 251-251 psi, FOFP's 218-268 psi, FSIP 2138 psi, FHP 2683 psi.

DST #2: 5289'-5348', Frontier, IO 1/2 hour, ISI 1/2 hour, FO 2 hours, FSI 66 minutes. Gas to surface in 8 minutes; 15 minutes 116 Mcf, 30 minutes 193 Mcf; on final opening, 15 minutes 274 Mcf, 60 minutes 331 Mcf, 120 minutes 377 Mcf. Recovered 450' gas cut mud. IHP 2667 psi, SIP 2204 psi, IOFP's 100-134 psi, FOFP's 117-167 psi, FSIP 2204 psi, FHP 2667 psi.

Ran 5-1/2" OD, 17#, N-80, 8rnd thd LF&C casing, measuring 5422.74' net, 5474.07' gross. Landed casing at 5435.64' KBM and cemented with 245 sacks Pozmix A 50-50 cement with 2% gel. Good mud returns throughout cementing operation. Ran 2-3/8" OD, 4.7#, J-55, 8rnd thd EUE tubing, temporarily landing tubing at 5290.88' KBM. Installed flange on wellhead and released rig.

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

SIGNED

*B. W. Craft*

TITLE

General Manager, Producing and Pipeline Divisions

DATE

June 29, 1964

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

orig kgw  
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kgw

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UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

LAND OFFICE .....  
LEASE NUMBER .....  
UNIT **Clay Basin** .....

**LESSEE'S MONTHLY REPORT OF OPERATIONS**

State **Utah** County **Daggett** Field **Clay Basin**

The following is a correct report of operations and production (including drilling and producing wells) for the month of **JUN 1964**, 19.....

Agent's address **P. O. Box 989** Company **MOUNTAIN FUEL SUPPLY COMPANY**  
**SALT LAKE CITY, UTAH** Signed *F. L. Kelly*

Phone **328-8315** Agent's title **DIVISIONAL CHIEF ACCOUNTANT**

| SEC. AND 1/4 OF 1/4 | TWP. | RANGE | WELL NO. | DAYS PRODUCED | BARRELS OF OIL | GRAVITY | CU. FT. OF GAS (In thousands) | GALLONS OF GASOLINE RECOVERED | BARRELS OF WATER (If none, so state) | REMARKS (If drilling, depth; if shut down cause; date and result of test for gasoline content of gas) |
|---------------------|------|-------|----------|---------------|----------------|---------|-------------------------------|-------------------------------|--------------------------------------|---|
| NW, NW<br>SE 22     | 3    | 24    | 7        |               |                |         |                               |                               |                                      | Spudded 5/17/64 completed as a gas well 6/7/64 ✓<br>Depth 5,678'<br>Shut In.                          |
| NW, SE<br>NW 21     | 3    | 24    | 8        |               |                |         |                               |                               |                                      | Spudded 6/13/64<br>June 30, 1964<br>Depth 5,436<br>Waiting on Completion Rig ✓                        |

NOTE.—There were..... runs or sales of oil; ..... M cu. ft. of gas sold;

..... runs or sales of gasoline during the month. (Write "no" where applicable.)

NOTE.—Report on this form is required for each calendar month, regardless of the status of operations, and must be filed in duplicate with the supervisor by the 6th of the succeeding month, unless otherwise directed by the supervisor.

*Handwritten initials*

*Long file*

Form 9-331  
(May 1963)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN STATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.

SLC 045051-a

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Clay Basin Unit

8. FARM OR LEASE NAME

R. D. Murphy Well

9. WELL NO.

8

10. FIELD AND POOL, OR WILDCAT

Clay Basin - Frontier

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

21-3N-24E., SLB&M

12. COUNTY OR PARISH

Daggett

13. STATE

Utah

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  GAS WELL  OTHER

2. NAME OF OPERATOR  
Mountain Fuel Supply Company

3. ADDRESS OF OPERATOR  
P. O. Box 1129, Rock Springs, Wyoming 82901

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\* See also space 17 below.)  
At surface  
1765' FNL, 1650' FWL, NW SE NW sec. 21

14. PERMIT NO.  
-

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
KB 6394.90'

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)

PULL OR ALTER CASING   
MULTIPLE COMPLETE   
ABANDON\*   
CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF   
FRACTURE TREATMENT   
SHOOTING OR ACIDIZING

REPAIRING WELL   
ALTERING CASING   
ABANDONMENT\*

(Other) Completion of well

(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.)\*

Rigged up **Evitt Drilling Company** completion rig. Pressure tested BOP and casing to 5000 psi each; held good. Displaced water with drip oil. Pulled tubing from well and then perforated the Frontier formation between 5252' to 5262' and from 5296' to 5338' with two 1/2" bullets and two NCF II jet charges per foot. Re-ran 2-3/8" OD 4.7# J-55 8rmd thd EUE tubing and landed tubing at 5199.44' KBM. Rigged up Halliburton and applied sandoil treatment down tubing and tubing-casing annulus. Broke down formation with 60 barrels of drip oil containing 0.05 ppg Adomite and 0.003 gpg FR3 at 29 BPM with 4900 psi on casing and 5600 psi on tubing. Treated well in 3 stages, using a total of 30,670 gallons of drip oil mixed with 0.05 ppg Adomite, 0.003 gpg FR3 and 1 ppg 20-40 mesh Ottawa sand. Rubber ball sealers were injected between stages and 2 units of radioactive sand were injected in the last 2,000 gallons of each stage. Treating pressures varied from 4300 psi on the casing and 5400 to 4900 psi on the tubing at rates of 30 BPM. Final displacement pressure 5000 psi at 8 to 10 BPM. Unloaded well through tubing and casing alternately to clean up and then switched flow through tubing and separator for a period of 17 hours. The well flowed gas at the rate of 3200 Mcf per day with a surface flowing tubing pressure of 780 psi, casing pressure of 900 psi, and a separator pressure of 360 psi. No water was recovered in the separator. The well was shut in and the rig released on July 19, 1964. FINAL REPORT.

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

SIGNED B. W. Craft

General Manager, Producing  
and Pipeline Divisions

DATE July 21, 1964

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

\*See Instructions on Reverse Side

*Handwritten initials*

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R355.5

WELL COMPLETION OR RECOMPLETION REPORT AND LOG \*

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  
Mountain Fuel Supply Company

3. ADDRESS OF OPERATOR  
P. O. Box 1129, Rock Springs, Wyoming 82901

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)\*  
At surface  
1765' FNL, 1650' FWL, NW SE NW sec. 21  
At top prod. interval reported below  
At total depth

14. PERMIT NO. \_\_\_\_\_ DATE ISSUED \_\_\_\_\_

5. LEASE DESIGNATION AND SERIAL NO.

SLC 045051-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Clay Basin Unit

8. FARM OR LEASE NAME

R. D. Murphy

9. WELL NO.

8

10. FIELD AND POOL, OR WILDCAT

Clay Basin - Frontier

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

21-3N-24E., SLB&M

12. COUNTY OR PARISH

Daggett

13. STATE

Utah

15. DATE SPUNDED June 13, 1964 16. DATE T.D. REACHED June 26, 1964 17. DATE COMPL. (Ready to prod.) July 19, 1964 18. ELEVATIONS (DF, REB, RT, OR, ETC.) KB 6394.90'; DF 6392.30' 19. ELEV. CASINGHEAD -

20. TOTAL DEPTH, MD & TVD 5436' 21. PLUG, BACK T.D., MD & TVD 5408' 22. IF MULTIPLE COMPL., HOW MANY? - 23. INTERVALS DRILLED BY ROTARY TOOLS 0-5436' CABLE TOOLS -

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)\* 5252'-5268', 5296'-5338', Frontier formation 25. WAS DIRECTIONAL SURVEY MADE Yes

26. TYPE ELECTRIC AND OTHER LOGS RUN IE 27. WAS WELL CORED Yes

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

| CASING SIZE | WEIGHT, LB./FT. | DEPTH SET (MD) | HOLE SIZE | CEMENTING RECORD | AMOUNT PULLED |
|-------------|-----------------|----------------|-----------|------------------|---------------|
| 9-5/8"      | 40              | 219.10' KBM    | 12-1/4"   | 104 sacks        | none          |
| 5-1/2"      | 17.0            | 5435.64' KBM   | 7-5/8"    | 245 sacks        | none          |

29. LINER RECORD 30. TUBING RECORD

| SIZE | TOP (MD) | BOTTOM (MD) | SACKS CEMENT* | SCREEN (MD) | SIZE  | DEPTH SET (MD) | PACKER SET (MD) |
|------|----------|-------------|---------------|-------------|-------|----------------|-----------------|
|      |          |             |               |             | 2-3/8 | 5199.44' KBM   | none            |

31. PERFORATION RECORD (Interval, size and number) 32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

| INTERVAL    | SIZE   | NUMBER   | DEPTH INTERVAL (MD) | AMOUNT AND KIND OF MATERIAL USED   |
|-------------|--------|----------|---------------------|------------------------------------|
| 5252'-5268' | 2 1/2" | bullets  | 5252'-5338'         | 30,670 gal. drip oil, 30,670# sand |
| 5296'-5338' |        | per foot |                     |                                    |

38. PRODUCTION

| DATE FIRST PRODUCTION | PRODUCTION METHOD (Flowing, gas lift, pumping—also type of pump) | WELL STATUS (Producing or shut-in) |                         |          |            |                         |               |
|-----------------------|--|------------------------------------|-------------------------|----------|------------|-------------------------|---------------|
| -                     | -  | Shut in.                           |                         |          |            |                         |               |
| DATE OF TEST          | HOURS TESTED   | CHOKER SIZE                        | PROD'N. FOR TEST PERIOD | OIL—BBL. | GAS—MCF.   | WATER—BBL.              | GAS-OIL RATIO |
| 7/18-19/64            | 17   | -                                  | →                       | -        | 3220       | -                       | -             |
| FLOW, TUBING PRESS.   | CASING PRESSURE  | CALCULATED 24-HOUR RATE            | OIL—BBL.                | GAS—MCF. | WATER—BBL. | OIL GRAVITY-API (CORR.) |               |
| 780                   | 900  | →                                  | -                       | 3220     | -          | -                       |               |

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

35. LIST OF ATTACHMENTS IE log, well record, lithology.

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records.  
SIGNED B. W. Craft General Manager, Producing and Pipeline Divisions DATE July 28, 1964

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

COMPLETION REPORT

Operator: Mountain Fuel Supply Company

Well: R. D. Murphy No. 8

Area: Clay Basin Unit

Location: 1765' FNL and 1650' FWL, Sec. 21, T. 3 N., R. 24 E., Daggett County, Utah

Elevation: 6382' Ground; 6394.90 Kelly Bushing

Drilling Commenced: June 11, 1964. Drilling Completed and Rig Released: June 29, 1964.

Completion Rig On: July 18, 1964. Well Completed: July 19, 1964.

Tops: Mancos Surface

Frontier 5213'

Mowry 5360'

Total Depth 5436'

Casing: 9-5/8" landed @ 219.10' KBM with 104 sacks

5-1/2" landed @ 5435.64' KBM with 245 sacks

Tubing: 2-3/8" @ 5199.44' KBM

Perforations: 5252' to 5262', 5296' to 5338'.

Producing Formation: Frontier

Productivity: 3220 Mcf with ftp 780 psi and cp 900 psi, SITP 1600 psi, SICP 1600 psi.

Productivity is after sand fracture treatment.

Remarks: Cored 2 cores from 5235' to 5348' with 113' recovered.

DRILL STEM TESTS

| No. | Interval  | Initial Flow | Initial Shut In | Final Flow    | Final Shut In | Remarks          |
|-----|-----------|--------------|-----------------|---------------|---------------|------------------|
| 1   | 5226-5288 | 257-233 (30) | 2070 (30)       | 247-268 (75)  | 2129 (60)     | NETG 650' gcm    |
| 2   | 5289-5348 | 34-185 (30)  | 2214 (30)       | 134-176 (120) | 2203 (65)     | 377 Mcf, 450 gcm |

7/29/64

VBG/es

Field Clay Basin State Utah County Daggett Sec. 21 T. 3N R. 21E

Company Mountain Fuel Supply Company Farm R. D. Murphy Well No. 8

Location 1765' FNL; 1650' FWL Elev. 6382' GR; 6394.90 KB

Drilling Commenced June 11, 1964 Completed June 29, 1964

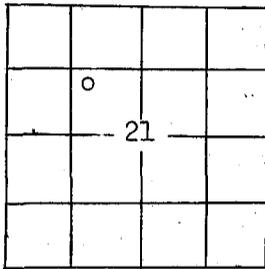
Rig Released July 18, 1964 Total Depth 5436'

Casing Record 9 5/8" landed @ 219.10' KBM with 104 sacks

5 1/2" landed @ 5435.64' KBM with 245 sacks

Tubing Record 2 3/8" @ 5199.44' KBM

Perforations 5252' to 5262', 5296' to 5338'



NW SE NW

I.P. 3220 Mcf with ftp 780 psi and Gas cp 900 psi Oil

Sands Frontier

Shut-in Surface Pressures SITP 1600 psi, SICP 1600 psi. Productivity is after sand fracture treatment.

Remarks Cored 2 cores from 5235' to 5348' with 113' recovered.

Formation Record

|  | From | To   |
|--|------|------|
| MANCOS AT SURFACE  |      |      |
| No descriptions.   |      |      |
| Shale, medium to dark gray, silty, firm; with occasional thin beds of bentonite, cream to white, soft, occasional Inoceramus fragment.                                 | 0    | 5000 |
| Ditto, with shale becoming black.  | 5000 | 5060 |
| Shale, medium to dark gray, firm, silty, occasional Inoceramus fragment.   | 5060 | 5100 |
| Shale, as above; with occasional thin beds of bentonite, as above; micaceous, brown, occasional thin beds of siltstone, medium gray, firm.                             | 5100 | 5110 |
|  | 5110 | 5213 |
| FRONTIER FORMATION 5213'   |      |      |
| Same as above.   |      |      |
| Sandstone, light gray to white, fine-grained, sub-angular, fairly well sorted, looks tight, slightly calcareous, no show, interbedded with shale, as above.            | 5213 | 5225 |
|  | 5225 | 5235 |
| Core #1 Cut 53 feet, recovered 53 feet.  |      |      |
| 2.5 Sandstone, grayish-green to white, fine- to very fine-grained, some black shale stringers and carbonaceous material.   | 5235 | 5288 |
| 2.5 Shale, black, soft, with coal interbedded.   |      |      |
| 2.5 Sandstone, white to grayish-green, fine-grained, stringers of pyrite, shale, black, and coal interlaminated, hard, tight.  |      |      |
| 8.5 Sandstone, white to grayish-green, fine-grained, hard, dense, tight, some disseminated pyrite and shale stringers, black, dense, hard.                             |      |      |
| 12.0 Sandstone, white to brown, medium-grained, porous, micaceous, cross-bedded, with horizontal open fractures, bleeding gas and has gassy odor, some colored grains. |      |      |
| 5.5 Shale, black, firm; siltstone, grayish-green, dense, tight; with carbonaceous fossil leaf and fragments.   |      |      |
| .5 Siltstone, as above; shale, as above, interlaminated with vertical micro-shearing.  |      |      |
| 2.5 Siltstone, as above; shale, as above, interbedded.   |      |      |
| 7.5 Sandstone, grayish-green to white, very fine-grained, micaceous, hard, tight; interbedded with shale in thin laminations.  |      |      |
| 1.7 Siltstone, as above.   |      |      |
| 2.0 Shale, black, brown, soft to dense, hard, (crushed).   |      |      |
| 1.8 Siltstone, as above.   |      |      |
| 1.5 Shale, as above, crushed.  |      |      |
| 2.0 Shale, as above; and sandstone, as above; interbedded. Some open horizontal fracture.  |      |      |

W

N.

Field

Clay Basin

Sec. 21T. 21E

Page 2

Farm

R. D. Murphy

Well No. 8

Company

Mountain Fuel Supply Company

FORMATION RECORD

FORMATION RECORD

|                 |   | From | To   |
|-----------------|---|------|------|
| Core #2         | Cut 60 feet, recovered 60'.   |      |      |
| 4.0             | Siltstone, dark greenish-gray, hard, dense.   | 5288 | 5348 |
| 1.0             | Shale, black, firm, interbedded with siltstone, as above.   |      |      |
| 20.5            | Sandstone, white to gray, fine-grained, very friable, some colored grains, cross-bedded with open fracture, gassy odor. |      |      |
| 1.0             | Siltstone, as above, with carbonaceous stringers.   |      |      |
| 5.5             | Sandstone, as above.  |      |      |
| 1.0             | Siltstone, as above; with carbonaceous stringers.   |      |      |
| 20.0            | Sandstone, as above; small amount of coaly material.  |      |      |
| 7.0             | Shale, black to brown, hard, siliceous, fish scales, porcelanite.   |      |      |
|                 | Shale, black to dark brown, hard, very siliceous, porcelanite.  | 5348 | 5360 |
| MOWRY FORMATION | 5360'   |      |      |
|                 | Same as above.  | 5360 | 5436 |

A

2

STATE OF UTAH  
OIL & GAS CONSERVATION COMMISSION  
310 NEWHOUSE BUILDING  
SALT LAKE CITY 11, UTAH

REPORT OF WATER ENCOUNTERED DURING DRILLING

Well Name & Number: R. D. Murphy No. 8  
Operator Mountain Fuel Supply Co. Address Salt Lake Phone 328-8315  
Contractor Lewmont Drilling Assc. Address Denver Phone \_\_\_\_\_  
Location: SE 1/4 NW 1/4 Sec. 21 T. 3<sup>N</sup> R. 24<sup>E</sup> Daggett County, Utah.  
Water Sands: None Drilled

| <u>Depth</u> |           | <u>Volume</u>            | <u>Quality</u>        |
|--------------|-----------|--------------------------|-----------------------|
| <u>From</u>  | <u>To</u> | <u>Flow Rate or Head</u> | <u>Fresh or Salty</u> |
| 1.           | _____     | _____                    | _____                 |
| 2.           | _____     | _____                    | _____                 |
| 3.           | _____     | _____                    | _____                 |
| 4.           | _____     | _____                    | _____                 |
| 5.           | _____     | _____                    | _____                 |

(Continued on reverse side if necessary)

Formation Tops:

Frontier 5213'  
Mowry 5360'  
T.D. 5435'

Remarks:

**NOTE:** (a) Upon diminishing supply of forms, please inform the Commission  
(b) Report on this form as provided for in Rule C-20, General Rules and Regulations and Rules of Practice and Procedure. (See back of form)

6.5

*only change  
copy file*  
*Kyle*

*copy file*

Budget Bureau No. 42-2356.5.  
Approval expires 12-31-60

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

LAND OFFICE .....  
LEASE NUMBER .....  
UNIT **Clay Basin**

LESSEE'S MONTHLY REPORT OF OPERATIONS

State **Utah** County **Daguerre** Field **Clay Basin**

The following is a correct report of operations and production (including drilling and producing wells) for the month of **JUL** 1964, 19

Agent's address **P. O. Box 989** Company **MOUNTAIN FUEL SUPPLY COMPANY**  
**SALT LAKE CITY, UTAH**

Phone **328-8315** Signed **E. L. Neely**  
Agent's title **DIVISIONAL CHIEF ACCOUNTANT**

| SEC. AND 1/4 OF 1/4  | TWP.      | RANGE    | WELL NO.  | DAYS PRODUCED | BARRELS OF OIL | GRAVITY | CU. FT. OF GAS (In thousands) | GALLONS OF GASOLINE RECOVERED | BARRELS OF WATER (If none, so state) | REMARKS (If drilling, depth; if shut down cause; date and result of test for gasoline content of gas) |
|----------------------|-----------|----------|-----------|---------------|----------------|---------|-------------------------------|-------------------------------|--------------------------------------|---|
| <b>NW, NW<br/>SE</b> | <b>22</b> | <b>3</b> | <b>24</b> | <b>7</b>      |                |         |                               |                               |                                      | <b>Spudded 5/17/64<br/>Completed as a<br/>gas well 6/7/64<br/>Depth 5678'<br/>Shut In.</b>            |
| <b>NW, SE<br/>NW</b> | <b>21</b> | <b>3</b> | <b>24</b> | <b>8</b>      |                |         |                               |                               |                                      | <b>Spudded 6/13/64<br/>Completed as a<br/>Gas well 7/19/64<br/>Depth 5436'<br/>Shut In.</b>           |

NOTE—There were

NOTE—Report with the supervisor

units of sales  
M cu. ft. of gas sold;

where applicable

Copy N/C

Budget Bureau No. 42-R356.5.  
Approval expires 12-31-60

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

LAND OFFICE .....  
LEASE NUMBER .....  
UNIT **Clay Basin**

LESSEE'S MONTHLY REPORT OF OPERATIONS

State **Utah** County **Biggott** Field **Clay Basin**  
The following is a correct report of operations and production (including drilling and producing wells) for the month of **AUG 1964**  
Agent's address **P. O. Box 989 SALT LAKE CITY, UTAH** Company **MOUNTAIN FUEL SUPPLY COMPANY**  
Signed *[Signature]*  
Phone **328-8315** Agent's title **DIVISIONAL CHIEF ACCOUNTANT**

| SEC. AND 1/4 OF 1/4 | TWP.     | RANGE     | WELL NO. | DAYS PRODUCED | BARRELS OF OIL | GRAVITY | CU. FT. OF GAS (In thousands) | GALLONS OF GASOLINE RECOVERED | BARRELS OF WATER (If none, so state) | REMARKS (If drilling, depth; if shut down cause; date and result of test for gasoline content of gas) |
|---------------------|----------|-----------|----------|---------------|----------------|---------|-------------------------------|-------------------------------|--------------------------------------|---|
| <b>NW, NW SE</b> 22 | <b>3</b> | <b>24</b> | <b>7</b> |               |                |         |                               |                               |                                      | <b>Spudded 5/17/64<br/>Completed as a gas well 6/7/64<br/>Depth 3678'<br/>Shut In.</b>                |
| <b>NE, SE NW</b> 21 | <b>3</b> | <b>24</b> | <b>8</b> |               |                |         |                               |                               |                                      | <b>Spudded 6/13/64<br/>Completed as a Gas Well 7/19/64<br/>Depth 3436'<br/>Shut In.</b>               |

NOTE: There were \_\_\_\_\_ runs or sales of oil, \_\_\_\_\_ M cu. ft. of gas sold;

\_\_\_\_\_ runs or sales of gasoline during the month. (Write "no" where applicable.)

NOTE: Report on this form is required for each calendar month, regardless of the status of operations, and must be filed with the supervisor by the first day of the reporting month, unless otherwise directed by the supervisor.

9

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

LAND OFFICE .....  
LEASE NUMBER .....  
UNIT **Clay Basin** .....

**LESSEE'S MONTHLY REPORT OF OPERATIONS**

State **Utah** County **Daggett** Field **Clay Basin**

The following is a correct report of operations and production (including drilling and producing wells) for the month of **SEP** 1964, 19

Agent's address **P.O. Box 11368** Company **MOUNTAIN FUEL SUPPLY COMPANY**

**SALT LAKE CITY, UTAH 84111**

Signed *F. L. Neely*

Phone **328-8315**

Agent's title **DIVISIONAL CHIEF ACCOUNTANT**

| SEC. AND 1/4 OF 1/4 | TWP. | RANGE | WELL NO. | DAYS PRODUCED | BARRELS OF OIL | GRAVITY | CU. FT. OF GAS (In thousands) | GALLONS OF GASOLINE RECOVERED | BARRELS OF WATER (If none, so state) | REMARKS (If drilling, depth, if shut down cause, date and result of test for gasoline content of gas) |
|---------------------|------|-------|----------|---------------|----------------|---------|-------------------------------|-------------------------------|--------------------------------------|---|
| NW NW<br>SE 22      | 3    | 24    | 7        |               |                |         |                               |                               |                                      | Spudded 5/17/64<br>Completed as a<br>Gas well 6/1/64<br>Depth 5678'<br>Shut In.                       |
| NW SE<br>NW 21      | 3    | 24    | 8        |               |                |         |                               |                               |                                      | Spudded 6/13/64<br>Completed as a<br>Gas well 7/19/64<br>Depth 5436'<br>Shut In.                      |

NOTE—There were \_\_\_\_\_ runs of sales of oil \_\_\_\_\_ M cu. ft. of gas sold

*Drip*

NOTE—Report on this form is required for each sale or month regardless of the amount of production. It should be filed in duplicate with the supervisor by the 6th of the succeeding month.



MOUNTAIN FUEL SUPPLY COMPANY  
TRANSMISSION AND PRODUCTION ROCK SPRINGS, WYOMING  
MEASUREMENT EQUIPMENT INSPECTION REPORT

3N24E21

LOCATION: **CLAY BASIN M.S. #7** COUNTY **DAGGETT** STATE **UTAH** DATE **10-9-82**

STATION OR CUSTOMER **CLAY BASIN #13** TIME OF TEST AM \_\_\_\_\_ PM \_\_\_\_\_

ORIFICE METER MAKE **Foxboro** SERIAL NO. **2508675** TYPE **37** CHART NO. **89N418L** STATIC CON. **D.S.** PEN ARC **Adj** CLOCK ROT. **31 DAY**  
METER RANGE INCHES **100** POUNDS **1000** ATMOS. PRESS. **11.6** IS ATMOS SET ON CHART?  Yes  No TYPE OF CHART USED  Sq. Root  Linear

METER READING DEAD WEIGHT CHECK STATIC FOUND STATIC LEFT  
D. W. Press **259** 5.10 5.20  
Atmos. Press **11.6**  
Static Pen Set **270.6** Diff. Found  $\emptyset$  Diff. Left  $\emptyset$  Temp. Found **70°** Temp. Left **70°** Time Lag **6 hrs**

DIFFERENTIAL TEST STATIC TEST

| AS FOUND |       |      |       | AS LEFT |       |      |       | AS FOUND    |      | AS LEFT     |      | SQ. RT. VALUE, AS LEFT  |
|----------|-------|------|-------|---------|-------|------|-------|-------------|------|-------------|------|---|
| UP       |       | DOWN |       | UP      |       | DOWN |       | D. W. Meter |      | D. W. Meter |      |   |
| Man.     | Meter | Man. | Meter | Man.    | Meter | Man. | Meter |             |      |             |      |   |
| 0        | 0     | 80   | 80    | 0       |       | 80   |       | 259         | 5.10 | 0           | 1.08 | $\sqrt{\frac{Psia \times 100}{Rp}}$ $= \sqrt{\frac{270.6 \times 100}{1000}} = 5.20$ |
| 10       | 10    | 60   | 60    | 10      | SAME  | 60   |       | 0           | 1.08 | 259         | 5.20 |   |
| 30       | 30    | 40   | 40    | 30      |       | 40   |       |             |      |             |      |   |

THERMOMETER MAKE - **Foxboro**

RANGE **0° To +150° F** SERIAL NO. **2508675**  
AS FOUND AS LEFT

| UP         |            | DOWN       |            | UP         |            | DOWN       |            |
|------------|------------|------------|------------|------------|------------|------------|------------|
| Test Therm | Rec. Therm |
|            |            |            |            |            |            |            |            |

ORIFICE PLATE ORIFICE FITTING OR UNION

Size **2" x 1.250"** Make - **DANIEL** Type **Simplex**  
Edges Sharp? Orifice Condition Serial No. **ASA 600** Line Size **2.067** I.D.  
Damaged? Dirty?  
Micro Horizontal Micro Vertical Meter Tube Upstream ID Downstream ID

TELEMETERING GRAVITY: \_\_\_\_\_ ATMOS. TEMP \_\_\_\_\_

| DIFFERENTIAL PRESSURE |       |      |       |      |       |      |       |      |       |      |       |      |       |      |       |
|-----------------------|-------|------|-------|------|-------|------|-------|------|-------|------|-------|------|-------|------|-------|
| FOUND                 |       |      |       |      |       |      |       | LEFT |       |      |       |      |       |      |       |
| UP                    |       |      |       | DOWN |       |      |       | UP   |       |      |       | DOWN |       |      |       |
| TEST                  | TRANS | TEST | TRANS | TEST | TRANS | TEST | TRANS | TEST | TRANS | TEST | TRANS | TEST | TRANS | TEST | TRANS |
| 0%                    |       | 100% |       | 0%   |       | 100% |       | 0%   |       | 100% |       | 0%   |       | 100% |       |
| 25%                   |       | 75%  |       | 25%  |       | 75%  |       | 25%  |       | 75%  |       | 25%  |       | 75%  |       |
| 50%                   |       | 50%  |       | 50%  |       | 50%  |       | 50%  |       | 50%  |       | 50%  |       | 50%  |       |
| 75%                   |       | 25%  |       | 75%  |       | 25%  |       | 75%  |       | 25%  |       | 75%  |       | 25%  |       |
| 100%                  |       | 0%   |       | 100% |       | 0%   |       | 100% |       | 0%   |       | 100% |       | 0%   |       |

REMARKS: **Adj Diff Pen ARC**  
**Adj static SPAN**

M.F.S. CO. **Doug Walters**  
TESTER: \_\_\_\_\_  
WITNESS: \_\_\_\_\_

9.25  
9.00  
8.75  
8.50  
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1.75  
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1.00  
.75  
.50  
.25  
.00

PLACE LEFT INSIDE EDGE OF ORIFICE PLATE ON ARROW AND MARK BOTH INSIDE EDGES ON SCALE



**MOUNTAIN FUEL SUPPLY COMPANY**

180 EAST FIRST SOUTH • P. O. BOX 11368 • SALT LAKE CITY, UTAH 84139 • PHONE (801) 534-5555

April 10, 1984

Working Interest Owners  
Clay Basin Unit  
Daggett County, Utah and  
Sweetwater County, Wyoming

Gentlemen:

Mountain Fuel Supply Company, as designated operator of the Clay Basin Unit, hereby resigns as Unit Operator under the provisions of Section 4 of the Unit Agreement subject to: WEXPRO Company being designated successor Unit Operator by the committed working interest owners and approval by the Bureau of Land Management.

WEXPRO Company, a wholly owned second tier subsidiary company of Mountain Fuel Supply Company, has assumed all of the development and producing operations of Mountain Fuel. Office and operating personnel have been transferred to WEXPRO so there will be no physical change in operations.

MOUNTAIN FUEL SUPPLY COMPANY

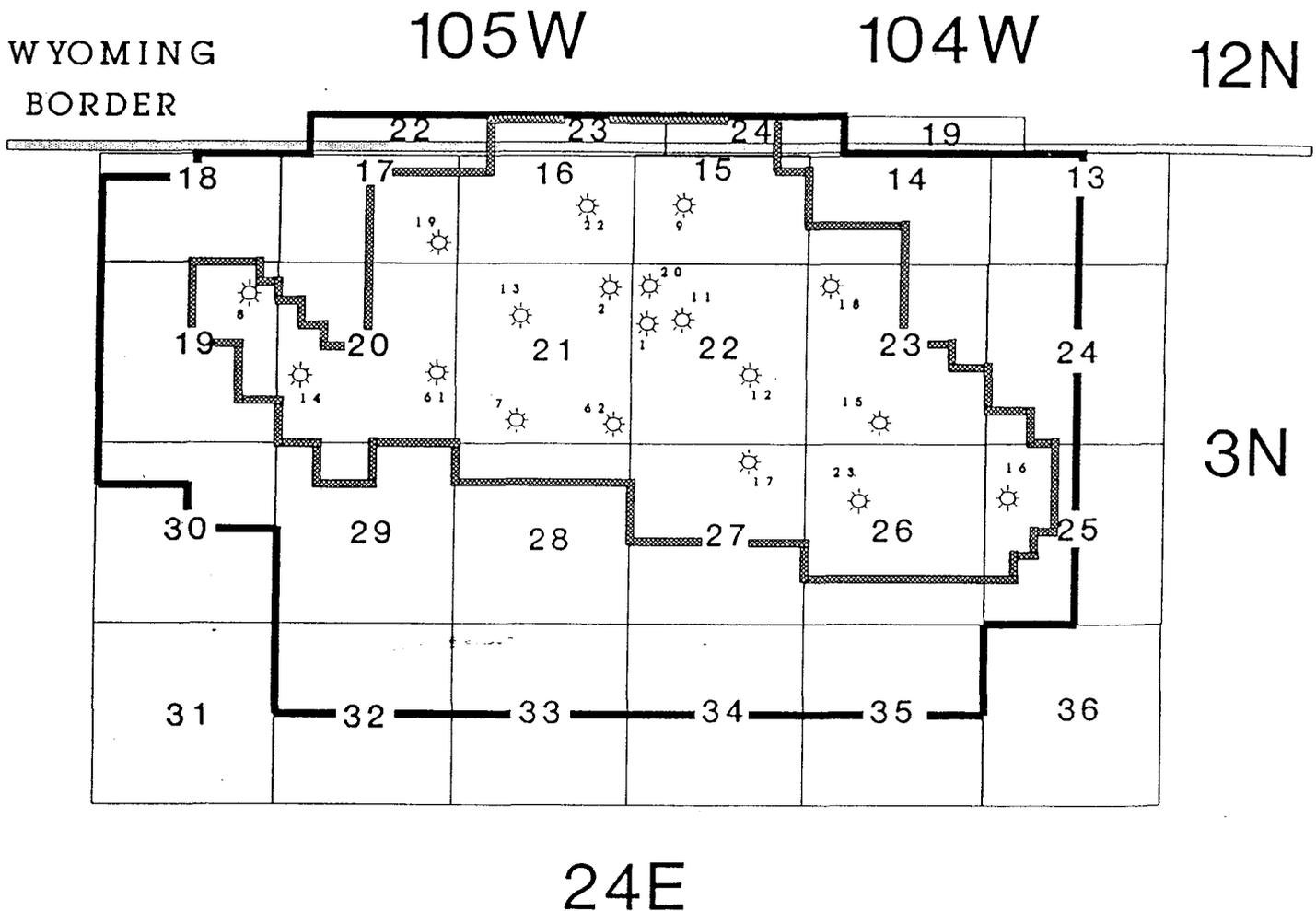
BY:

  
\_\_\_\_\_  
W. F. Edwards  
Vice President

cc: Mr. E. W. Guynn  
Chief, Branch of Fluid Minerals  
Bureau of Land Management  
136 East South Temple  
University Club Building, 11th Floor  
Salt Lake City, UT 84111

# CLAY BASIN UNIT

## Daggett County, Utah



— UNIT OUTLINE (UTU63009X)  
 - - - FRONTIER PA

11,162.43 ACRES

| FRONTIER PA ALLOCATION |           |
|------------------------|-----------|
| FEDERAL                | 82.17194% |
| STATE                  | 9.63096%  |
| FEE                    | 8.19710%  |
| 4,765.64 Acres         |           |



IN REPLY REFER TO

# United States Department of the Interior

BUREAU OF LAND MANAGEMENT  
UTAH STATE OFFICE  
136 E. SOUTH TEMPLE  
SALT LAKE CITY, UTAH 84111

April 26, 1984

WEXPRO Company  
P.O. Box 11368  
Salt Lake City, Utah 84139

Re: Successor Unit Operator  
Clay Basin Unit  
Daggett County, Utah and  
Sweetwater County, Wyoming

Gentlemen:

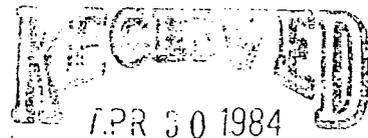
On April 26, 1984, we received an indenture dated April 10, 1984, whereby Mountain Fuel Supply Company resigned as Unit Operator and WEXPRO Company is accepted as Successor of Unit Operator for the Clay Basin Unit Agreement, Daggett County, Utah and Sweetwater County, Wyoming.

The indenture was executed by both parties. The signatory parties have complied with Section 6 of the unit agreement. The instrument is hereby accepted effective as of April 26, 1984. Please advise all interested parties of the change in unit operator.

Sincerely,

E. W. Guynn  
Chief, Branch of Fluid Minerals

Enclosure



WEXPRO COMPANY  
LANDS & LEASING

**OPERATOR CHANGE WORKSHEET**

|         |         |
|---------|---------|
| Routing |         |
| 1-LEC ✓ | 6-DEC ✓ |
| 2-GLH ✓ | 7-KDR ✓ |
| 3-DTS ✓ | 8-SJ ✓  |
| 4-VLD ✓ | 9-FILE  |
| 5-RJF ✓ |         |

Attach all documentation received by the division regarding this change.  
Initial each listed item when completed. Write N/A if item is not applicable.

- Change of Operator (well sold)       Designation of Agent  
 Designation of Operator               Operator Name Change Only

The operator of the well(s) listed below has changed, effective: 4-26-84

|                    |                                |                      |                                |
|--------------------|--------------------------------|----------------------|--------------------------------|
| TO: (new operator) | <u>WEXPRO COMPANY</u>          | FROM: (old operator) | <u>MOUNTAIN FUEL SUPPLY CO</u> |
| (address)          | <u>PO BOX 11070</u>            | (address)            | <u>180 E 100 S</u>             |
|                    | <u>SALT LAKE CITY UT 84147</u> |                      | <u>SALT LAKE CITY UT 84139</u> |
| Phone:             | <u>(801)530-2586</u>           | Phone:               | <u>(801)534-5267</u>           |
| Account no.        | <u>N1070</u>                   | Account no.          | <u>N0680</u>                   |

WELL(S) attach additional page if needed:

**\*CLAY BASIN UNIT**

|                               |            |               |         |         |         |              |
|-------------------------------|------------|---------------|---------|---------|---------|--------------|
| Name: <b>**SEE ATTACHED**</b> | API: _____ | Entity: _____ | S _____ | T _____ | R _____ | Lease: _____ |
| Name: _____                   | API: _____ | Entity: _____ | S _____ | T _____ | R _____ | Lease: _____ |
| Name: _____                   | API: _____ | Entity: _____ | S _____ | T _____ | R _____ | Lease: _____ |
| Name: _____                   | API: _____ | Entity: _____ | S _____ | T _____ | R _____ | Lease: _____ |
| Name: _____                   | API: _____ | Entity: _____ | S _____ | T _____ | R _____ | Lease: _____ |
| Name: _____                   | API: _____ | Entity: _____ | S _____ | T _____ | R _____ | Lease: _____ |

**OPERATOR CHANGE DOCUMENTATION**

- N/A 1. (r649-8-10) Sundry or other legal documentation has been received from the **FORMER** operator (attach to this form). *\* See Comments.*
- N/A 2. (r649-8-10) Sundry or other legal documentation has been received from the **NEW** operator (Attach to this form). *\* See Comments.*
- N/A 3. The Department of Commerce has been contacted if the new operator above is not currently operating any wells in Utah. Is the company registered with the state? (yes/no) \_\_\_\_\_ If yes, show company file number: \_\_\_\_\_.
- Yes 4. **FOR INDIAN AND FEDERAL WELLS ONLY.** The BLM has been contacted regarding this change. Make note of BLM status in comments section of this form. BLM approval of Federal and Indian well operator changes should ordinarily take place prior to the division's approval, and before the completion of steps 5 through 9 below.
- N/A 5. Changes have been entered in the Oil and Gas Information System (3270) for each well listed above. *\* See Comments.*
- N/A 6. Cardex file has been updated for each well listed above. *\* See Comments.*
- Yes 7. Well file labels have been updated for each well listed above. (11-6-96)
- N/A 8. Changes have been included on the monthly "Operator, Address, and Account Changes" memo for distribution to Trust Lands, Sovereign Lands, UGS, Tax Commission, etc. *\* See Comments.*
- Yes 9. A folder has been set up for the Operator Change file, and a copy of this page has been placed there for reference during routing and processing of the original documents.

**ENTITY REVIEW**

- Yes 1. (r649-8-7) Entity assignments have been reviewed for all wells listed above. Were entity changes made? (yes/no) no If entity assignments were changed, attach copies of Form 6, Entity Action Form.
- N/A 2. Trust Lands, Sovereign Lands, Tax Commission, etc., have been notified through normal procedures of entity changes.

**BOND VERIFICATION - (FEE WELLS ONLY)**

- N/A 1. (r649-3-1) The NEW operator of any fee lease well listed above has furnished a proper bond.
- Yes 2. A copy of this form has been placed in the new and former operator's bond files.
3. The FORMER operator has requested a release of liability from their bond (yes/no) \_\_\_\_\_, as of today's date \_\_\_\_\_. If yes, division response was made to this request by letter dated \_\_\_\_\_.

**LEASE INTEREST OWNER NOTIFICATION OF RESPONSIBILITY**

- N/A 1. Copies of documents have been sent on \_\_\_\_\_ to \_\_\_\_\_ at Trust Lands for changes involving State leases, in order to remind that agency of their responsibility to review for proper bonding.

**FILMING**

- Yes 1. All attachments to this form have been microfilmed. Today's date: 12-30-96.

**FILING**

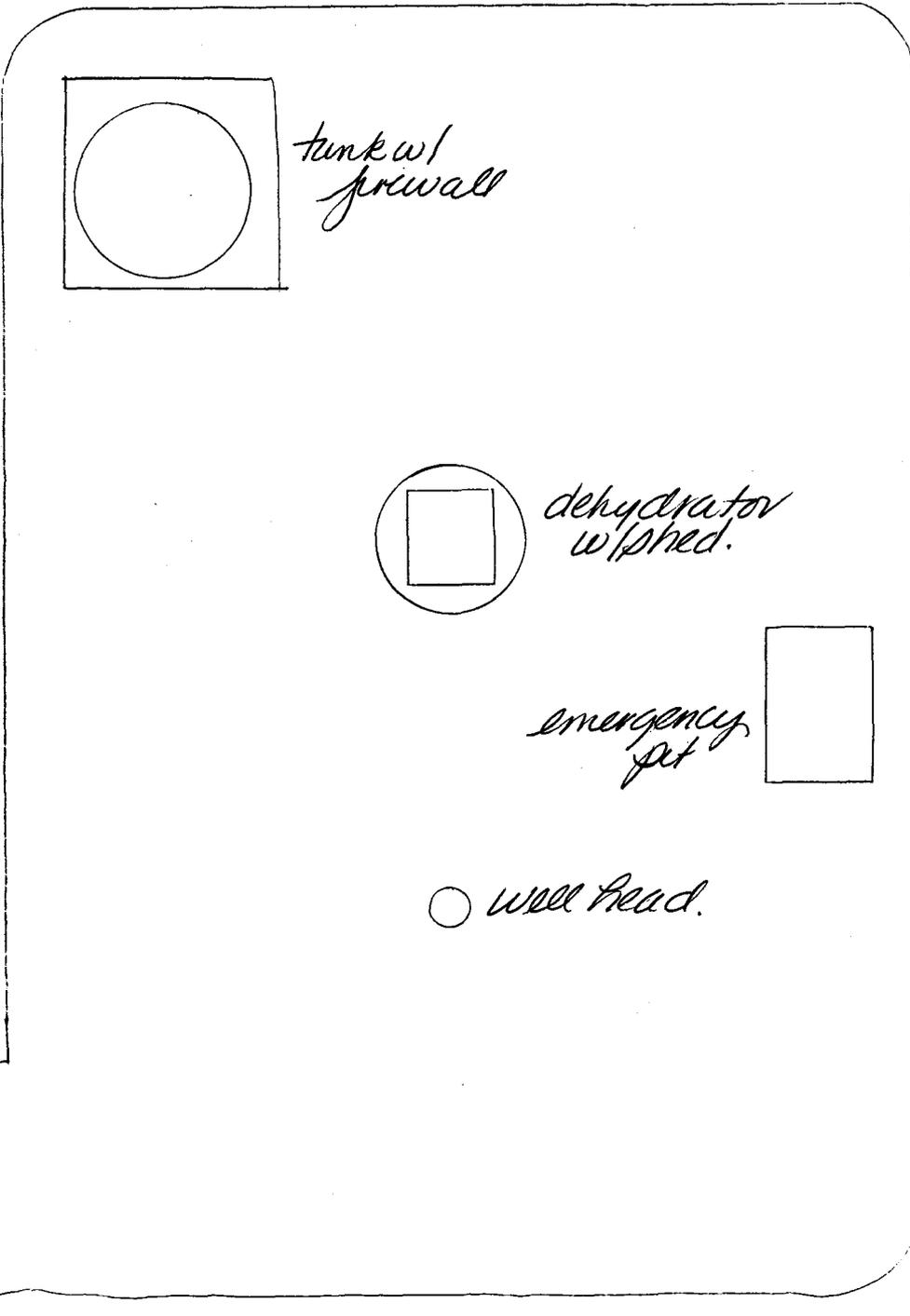
1. Copies of all attachments to this form have been filed in each well file.
2. The original of this form, and the original attachments are now being filed in the Operator Change file.

**COMMENTS**

961106 DoGM Computer & Cardex updated 4/84.  
Labels & well files being updated now; error caught by "Well Records".

Clay Basin U# 13 Sec 21, 3N, 24E

Kubly 15 June 88



42-381 50 SHEETS 5 SQUARE  
 42-382 100 SHEETS 5 SQUARE  
 42-389 200 SHEETS 5 SQUARE  
 NATIONAL

## MONTHLY OIL AND GAS PRODUCTION REPORT

OPERATOR NAME AND ADDRESS:

JOHN JOOSTEN  
 WEXPRO COMPANY  
 PO BOX 11070  
 SALT LAKE CITY UT 84147

UTAH ACCOUNT NUMBER: N1070

REPORT PERIOD (MONTH/YEAR): 9 / 96

AMENDED REPORT  (Highlight Changes)

| Well Name              |        |            | Producing Zone | Well Status | Days Oper | Production Volumes |          |            |
|------------------------|--------|------------|----------------|-------------|-----------|--------------------|----------|------------|
| API Number             | Entity | Location   |                |             |           | OIL(BBL)           | GAS(MCF) | WATER(BBL) |
| BUG #4                 |        |            |                |             |           |                    |          |            |
| 4303730542             | 00995  | 36S 26E 16 | DSCR           |             |           |                    |          |            |
| BUG 17                 |        |            |                |             |           |                    |          |            |
| 4303730793             | 00995  | 36S 26E 16 | DSCR           |             |           |                    |          |            |
| BUG #10                |        |            |                |             |           |                    |          |            |
| 4303730591             | 01010  | 36S 26E 22 | DSCR           |             |           |                    |          |            |
| BUG 14                 |        |            |                |             |           |                    |          |            |
| 4303730605             | 01020  | 36S 26E 17 | DSCR           |             |           |                    |          |            |
| BUG #15                |        |            |                |             |           |                    |          |            |
| 4303730606             | 01020  | 36S 26E 17 | DSCR           |             |           |                    |          |            |
| BUG 16                 |        |            |                |             |           |                    |          |            |
| 4303730607             | 01020  | 36S 26E 17 | ISMY           |             |           |                    |          |            |
| BUG #13                |        |            |                |             |           |                    |          |            |
| 4303730610             | 01020  | 36S 26E 17 | DSCR           |             |           |                    |          |            |
| ✓ CLAY BASIN UNIT #1   |        |            |                |             |           |                    |          |            |
| 4300915625             | 01025  | 03N 24E 22 | FRTR           |             |           |                    |          |            |
| ✓ CLAY BASIN UNIT 7    |        |            |                |             |           |                    |          |            |
| 4300915631             | 01025  | 03N 24E 21 | FRTR           |             |           |                    |          |            |
| ✓ CLAY BASIN UNIT 8    |        |            |                |             |           |                    |          |            |
| 4300915632             | 01025  | 03N 24E 19 | FRTR           |             |           |                    |          |            |
| ✓ CLAY BASIN UNIT #9   |        |            |                |             |           |                    |          |            |
| 4300915633             | 01025  | 03N 24E 15 | FRTR           |             |           |                    |          |            |
| ✓ CLAY BASIN UNIT 12   |        |            |                |             |           |                    |          |            |
| 4300915636             | 01025  | 03N 24E 22 | FRTR           |             |           |                    |          |            |
| ✓ CLAY BASIN UNIT 13 ← |        |            |                |             |           |                    |          |            |
| 4300915637             | 01025  | 03N 24E 21 | FRTR           |             |           |                    |          |            |
| <b>TOTALS</b>          |        |            |                |             |           |                    |          |            |

COMMENTS: \_\_\_\_\_

I hereby certify that this report is true and complete to the best of my knowledge.

Date: \_\_\_\_\_

Name and Signature: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT -" for such proposals

5. LEASE DESIGNATION AND SERIAL NO.  
SEE ATTACHED SHEET

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

NA

7. IF UNIT OR CA, AGREEMENT DESIGNATION

CLAY BASIN  
UNIT AGREEMENT # 892000323B

8. WELL NAME AND NO.

SEE ATTACHED SHEET

9. API WELL NO.

SEE ATTACHED SHEET

10. FIELD AND POOL, OR EXPLORATORY AREA

CLAY BASIN

11. COUNTY OR PARISH, STATE

DAGGET COUNTY UTAH

SUBMIT IN TRIPLICATE

1. TYPE OF WELL

OIL WELL  GAS WELL  OTHER

2. NAME OF OPERATOR

WEXPRO COMPANY

3. ADDRESS AND TELEPHONE NO.

P. O. BOX 458, ROCK SPRINGS, WY 82902 (307) 382-9791

4. LOCATION OF WELL (FOOTAGE, SEC., T., R., M., OR SURVEY DESCRIPTION)

SEE ATTACHED SHEET

*1-CHD*  
*2-Photos*  
*3-Sub*  
*Copy for sea well on back of Sundry*

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF N  
TYPE OF SUBMISSION

Notice of Intent  
 Subsequent Report  
 Final Abandonment Notice

Abandonment  
 Recompletion  
 Plugging Back  
 Casing Repair  
 Altering Casing  
 Other VARIANCE

ER DATA

Change in Plans  
 New Construction  
 Non-Routine Fracturing  
 Water Shut-Off  
 Conversion to Injection  
 Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)

Wexpro Company is requesting a variance from the requirement to install Enardo vent stack valves on the storage tanks for the wells listed on the attached sheet. This request is due to the potential freezing problems encountered with the Enardo vent stack valves. In the past storage tanks have been over pressured, as they could not vent, and once over pressured ruptured causing the top of the tank to be thrown from the tank. The potential tank damage, loss of fluids, fire and ground contamination are our primary safety and environmental concerns for this request.

RECEIVED

OCT 28 2002

DIVISION OF  
OIL, GAS AND MINING

Accepted by the  
Utah Division  
Oil, Gas and

Date:

By:

*List of wells on back.*

Federal Approval Of This  
Action Is Necessary

COPY SENT TO OPERATOR  
DATE: 10-29-02  
BY: CHD

14. I hereby certify that the foregoing is true.

Signed *[Signature]*

Title Title G. T. Nimmo, Operations Manager

Date October 21, 2002

(This space for Federal or State office use)

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Conditions of approval, if any:

Title 18 U.S. C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

\*See Instruction on Reverse Side

| <b>WELL NAME</b>             | <b>API<br/>NUMBER</b> | <b>LEGAL<br/>DESCRIPTION</b> | <b>COUNTY,<br/>STATE</b> | <b>UNIT CA PA<br/>NUMBER</b> | <b>LEASE<br/>NUMBER</b> |
|------------------------------|-----------------------|------------------------------|--------------------------|------------------------------|-------------------------|
| <b>CLAY BASIN FIELD UNIT</b> |                       |                              |                          | <b>892000323B</b>            |                         |
| UNIT NO. 1                   | 4300915625            | SW NW 22-3N-24E              | DAGGETT, UT              |                              | SL-045051-a             |
| UNIT NO. 7                   | 4300915631            | SE SW 21-3N-24E              | DAGGETT, UT              |                              | SL-045051-b             |
| UNIT NO. 8                   | 4300915632            | NE NE 19-3N-24E              | DAGGETT, UT              |                              | SL-062508               |
| UNIT NO. 9                   | 4300915633            | NE SW 15-3N-24E              | DAGGETT, UT              |                              | SL-045051-b             |
| UNIT NO. 12                  | 4300915636            | NW SE 22-3N-24E              | DAGGETT, UT              |                              | SL-045051-a             |
| UNIT NO. 13                  | <del>4300915637</del> | SE NW 21-3N-24E              | DAGGETT, UT              |                              | SL-045051-a             |
| UNIT NO. 14                  | 4300915638            | NW SW 20-3N-24E              | DAGGETT, UT              |                              | SL-062508               |
| UNIT NO. 15                  | 4300915639            | SE SW 23-3N-24E              | DAGGETT, UT              |                              | SL-045051-b             |
| UNIT NO. 16                  | 4300930003            | SW NW 25-3N-24E              | DAGGETT, UT              |                              | SL-045049               |
| UNIT NO. 17                  | 4300930004            | NW NE 27-3N-24E              | DAGGETT, UT              |                              | SL-045053-a             |
| UNIT NO. 18                  | 4300930006            | NW NW 23-3N-24E              | DAGGETT, UT              |                              | SL-045051-b             |
| UNIT NO. 19                  | 4300930008            | SE SE 17-3N-24E              | DAGGETT, UT              |                              | SL-045051-b             |
| UNIT NO. 20                  | 4300930007            | NW NW 22-3N-24E              | DAGGETT, UT              |                              | SL-045051-a             |
| UNIT NO. 22                  | 4300930001            | NW SE 16-3N-24E              | DAGGETT, UT              |                              | ML-807                  |
| UNIT NO. 23                  | 4300930009            | SE NW 26-3N-24E              | DAGGETT, UT              |                              | SL-045053-b             |
| UNIT NO. 61                  | 4300930060            | NE SE 20-3N-24E              | DAGGETT, UT              |                              | SL-045051-b             |
| UNIT NO. 62                  | 4300930061            | SE SE 21-3N-24E              | DAGGETT, UT              |                              | SL-045051-b             |

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
OMB No. 1004-0137  
Expires: July 31, 2010

**SUNDRY NOTICES AND REPORTS ON WELLS**  
*Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.*

**SUBMIT IN TRIPLICATE - Other Instructions on page 2.**

|  |   |  |
|--|---|--|
| 1. Type of Well<br><input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other |   | 5. Lease Serial No.<br>SL-045051-a                             |
| 2. Name of Operator<br>Wexpro Company  |   | 6. If Indian, Allottee, or Tribe Name<br>N/A                   |
| 3a. Address<br>P.O. Box 458<br>Rock Springs, WY 82902  | 3b. Phone No. (include area code)<br>307.382.9791 | 7. If Unit or CA. Agreement Name and/or No.<br>Clay Basin Unit |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)<br>1765' FNL 1650' FWL SE NW 21-3N-24E                    |   | 8. Well Name and No.<br>Clay Basin Unit    13                  |
|  |   | 9. API Well No.<br>43-009-15637                                |
|  |   | 10. Field and Pool, or Exploratory Area<br>Frontier            |
|  |   | 11. County or Parish, State<br>Daggett    Utah                 |

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

| TYPE OF SUBMISSION                                    | TYPE OF ACTION                                |   |   |   |
|---|---|---|---|---|
| <input type="checkbox"/> Notice of Intent             | <input type="checkbox"/> Acidize              | <input type="checkbox"/> Deepen           | <input checked="" type="checkbox"/> Production ( Start/ Resume) | <input type="checkbox"/> Water Shut-off |
| <input checked="" type="checkbox"/> Subsequent Report | <input type="checkbox"/> Altering Casing      | <input type="checkbox"/> Fracture Treat   | <input type="checkbox"/> Reclamation                            | <input type="checkbox"/> Well Integrity |
| <input type="checkbox"/> Final Abandonment Notice     | <input type="checkbox"/> Casing Repair        | <input type="checkbox"/> New Construction | <input type="checkbox"/> Recomplete                             | <input type="checkbox"/> Other _____    |
|   | <input type="checkbox"/> Change Plans         | <input type="checkbox"/> Plug and abandon | <input type="checkbox"/> Temporarily Abandon                    | _____                                   |
|   | <input type="checkbox"/> Convert to Injection | <input type="checkbox"/> Plug back        | <input type="checkbox"/> Water Disposal                         | _____                                   |

13. Describe Proposed or Completed Operation (clearly state all pertinent details including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths or pertinent markers and sands. Attach the Bond under which the work will performed or provide the Bond No. on file with the BLM/ BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notice shall be filed only after all requirements, including reclamantion, have been completed, and the operator has determined that the site is ready for final inspection.)

The above well resumed production on December 16, 2007 after being off more than 90 days.

**RECEIVED**  
**DEC 20 2007**  
**DIV. OF OIL, GAS & MINING**

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

|                                     |                             |
|-------------------------------------|-----------------------------|
| Name (Printed/ Typed)<br>G.T. Nimmo | Title<br>Operations Manager |
| Signature<br>                       | Date<br>December 12, 2007   |

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

|  |       |      |
|--|-------|------|
| Approved by  | Title | Date |
| Conditions of approval, if any are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon. |       |      |

Title 18 U.S.C. Section 1001 AND Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

**Federal Approval of this  
Action is Necessary**

API Well No: 43009156370000

|   |  |
|---|--|
| <p><b>STATE OF UTAH</b><br/>DEPARTMENT OF NATURAL RESOURCES<br/>DIVISION OF OIL, GAS, AND MINING</p>  | <p><b>FORM 9</b></p>   |
| <p><b>SUNDRY NOTICES AND REPORTS ON WELLS</b></p> <p>Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.</p> | <p><b>5. LEASE DESIGNATION AND SERIAL NUMBER:</b><br/>SL-045051A</p> |
| <p><b>1. TYPE OF WELL</b><br/>Gas Well</p>  | <p><b>6. IF INDIAN, ALLOTTEE OR TRIBE NAME:</b></p>                  |
| <p><b>2. NAME OF OPERATOR:</b><br/>WEXPRO COMPANY</p>   | <p><b>7. UNIT or CA AGREEMENT NAME:</b><br/>CLAY BASIN</p>           |
| <p><b>3. ADDRESS OF OPERATOR:</b><br/>P.O. Box 458 , Rock Springs, WY, 82902</p>  | <p><b>8. WELL NAME and NUMBER:</b><br/>CLAY BASIN UNIT 13</p>        |
| <p><b>4. LOCATION OF WELL FOOTAGES AT SURFACE:</b><br/>1765 FNL 1650 FWL<br/><b>QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN:</b><br/>Qtr/Qtr: SENW Section: 21 Township: 03.0N Range: 24.0E Meridian: S</p>   | <p><b>9. API NUMBER:</b><br/>43009156370000</p>                      |
| <p><b>PHONE NUMBER:</b><br/>307 922-5612 Ext</p>  | <p><b>9. FIELD and POOL or WILDCAT:</b><br/>CLAY BASIN</p>           |
| <p><b>COUNTY:</b><br/>DAGGETT</p>   | <p><b>STATE:</b><br/>UTAH</p>  |

**11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

| TYPE OF SUBMISSION  | TYPE OF ACTION   |  |   |
|---|--|--|---|
| <p><input checked="" type="checkbox"/> <b>NOTICE OF INTENT</b><br/>Approximate date work will start:<br/>11/6/2009</p> <p><input type="checkbox"/> <b>SUBSEQUENT REPORT</b><br/>Date of Work Completion:</p> <p><input type="checkbox"/> <b>SPUD REPORT</b><br/>Date of Spud:</p> <p><input type="checkbox"/> <b>DRILLING REPORT</b><br/>Report Date:</p> | <p><input type="checkbox"/> ACIDIZE</p> <p><input type="checkbox"/> CHANGE TO PREVIOUS PLANS</p> <p><input type="checkbox"/> CHANGE WELL STATUS</p> <p><input type="checkbox"/> DEEPEN</p> <p><input type="checkbox"/> OPERATOR CHANGE</p> <p><input type="checkbox"/> PRODUCTION START OR RESUME</p> <p><input type="checkbox"/> REPERFORATE CURRENT FORMATION</p> <p><input type="checkbox"/> TUBING REPAIR</p> <p><input type="checkbox"/> WATER SHUTOFF</p> <p><input type="checkbox"/> WILDCAT WELL DETERMINATION</p> | <p><input type="checkbox"/> ALTER CASING</p> <p><input type="checkbox"/> CHANGE TUBING</p> <p><input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS</p> <p><input type="checkbox"/> FRACTURE TREAT</p> <p><input type="checkbox"/> PLUG AND ABANDON</p> <p><input type="checkbox"/> RECLAMATION OF WELL SITE</p> <p><input type="checkbox"/> SIDETRACK TO REPAIR WELL</p> <p><input type="checkbox"/> VENT OR FLARE</p> <p><input type="checkbox"/> SI TA STATUS EXTENSION</p> <p><input type="checkbox"/> OTHER</p> | <p><input type="checkbox"/> CASING REPAIR</p> <p><input type="checkbox"/> CHANGE WELL NAME</p> <p><input type="checkbox"/> CONVERT WELL TYPE</p> <p><input checked="" type="checkbox"/> <b>NEW CONSTRUCTION</b></p> <p><input type="checkbox"/> PLUG BACK</p> <p><input type="checkbox"/> RECOMPLETE DIFFERENT FORMATION</p> <p><input type="checkbox"/> TEMPORARY ABANDON</p> <p><input type="checkbox"/> WATER DISPOSAL</p> <p><input type="checkbox"/> APD EXTENSION</p> <p>OTHER: _____</p> |

**12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.**

Wexpro Company and Questar Gas Management intend to upgrade the existing gas metering equipment. The upgrade will consist of the installation of towers and antennas for radio communications. The Rohn tower will be approximately 20 feet high. The cement base will be buried. The base is 2 feet in diameter and 3 feet in height. The Rohn tower will be used to mount the new flow computer and communication equipment needed to communicate volume data from the well sites to a central SCADA computer located at Red Wash. Questar Gas Management will also be replacing the existing EFM and installing a Fisher FB 107, Fisher 205P MVS and a PGI Temperature Element and any other associated equipment. Please see attached diagrams for placement of the Rohn tower and Specification sheets.

**Approved by the  
Utah Division of  
Oil, Gas and Mining**

**Date:** November 03, 2009

**By:** *Derek Duff*

|   |                                     |  |
|---|-------------------------------------|--|
| <b>NAME (PLEASE PRINT)</b><br>Paul Jibson | <b>PHONE NUMBER</b><br>307 922-5647 | <b>TITLE</b><br>Associate Permit Agent |
| <b>SIGNATURE</b><br>N/A                   |                                     | <b>DATE</b><br>11/2/2009               |

**RECEIVED** November 02, 2009

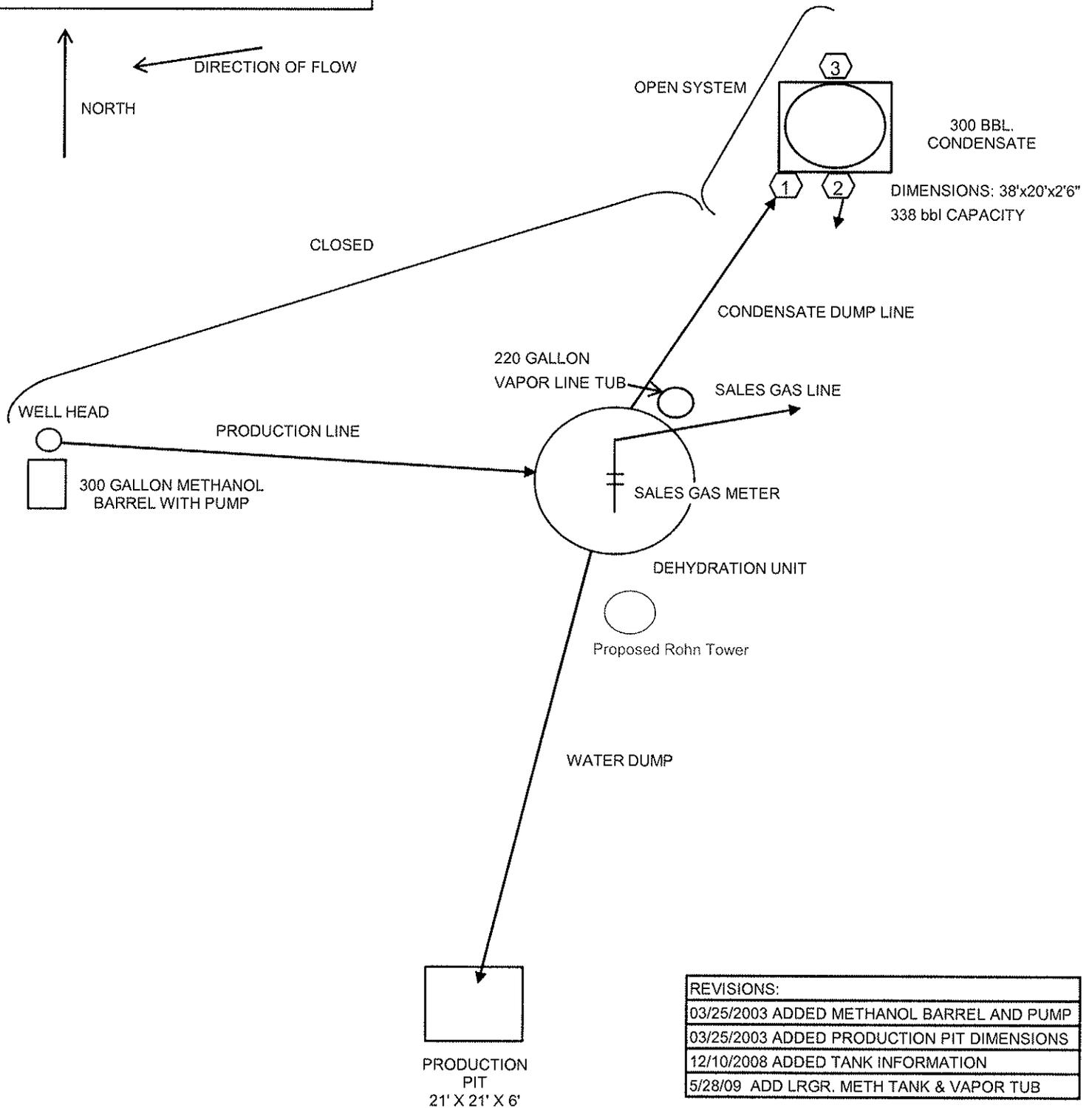
**WEXPRO COMPANY**  
**P.O. BOX 458**  
**ROCK SPRINGS, WY 82902**

---

CLAY BASIN UNIT WELL 13  
 SENW 21-3N-24E  
 LEASE NO. SL-045051-a  
 UNIT NO. 892000323B  
 DAGGET COUNTY, UTAH

NOTE: THIS LEASE FALLS UNDER THE SITE & SECURITY PLAN ESTABLISHED BY WEXPRO COMPANY. THE PLAN CAN BE REVIEWED AT THE WEXPRO OFFICE IN ROCK SPRINGS WYOMING WEEKDAYS BETWEEN 7:00 AM AND 5:00 PM

| VALVE LEGEND      |   |
|-------------------|---|
| <b>TANK # 224</b> |   |
| VALVE # 1 --      | OPEN DURING PRODUCTION, SEALED CLOSED DURING SALES        |
| VALVE # 2 --      | OPEN DURING SALES, SEALED CLOSED DURING PRODUCTION        |
| VALVE # 3 --      | OPEN ONLY TO DRAIN WATER, SEALED CLOSED DURING PRODUCTION |



| REVISIONS:                                 |
|--|
| 03/25/2003 ADDED METHANOL BARREL AND PUMP  |
| 03/25/2003 ADDED PRODUCTION PIT DIMENSIONS |
| 12/10/2008 ADDED TANK INFORMATION          |
| 5/28/09 ADD LRGR. METH TANK & VAPOR TUB    |

# FloBoss™ 107 Flow Manager.

The FloBoss™ 107 Flow Manager introduces a new technology platform to the FloBoss family of flow computers that raises the bar for modularity, versatility, performance, and ease of use. Whether you need a single or multi-run flow computer or few or many I/O points, the new FloBoss 107 can accommodate your needs. The FloBoss 107 is the ideal measurement solution for many natural gas applications. These include, but are not limited to:

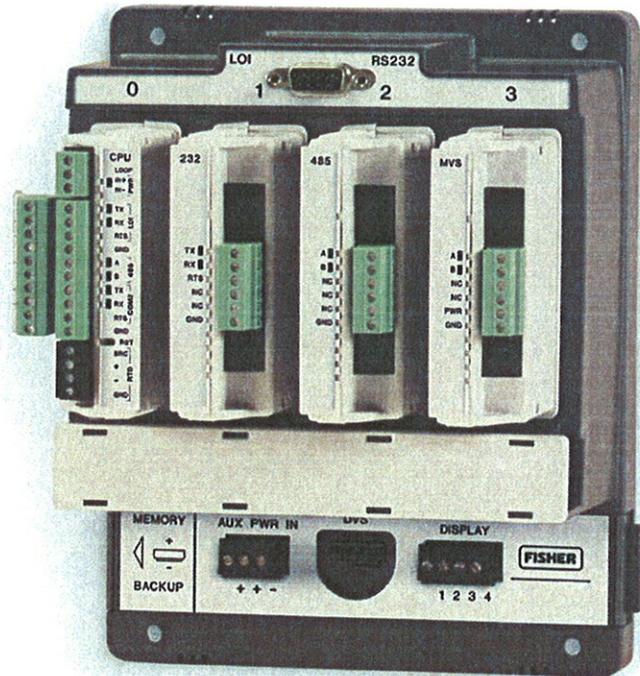
- Custody Transfer
- Wellhead Measurement and Control
- Well Injection Pressure
- Compressor Fuel Gas
- Industrial Gas Usage
- Commercial Gas Usage

The new FloBoss 107 offers you benefits that research has shown flow computer users request. You also get all of the tried and true features of previous FloBoss units such as accurate AGA calculations, data archival, broad communications support, low power consumption, PID loop control, FST control, and operation over extreme temperatures.

**API/AGA/ISO Compliant Flow Measurement.** The FloBoss 107 maintains API Chapter 21.1 compliant historical archives for measured and calculated values, as well as events and alarms. The firmware has the capability to perform AGA3 orifice flow calculations or AGA7 pulse flow calculations using AGA8 compressibility. It also performs ISO 5167 flow calculations. Other gas flow or properties calculations can be implemented using User C programs.

**One to Four Meter Runs.** The FloBoss 107 features a built-in dual-variable sensor (DVS) port and RTD input for handling a single meter run. For multiple runs, an optional multi-variable sensor (MVS) module supports up to four remote MVS units.

**Scalable and Configurable I/O.** You can add a configurable I/O board to the CPU module and up to three configurable I/O modules to the base FloBoss 107. For even more capacity, add an expansion rack to house up to three additional I/O modules.



*FloBoss 107 Base Unit*

**Local or Host Operation.** The FloBoss 107 is configured and operated on-site using our Windows® based ROCLINK™ 800 Configuration Software. The FloBoss 107 can also be configured and operated from a computer running popular host software packages. Modbus ASCII and RTU slave or host protocols, as well as native ROC protocol, are supported.

**More Communication Choices.** The FloBoss 107 comes standard with 3 ports: local operator interface, RS-232, and RS-485. One additional port is supported using an expansion communication module.

**Built-in Control Capability.** The FloBoss 107 can perform PID control on 8 loops using analog or discrete outputs. A wide range of control problems can be solved easily and quickly with outstanding results. It can also perform logic and sequencing control by means of Function Sequence Tables (FSTs).

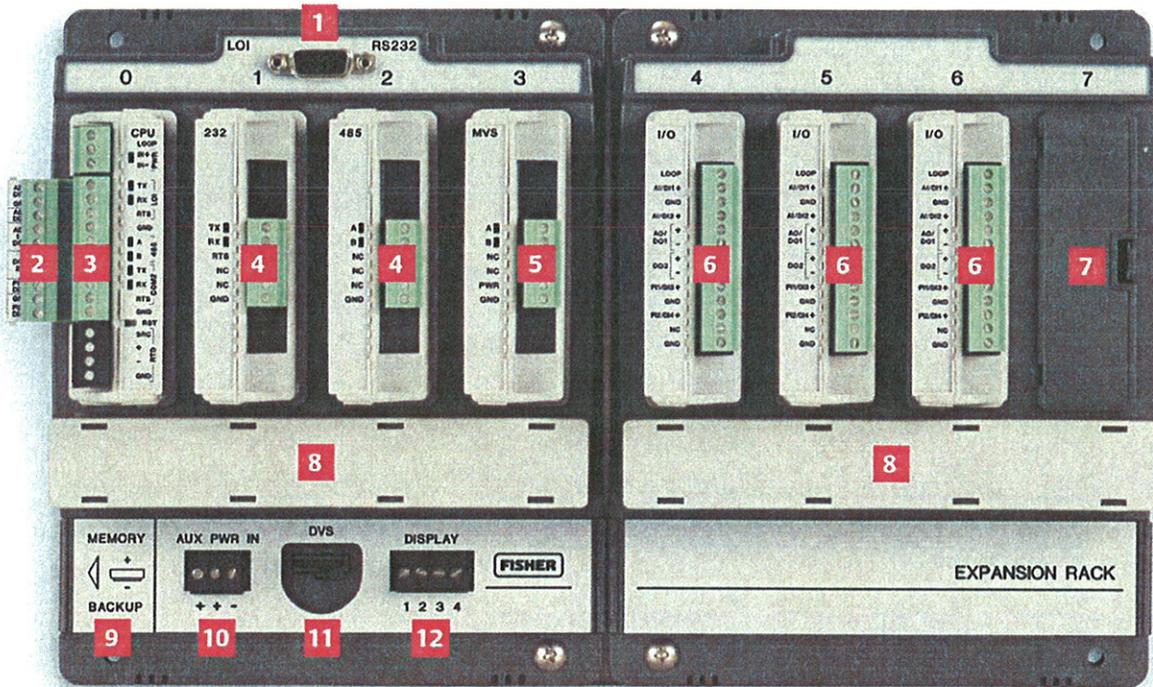
#### Remote Automation Solutions

Phone (641) 754-3449 Toll Free (800) 807-0730 (US & Canada only)

FAX (641) 754-3630

Website: [www.EmersonProcess.com/flow](http://www.EmersonProcess.com/flow)





*Base unit (left) provides the backplane, module slots, ports, and electrical interconnections for the FloBoss 107. Dimensions are 204 mm H by 153 mm W by 140 mm D (8 in. H by 6 in. W by 5.5 in. D). Expansion rack (right) plugs into base unit and provides backplane and slots for additional modules. (Same dimensions as base unit).*

- 1 Local operator interface port (RS-232) communicates to a laptop or similar PC device for local configuration and data retrieval.
- 2 I/O card is available for the CPU module. Five of the six I/O points are configurable by type (AI/DI, AI/DI, AO/DO, DI/PI, DI/PI) and the sixth is a DO.
- 3 CPU module contains the main processing unit, memory, operational firmware, RS-232 port, RS-485 port, and RTD input.
- 4 Communication modules are available for a second RS-232 port or RS-485 port.
- 5 MVS module supports up to six multi-variable sensor units for differential pressure flow measurement. One MVS module can be used in either slot 4 of the base unit or expansion rack.

- 6 I/O modules provide six I/O points (same as I/O card). Up to six I/O modules can be plugged into the FloBoss 107. 24 Vdc loop power is provided.
- 7 Module slots accommodate I/O and communication modules and are protected by removable covers when not used.
- 8 Covered wiring tray neatly routes field wiring to and from modules.
- 9 Battery compartment uses lithium battery to backup RAM in the CPU.
- 10 Input power range for the FloBoss 107 and I/O is 8 to 30 Vdc.
- 11 DVS port provides a serial data link to a dual-variable sensor (DVS) unit.
- 12 Display port connects a keypad / display unit to the FloBoss 107. Supports ROC and Modbus slave protocols.

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ISO 9001:2000



Certificate No. 004372  
Certificate No. 005912

# MVS205 Multi-Variable Sensor

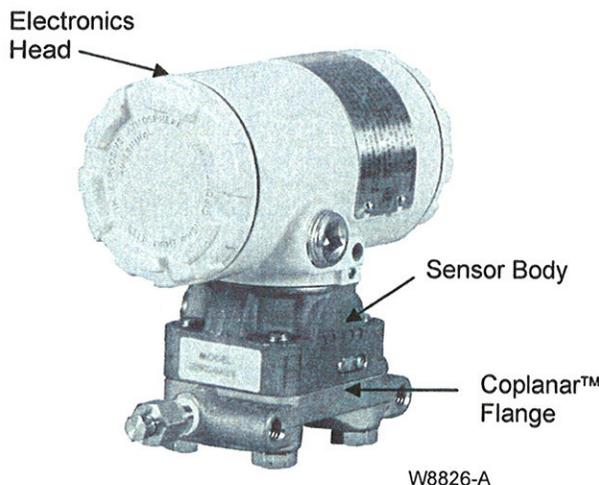
The MVS205 Multi-Variable Sensor (version 1.12 or greater) provides static pressure, differential pressure, and process temperature inputs directly to a ROC 300/800 Series Remote Operations Controller or FloBoss™ 407/500 Series Flow Manager. The inputs from an MVS sensor are used in performing differential pressure type calculations. The MVS205 typically operates as a remote unit that communicates via a serial format.

FloBoss 407 units may use a remote or integral MVS205 sensor. ROC300-Series controllers must be equipped with a Remote MVS Interface (CMA8H). FloBoss 500-Series units must be equipped with a Remote MVS Interface (CR1).

### Variables

Functionally, the MVS is a sensor device that measures three flow-related variables simultaneously: differential pressure, static pressure, and temperature. These variables are continuously available to the FloBoss or ROC unit that polls the MVS.

An external three or four-wire RTD is used to sense the process temperature. **The RTD sensor is connected directly to the interface circuit board in the MVS sensor housing.** User-supplied RTD field wiring is required for the connection.



MVS205 Multi-Variable Sensor

### Transducer and Interface Circuit

The MVS consists of a transducer and an interface circuit. The transducer, contained in the sensor body, uses capacitance-cell technology to sense differential pressure and piezoresistive technology to sense the static (absolute or gauge) pressure.

The transducer electronics convert the pressure variables directly into a digital format, allowing accurate correction and compensation. The raw temperature is converted by the interface board into digital format. A microprocessor linearizes and corrects the raw pressure signals (from the sensor) using characterization data stored in non-volatile memory.

The interface circuit allows the MVS to connect to and communicate with a ROC or FloBoss using a serial EIA-485 (RS-485) connection. In a Remote MVS, this interface circuit board is enclosed in an explosion-proof electronics head.

### Accuracy

Two versions of the MVS sensor are available: MVS205P with reference accuracy of 0.075% and MVS205E with reference accuracy of 0.10%.

### Mounting

Attached to the bottom of the sensor body is a Coplanar™ flange. This flange, which provides drain/vent valves, allows the MVS to be mounted on a pipestand, on a wall or panel, or on an integral orifice assembly or manifold valve.

### Approvals

A list of North American approvals can be found in the Specifications table on page 2. For information on the European ATEX approved version, please refer to Specification Sheet 2.5:MVSCE.

D301079X012

**Specifications**

**DIFFERENTIAL PRESSURE INPUT**

**Range:** 0 to 6.22 kPa (0 to 25" H<sub>2</sub>O),  
0 to 62.2 kPa (0 to 250" H<sub>2</sub>O), or  
0 to 248.8 kPa (0 to 1000" H<sub>2</sub>O).

**Reference Accuracy:**

±0.075% of URL (upper range limit) (for MVS205P)

±0.10% of URL (for MVS205E).

Includes linearity, hysteresis, and repeatability effects for spans up to 10:1 turndown.

**Stability:** ±0.1% of URL for 12 months.

**Over Pressure Limit:** 250 bar (3626 psi) Applied on either or both sides without damage to the sensor.

**STATIC PRESSURE INPUT**

**Range:** Either Absolute or Gauge:

0 to 5516 kPa (0 to 800 psia/psig)

0 to 25,000 kPa (0 to 3626 psia/psig)

**Reference Accuracy:**

±0.075% of URL (for MVS205P)

±0.10% of URL (for MVS205E).

Includes linearity, hysteresis, and repeatability effects for spans up to 6:1 turndown.

**Stability:** ±0.1% of URL for 12 months.

**Over Pressure Limit:** Same as URL.

**PROCESS TEMPERATURE INPUT (MVS205 REMOTE ONLY)**

**Type:** For 3 or 4-wire platinum 100-ohm RTD (conforming to IEC 751 Class B), with  $\alpha = 0.00385$ .

**Range:** -40 to 400°C (-40 to 752°F).

**Reference Accuracy:** ±0.28°C (±0.5°F), exclusive of RTD sensor error. Specification includes linearity, hysteresis, and repeatability effects.

**Excitation Current:** 1.24 mA.

**OUTPUT (MVS205 REMOTE ONLY)**

EIA-485 (RS-485) asynchronous serial communication using Modbus protocol for up to 605 m (2000 ft) distance.

**POWER**

**Input at 0 to 75°C:** 8 to 30 V dc, 245 mW average.

**Input at -40 to 0°C:** 8.5 to 30 V dc, 245 mW average.

Supplied by ROC, FloBoss, or Remote MVS Interface.

**WEIGHT**

Including head, 3.0 kg (6.7 lb).

**ENVIRONMENTAL**

**Operating Temperature:** -40 to 75°C (-40 to 167°F).

**Storage Temperature:** -50 to 100°C (-58 to 230°F).

**Operating Humidity:** 0 to 99%, non-condensing.

**DIMENSIONS**

147 mm H by 163 mm W by 84 mm D (5.8 in. H by 6.4 in. W by 3.3 in. D).

**VIBRATION EFFECT**

Sensor outputs shall not shift more than +0.1% of upper range limit per g from 5 to 2000 Hz in any axis when tested per IEC 770, Section 6.2.14.

**CONSTRUCTION**

**Sensor Body and Coplanar Flange:** 316 SST.

**Wetted Parts:** 316 SST is standard; Hastelloy C (NACE compliant) is available. Wetted O-rings are glass-filled TFE.

**Electronics Head (MVS205 Remote):** Urethane-painted die-cast aluminum alloy, rated Type 4X.

**MOUNTING (MVS205 REMOTE ONLY)**

**Pipestand:** Mounts on 50 mm (2 in.) pipe with U-bolt and optional flange bracket.

**Wall/panel:** Mounts with optional flange bracket, bolted on 71 mm (2.8 in.) centers.

**CONNECTIONS**

**Conduit:** Head has two 1/2-inch NPT connections.

**Process:** 1/4-18 NPT on 2-1/8 inch centers.

**APPROVALS (MVS205 REMOTE ONLY)**

**Evaluated per the Following Standards:**

CSA C22.2 No. 30.

CSA C22.2 No. 213.

UL 1203, UL 1604.

**Certified by CSA as:** MVS205R Models RSE or RSP Series.

**Product Markings for Hazardous Locations:**

Class I, Division 1, Groups C and D.

Class I, Division 2, Groups A, B, C, and D, T5

(T<sub>amb</sub>=70°C), T4 (T<sub>amb</sub>=75°C).

**Approved by Industry Canada** for use with approved flow computers. Approved as MVS205R Series Remote Sensors (Measurement Canada approval # AG-0412).

**Approved by the Alberta Boilers Safety**

**Association:** Approval # 0F0792.2

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**Emerson Process Management**

**Flow Computer Division**

Marshalltown, IA 50158 U.S.A.

Houston, TX 77041 U.S.A.

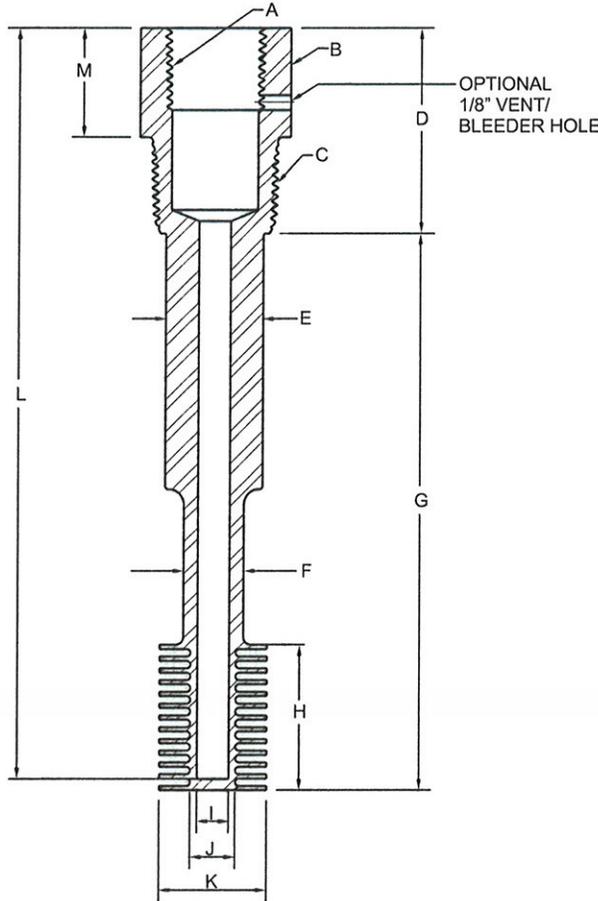
Pickering, North Yorkshire UK Y018 7JA

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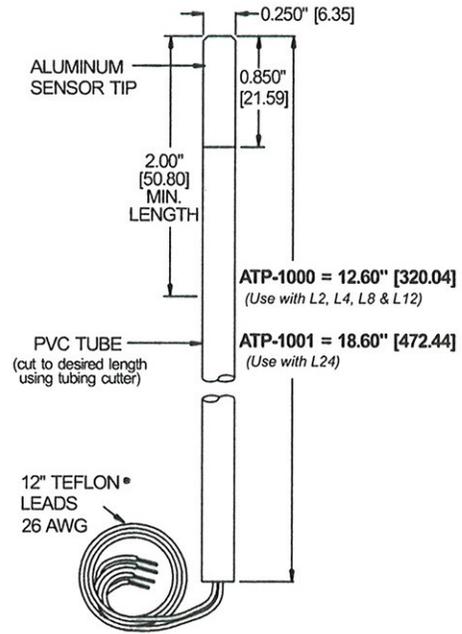


# Thermosync Specifications

## THERMOSYNC MODEL NO. DIMENSIONS



## PROBE



### ATP-1000 & ATP-1001 Probe Specifications:

**Type:** 4-Wire Platinum Wire-Wound RTD Element  
**Resistance:** 100 Ohms at 0°C (IEC 751)  
**Alpha Coefficient:** .00385  
**Accuracy:** ±0.05°C  
**Temp. Range:** -40°C to +60°C  
 -40°F to +140°F

Calibration/Accuracy Certification Service Available.

| Part Number  | PROCESS CONN. |        |          |       |       |       |       |       |       |      |       |        |     |
|--------------|---------------|--------|----------|-------|-------|-------|-------|-------|-------|------|-------|--------|-----|
|              | A             | B      | C        | D     | E     | F     | G     | H     | I     | J    | K     | L      | M   |
| TAN-12C0-L2  | 1/2" NPT      | 1.25"  | 1/2" NPT | 1.69" | 0.633 | .495" | 2.22" | 1.20" | .260" | .37" | .645" | 3.88"  | 90" |
| TAN-12C0-L4  | 1/2" NPT      | 1.25"  | 1/2" NPT | 1.69" | 0.633 | .495" | 2.96" | 1.20" | .260" | .37" | .645" | 4.75"  | 90" |
| TAN-12C0-L8  | 1/2" NPT      | 1.25"  | 1/2" NPT | 1.69" | 0.633 | .495" | 4.59" | 1.20" | .260" | .37" | .645" | 6.37"  | 90" |
| TAN-12C0-L12 | 1/2" NPT      | 1.25"  | 1/2" NPT | 1.69" | 0.633 | N/A   | 6.66" | 1.20" | .260" | .37" | .645" | 8.45"  | 90" |
| TAN-12C0-L24 | 1/2" NPT      | 1.25"  | 1/2" NPT | 1.69" | 0.633 | N/A   | 9.89" | 1.20" | .260" | .37" | .645" | 11.67" | 90" |
| TAN-34C0-L2  | 1/2" NPT      | 1.25"  | 3/4" NPT | 1.69" | 0.808 | .495" | 2.22" | 1.20" | .260" | .37" | .85"  | 3.82"  | 90" |
| TAN-34C0-L4  | 1/2" NPT      | 1.25"  | 3/4" NPT | 1.69" | 0.808 | .495" | 2.96" | 1.20" | .260" | .37" | .85"  | 4.56"  | 90" |
| TAN-34C0-L8  | 1/2" NPT      | 1.25"  | 3/4" NPT | 1.69" | 0.808 | .495" | 4.59" | 1.20" | .260" | .37" | .85"  | 6.20"  | 90" |
| TAN-34C0-L12 | 1/2" NPT      | 1.25"  | 3/4" NPT | 1.69" | 0.808 | N/A   | 6.66" | 1.20" | .260" | .37" | .85"  | 8.26"  | 90" |
| TAN-34C0-L24 | 1/2" NPT      | 1.25"  | 3/4" NPT | 1.69" | 0.808 | N/A   | 9.89" | 1.20" | .260" | .37" | .85"  | 11.48" | 90" |
| TAN-10C0-L4  | 1/2" NPT      | 1.375" | 1" NPT   | 1.69" | 0.808 | .495" | 2.96" | 1.20" | .260" | .37" | .85"  | 4.75"  | 90" |
| TAN-10C0-L8  | 1/2" NPT      | 1.375" | 1" NPT   | 1.69" | 0.808 | .495" | 4.59" | 1.20" | .260" | .37" | .85"  | 6.37"  | 90" |
| TAN-10C0-L12 | 1/2" NPT      | 1.375" | 1" NPT   | 1.69" | 0.808 | N/A   | 6.66" | 1.20" | .260" | .37" | .85"  | 8.45"  | 90" |
| TAN-10C0-L24 | 1/2" NPT      | 1.375" | 1" NPT   | 1.69" | 0.808 | N/A   | 9.89" | 1.20" | .260" | .37" | .85"  | 11.67" | 90" |

### All Thermowells:

**Material:** 316L SS  
**Press/Temp:** 4900 PSI Max @ 330° F  
**Flow:** 100 FPS (L2, L4, L8, L12) or 50 FPS (L24) max in 1000 PSI Natural Gas  
**Optional Vent/Bleeder Hole Available**  
**Additional Plug & Chain Assembly Available**

**NOTE:** Use a thermal coupling paste or fluid to couple the probe to the well ONLY in the lower .5 inches of the well. DO NOT fill the well with thermal coupling fluid. Spring load the probe to contact the bottom of the well.

U.S. PATENTED - FOREIGN PATENTS PENDING

TDOC-4 REV.11 1-21-03

RECEIVED November 02, 2009

|  |  |  |
|--|--|--|
| <b>STATE OF UTAH</b><br>DEPARTMENT OF NATURAL RESOURCES<br>DIVISION OF OIL, GAS, AND MINING  |  | <b>FORM 9</b>  |
| <b>SUNDRY NOTICES AND REPORTS ON WELLS</b><br><br>Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals. |  | <b>5. LEASE DESIGNATION AND SERIAL NUMBER:</b><br>SL-045051A |
|  |  | <b>6. IF INDIAN, ALLOTTEE OR TRIBE NAME:</b>                 |
| <b>1. TYPE OF WELL</b><br>Gas Well   |  | <b>7. UNIT or CA AGREEMENT NAME:</b><br>CLAY BASIN           |
| <b>2. NAME OF OPERATOR:</b><br>WEXPRO COMPANY  |  | <b>8. WELL NAME and NUMBER:</b><br>CLAY BASIN UNIT 13        |
| <b>3. ADDRESS OF OPERATOR:</b><br>P.O. Box 458 , Rock Springs, WY, 82902   |  | <b>9. API NUMBER:</b><br>43009156370000                      |
| <b>PHONE NUMBER:</b><br>307 922-5612 Ext   |  | <b>9. FIELD and POOL or WILDCAT:</b><br>CLAY BASIN           |
| <b>4. LOCATION OF WELL</b><br><b>FOOTAGES AT SURFACE:</b><br>1765 FNL 1650 FWL<br><b>QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN:</b><br>Qtr/Qtr: SENW Section: 21 Township: 03.0N Range: 24.0E Meridian: S  |  | <b>COUNTY:</b><br>DAGGETT                                    |
|  |  | <b>STATE:</b><br>UTAH  |

11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

| TYPE OF SUBMISSION  | TYPE OF ACTION   |   |   |
|---|--|---|---|
| <input type="checkbox"/> NOTICE OF INTENT<br>Approximate date work will start:                  | <input type="checkbox"/> ACIDIZE                               | <input type="checkbox"/> ALTER CASING                   | <input type="checkbox"/> CASING REPAIR                  |
| <input checked="" type="checkbox"/> SUBSEQUENT REPORT<br>Date of Work Completion:<br>10/17/2012 | <input type="checkbox"/> CHANGE TO PREVIOUS PLANS              | <input type="checkbox"/> CHANGE TUBING                  | <input type="checkbox"/> CHANGE WELL NAME               |
| <input type="checkbox"/> SPUD REPORT<br>Date of Spud:   | <input type="checkbox"/> CHANGE WELL STATUS                    | <input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS | <input type="checkbox"/> CONVERT WELL TYPE              |
| <input type="checkbox"/> DRILLING REPORT<br>Report Date:  | <input type="checkbox"/> DEEPEN                                | <input type="checkbox"/> FRACTURE TREAT                 | <input type="checkbox"/> NEW CONSTRUCTION               |
|   | <input type="checkbox"/> OPERATOR CHANGE                       | <input type="checkbox"/> PLUG AND ABANDON               | <input type="checkbox"/> PLUG BACK                      |
|   | <input checked="" type="checkbox"/> PRODUCTION START OR RESUME | <input type="checkbox"/> RECLAMATION OF WELL SITE       | <input type="checkbox"/> RECOMPLETE DIFFERENT FORMATION |
|   | <input type="checkbox"/> REPERFORATE CURRENT FORMATION         | <input type="checkbox"/> SIDETRACK TO REPAIR WELL       | <input type="checkbox"/> TEMPORARY ABANDON              |
|   | <input type="checkbox"/> TUBING REPAIR                         | <input type="checkbox"/> VENT OR FLARE                  | <input type="checkbox"/> WATER DISPOSAL                 |
|   | <input type="checkbox"/> WATER SHUTOFF                         | <input type="checkbox"/> SI TA STATUS EXTENSION         | <input type="checkbox"/> APD EXTENSION                  |
|   | <input type="checkbox"/> WILDCAT WELL DETERMINATION            | <input type="checkbox"/> OTHER                          | OTHER: <input style="width: 100px;" type="text"/>       |

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.

The above well Resumed Production on October 17, 2012 at 9:45 AM,  
after being off for more than 90 days.

**Accepted by the  
Utah Division of  
Oil, Gas and Mining  
FOR RECORD ONLY  
October 19, 2012**

|   |                                     |                              |
|---|-------------------------------------|------------------------------|
| <b>NAME (PLEASE PRINT)</b><br>Paul Jibson | <b>PHONE NUMBER</b><br>307 352-7561 | <b>TITLE</b><br>Permit Agent |
| <b>SIGNATURE</b><br>N/A                   | <b>DATE</b><br>10/18/2012           |                              |

|  |  |
|--|--|
| <b>STATE OF UTAH</b><br>DEPARTMENT OF NATURAL RESOURCES<br>DIVISION OF OIL, GAS, AND MINING  | <b>FORM 9</b><br><br><b>5.LEASE DESIGNATION AND SERIAL NUMBER:</b><br>SL-045051A                                 |
| <b>SUNDRY NOTICES AND REPORTS ON WELLS</b><br><br>Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals. | <b>6. IF INDIAN, ALLOTTEE OR TRIBE NAME:</b><br><br><b>7.UNIT or CA AGREEMENT NAME:</b><br>CLAY BASIN            |
| <b>1. TYPE OF WELL</b><br>Gas Well   | <b>8. WELL NAME and NUMBER:</b><br>CLAY BASIN UNIT 13  |
| <b>2. NAME OF OPERATOR:</b><br>WEXPRO COMPANY  | <b>9. API NUMBER:</b><br>43009156370000  |
| <b>3. ADDRESS OF OPERATOR:</b><br>P.O. Box 458 , Rock Springs, WY, 82902   | <b>PHONE NUMBER:</b><br>307 922-5612 Ext   |
| <b>4. LOCATION OF WELL</b><br><b>FOOTAGES AT SURFACE:</b><br>1765 FNL 1650 FWL<br><b>QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN:</b><br>Qtr/Qtr: SENW Section: 21 Township: 03.0N Range: 24.0E Meridian: S  | <b>9. FIELD and POOL or WILDCAT:</b><br>CLAY BASIN<br><br><b>COUNTY:</b><br>DAGGETT<br><br><b>STATE:</b><br>UTAH |

11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

| TYPE OF SUBMISSION   | TYPE OF ACTION  |  |  |
|--|---|--|--|
| <input checked="" type="checkbox"/> <b>NOTICE OF INTENT</b><br>Approximate date work will start:<br><b>3/15/2013</b><br><br><input type="checkbox"/> <b>SUBSEQUENT REPORT</b><br>Date of Work Completion:<br><br><input type="checkbox"/> <b>SPUD REPORT</b><br>Date of Spud:<br><br><input type="checkbox"/> <b>DRILLING REPORT</b><br>Report Date: | <input type="checkbox"/> ACIDIZE<br><br><input type="checkbox"/> CHANGE TO PREVIOUS PLANS<br><br><input type="checkbox"/> CHANGE WELL STATUS<br><br><input type="checkbox"/> DEEPEN<br><br><input type="checkbox"/> OPERATOR CHANGE<br><br><input type="checkbox"/> PRODUCTION START OR RESUME<br><br><input type="checkbox"/> REPERFORATE CURRENT FORMATION<br><br><input type="checkbox"/> TUBING REPAIR<br><br><input type="checkbox"/> WATER SHUTOFF<br><br><input type="checkbox"/> WILDCAT WELL DETERMINATION | <input type="checkbox"/> ALTER CASING<br><br><input type="checkbox"/> CHANGE TUBING<br><br><input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS<br><br><input type="checkbox"/> FRACTURE TREAT<br><br><input type="checkbox"/> PLUG AND ABANDON<br><br><input type="checkbox"/> RECLAMATION OF WELL SITE<br><br><input type="checkbox"/> SIDETRACK TO REPAIR WELL<br><br><input type="checkbox"/> VENT OR FLARE<br><br><input type="checkbox"/> SI TA STATUS EXTENSION<br><br><input checked="" type="checkbox"/> OTHER | <input type="checkbox"/> CASING REPAIR<br><br><input type="checkbox"/> CHANGE WELL NAME<br><br><input type="checkbox"/> CONVERT WELL TYPE<br><br><input type="checkbox"/> NEW CONSTRUCTION<br><br><input type="checkbox"/> PLUG BACK<br><br><input type="checkbox"/> RECOMPLETE DIFFERENT FORMATION<br><br><input type="checkbox"/> TEMPORARY ABANDON<br><br><input type="checkbox"/> WATER DISPOSAL<br><br><input type="checkbox"/> APD EXTENSION<br><br>OTHER: <input type="text" value="Production Equipment"/> |

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.

Wexpro Company, requests approval to upgrade the existing production equipment on the above mentioned well location. The dehy will be removed and replaced with a ProPack. Also, a new meter run and meter building will be installed. All new equipment will be installed on existing disturbance and there will be no new additional surface disturbance. The new equipment will be painted the approved BLM color to match the existing production equipment on location. Upon completion of the new production equipment installation an updated Site Facility Diagram will be submitted to the Vernal BLM Field Office.

**Accepted by the  
 Utah Division of  
 Oil, Gas and Mining**

**Date:** February 25, 2013

**By:** *Derek Quist*

|   |                                     |                              |
|---|-------------------------------------|------------------------------|
| <b>NAME (PLEASE PRINT)</b><br>Paul Jibson | <b>PHONE NUMBER</b><br>307 352-7561 | <b>TITLE</b><br>Permit Agent |
| <b>SIGNATURE</b><br>N/A                   | <b>DATE</b><br>2/20/2013            |                              |

|  |   |
|--|---|
| <b>STATE OF UTAH</b><br>DEPARTMENT OF NATURAL RESOURCES<br>DIVISION OF OIL, GAS, AND MINING  | <b>FORM 9</b><br><br><b>5.LEASE DESIGNATION AND SERIAL NUMBER:</b><br>SL-045051A  |
| <b>SUNDRY NOTICES AND REPORTS ON WELLS</b><br><br>Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals. | <b>6. IF INDIAN, ALLOTTEE OR TRIBE NAME:</b><br><br><b>7.UNIT or CA AGREEMENT NAME:</b><br>CLAY BASIN   |
| <b>1. TYPE OF WELL</b><br>Gas Well   | <b>8. WELL NAME and NUMBER:</b><br>CLAY BASIN UNIT 13   |
| <b>2. NAME OF OPERATOR:</b><br>WEXPRO COMPANY  | <b>9. API NUMBER:</b><br>43009156370000   |
| <b>3. ADDRESS OF OPERATOR:</b><br>P.O. Box 458 , Rock Springs, WY, 82902   | <b>PHONE NUMBER:</b><br>307 922-5612 Ext  |
| <b>9. FIELD and POOL or WILDCAT:</b><br>CLAY BASIN   | <b>4. LOCATION OF WELL</b><br><b>FOOTAGES AT SURFACE:</b><br>1765 FNL 1650 FWL<br><b>QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN:</b><br>Qtr/Qtr: SENW Section: 21 Township: 03.0N Range: 24.0E Meridian: S |
|  | <b>COUNTY:</b><br>DAGGETT<br><br><b>STATE:</b><br>UTAH  |

11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

| TYPE OF SUBMISSION  | TYPE OF ACTION   |   |   |
|---|--|---|---|
| <input type="checkbox"/> NOTICE OF INTENT<br>Approximate date work will start:                  | <input type="checkbox"/> ACIDIZE                               | <input type="checkbox"/> ALTER CASING                   | <input type="checkbox"/> CASING REPAIR                  |
| <input checked="" type="checkbox"/> SUBSEQUENT REPORT<br>Date of Work Completion:<br>12/23/2013 | <input type="checkbox"/> CHANGE TO PREVIOUS PLANS              | <input type="checkbox"/> CHANGE TUBING                  | <input type="checkbox"/> CHANGE WELL NAME               |
| <input type="checkbox"/> SPUD REPORT<br>Date of Spud:   | <input type="checkbox"/> CHANGE WELL STATUS                    | <input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS | <input type="checkbox"/> CONVERT WELL TYPE              |
| <input type="checkbox"/> DRILLING REPORT<br>Report Date:  | <input type="checkbox"/> DEEPEN                                | <input type="checkbox"/> FRACTURE TREAT                 | <input type="checkbox"/> NEW CONSTRUCTION               |
|   | <input type="checkbox"/> OPERATOR CHANGE                       | <input type="checkbox"/> PLUG AND ABANDON               | <input type="checkbox"/> PLUG BACK                      |
|   | <input checked="" type="checkbox"/> PRODUCTION START OR RESUME | <input type="checkbox"/> RECLAMATION OF WELL SITE       | <input type="checkbox"/> RECOMPLETE DIFFERENT FORMATION |
|   | <input type="checkbox"/> REPERFORATE CURRENT FORMATION         | <input type="checkbox"/> SIDETRACK TO REPAIR WELL       | <input type="checkbox"/> TEMPORARY ABANDON              |
|   | <input type="checkbox"/> TUBING REPAIR                         | <input type="checkbox"/> VENT OR FLARE                  | <input type="checkbox"/> WATER DISPOSAL                 |
|   | <input type="checkbox"/> WATER SHUTOFF                         | <input type="checkbox"/> SI TA STATUS EXTENSION         | <input type="checkbox"/> APD EXTENSION                  |
|   | <input type="checkbox"/> WILDCAT WELL DETERMINATION            | <input type="checkbox"/> OTHER                          | OTHER: <input style="width: 100px;" type="text"/>       |

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.

The above well Resumed Production on December 23, 2013, after being off for more than 90 days.

**Accepted by the**  
**Utah Division of**  
**Oil, Gas and Mining**  
**FOR RECORD ONLY**  
 December 30, 2013

|   |                                     |                              |
|---|-------------------------------------|------------------------------|
| <b>NAME (PLEASE PRINT)</b><br>Paul Jibson | <b>PHONE NUMBER</b><br>307 352-7561 | <b>TITLE</b><br>Permit Agent |
| <b>SIGNATURE</b><br>N/A                   | <b>DATE</b><br>12/26/2013           |                              |

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|--|--|--|
| <b>STATE OF UTAH</b><br>DEPARTMENT OF NATURAL RESOURCES<br>DIVISION OF OIL, GAS, AND MINING  |  | <b>FORM 9</b>  |
| <b>SUNDRY NOTICES AND REPORTS ON WELLS</b><br><br>Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals. |  | <b>5. LEASE DESIGNATION AND SERIAL NUMBER:</b><br>SL-045051A |
|  |  | <b>6. IF INDIAN, ALLOTTEE OR TRIBE NAME:</b>                 |
| <b>1. TYPE OF WELL</b><br>Gas Well   |  | <b>7. UNIT or CA AGREEMENT NAME:</b><br>CLAY BASIN           |
| <b>2. NAME OF OPERATOR:</b><br>WEXPRO COMPANY  |  | <b>8. WELL NAME and NUMBER:</b><br>CLAY BASIN UNIT 13        |
| <b>3. ADDRESS OF OPERATOR:</b><br>P.O. Box 458 , Rock Springs, WY, 82902   |  | <b>9. API NUMBER:</b><br>43009156370000                      |
| <b>PHONE NUMBER:</b><br>307 922-5612 Ext   |  | <b>9. FIELD and POOL or WILDCAT:</b><br>CLAY BASIN           |
| <b>4. LOCATION OF WELL</b><br><b>FOOTAGES AT SURFACE:</b><br>1765 FNL 1650 FWL<br><b>QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN:</b><br>Qtr/Qtr: SENW Section: 21 Township: 03.0N Range: 24.0E Meridian: S  |  | <b>COUNTY:</b><br>DAGGETT                                    |
|  |  | <b>STATE:</b><br>UTAH  |

11.

CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

| TYPE OF SUBMISSION  | TYPE OF ACTION   |   |   |
|---|--|---|---|
| <input type="checkbox"/> NOTICE OF INTENT<br>Approximate date work will start:                  | <input type="checkbox"/> ACIDIZE                               | <input type="checkbox"/> ALTER CASING                   | <input type="checkbox"/> CASING REPAIR                  |
| <input checked="" type="checkbox"/> SUBSEQUENT REPORT<br>Date of Work Completion:<br>10/25/2014 | <input type="checkbox"/> CHANGE TO PREVIOUS PLANS              | <input type="checkbox"/> CHANGE TUBING                  | <input type="checkbox"/> CHANGE WELL NAME               |
| <input type="checkbox"/> SPUD REPORT<br>Date of Spud:   | <input type="checkbox"/> CHANGE WELL STATUS                    | <input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS | <input type="checkbox"/> CONVERT WELL TYPE              |
| <input type="checkbox"/> DRILLING REPORT<br>Report Date:  | <input type="checkbox"/> DEEPEN                                | <input type="checkbox"/> FRACTURE TREAT                 | <input type="checkbox"/> NEW CONSTRUCTION               |
|   | <input type="checkbox"/> OPERATOR CHANGE                       | <input type="checkbox"/> PLUG AND ABANDON               | <input type="checkbox"/> PLUG BACK                      |
|   | <input checked="" type="checkbox"/> PRODUCTION START OR RESUME | <input type="checkbox"/> RECLAMATION OF WELL SITE       | <input type="checkbox"/> RECOMPLETE DIFFERENT FORMATION |
|   | <input type="checkbox"/> REPERFORATE CURRENT FORMATION         | <input type="checkbox"/> SIDETRACK TO REPAIR WELL       | <input type="checkbox"/> TEMPORARY ABANDON              |
|   | <input type="checkbox"/> TUBING REPAIR                         | <input type="checkbox"/> VENT OR FLARE                  | <input type="checkbox"/> WATER DISPOSAL                 |
|   | <input type="checkbox"/> WATER SHUTOFF                         | <input type="checkbox"/> SI TA STATUS EXTENSION         | <input type="checkbox"/> APD EXTENSION                  |
|   | <input type="checkbox"/> WILDCAT WELL DETERMINATION            | <input type="checkbox"/> OTHER                          | OTHER: <input type="text"/>                             |

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.

The above well resumed production on October 25, 2014; after being off more than 90 days.

**Accepted by the  
Utah Division of  
Oil, Gas and Mining  
FOR RECORD ONLY  
October 28, 2014**

|   |                                     |                              |
|---|-------------------------------------|------------------------------|
| <b>NAME (PLEASE PRINT)</b><br>Paul Jibson | <b>PHONE NUMBER</b><br>307 352-7561 | <b>TITLE</b><br>Permit Agent |
| <b>SIGNATURE</b><br>N/A                   | <b>DATE</b><br>10/28/2014           |                              |

|  |  |
|--|--|
| <b>STATE OF UTAH</b><br>DEPARTMENT OF NATURAL RESOURCES<br>DIVISION OF OIL, GAS, AND MINING  | <b>FORM 9</b>  |
| <b>SUNDRY NOTICES AND REPORTS ON WELLS</b>   |  |
| Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals. |  |
| <b>1. TYPE OF WELL</b><br>Gas Well   | <b>5. LEASE DESIGNATION AND SERIAL NUMBER:</b><br>SL-045051A |
| <b>2. NAME OF OPERATOR:</b><br>WEXPRO COMPANY  | <b>6. IF INDIAN, ALLOTTEE OR TRIBE NAME:</b>                 |
| <b>3. ADDRESS OF OPERATOR:</b><br>P.O. Box 458 , Rock Springs, WY, 82902   | <b>7. UNIT or CA AGREEMENT NAME:</b><br>CLAY BASIN           |
| <b>4. LOCATION OF WELL</b><br><b>FOOTAGES AT SURFACE:</b><br>1765 FNL 1650 FWL<br><b>QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN:</b><br>Qtr/Qtr: SENW Section: 21 Township: 03.0N Range: 24.0E Meridian: S                                      | <b>8. WELL NAME and NUMBER:</b><br>CLAY BASIN UNIT 13        |
| <b>PHONE NUMBER:</b><br>307 922-5612 Ext   | <b>9. API NUMBER:</b><br>43009156370000                      |
| <b>9. FIELD and POOL or WILDCAT:</b><br>CLAY BASIN   | <b>COUNTY:</b><br>DAGGETT                                    |
|  | <b>STATE:</b><br>UTAH  |

11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

| TYPE OF SUBMISSION  | TYPE OF ACTION   |   |   |
|---|--|---|---|
| <input type="checkbox"/> NOTICE OF INTENT<br>Approximate date work will start:                  | <input type="checkbox"/> ACIDIZE                               | <input type="checkbox"/> ALTER CASING                   | <input type="checkbox"/> CASING REPAIR                  |
| <input checked="" type="checkbox"/> SUBSEQUENT REPORT<br>Date of Work Completion:<br>10/30/2015 | <input type="checkbox"/> CHANGE TO PREVIOUS PLANS              | <input type="checkbox"/> CHANGE TUBING                  | <input type="checkbox"/> CHANGE WELL NAME               |
| <input type="checkbox"/> SPUD REPORT<br>Date of Spud:   | <input type="checkbox"/> CHANGE WELL STATUS                    | <input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS | <input type="checkbox"/> CONVERT WELL TYPE              |
| <input type="checkbox"/> DRILLING REPORT<br>Report Date:  | <input type="checkbox"/> DEEPEN                                | <input type="checkbox"/> FRACTURE TREAT                 | <input type="checkbox"/> NEW CONSTRUCTION               |
|   | <input type="checkbox"/> OPERATOR CHANGE                       | <input type="checkbox"/> PLUG AND ABANDON               | <input type="checkbox"/> PLUG BACK                      |
|   | <input checked="" type="checkbox"/> PRODUCTION START OR RESUME | <input type="checkbox"/> RECLAMATION OF WELL SITE       | <input type="checkbox"/> RECOMPLETE DIFFERENT FORMATION |
|   | <input type="checkbox"/> REPERFORATE CURRENT FORMATION         | <input type="checkbox"/> SIDETRACK TO REPAIR WELL       | <input type="checkbox"/> TEMPORARY ABANDON              |
|   | <input type="checkbox"/> TUBING REPAIR                         | <input type="checkbox"/> VENT OR FLARE                  | <input type="checkbox"/> WATER DISPOSAL                 |
|   | <input type="checkbox"/> WATER SHUTOFF                         | <input type="checkbox"/> SI TA STATUS EXTENSION         | <input type="checkbox"/> APD EXTENSION                  |
|   | <input type="checkbox"/> WILDCAT WELL DETERMINATION            | <input type="checkbox"/> OTHER                          | OTHER: <input style="width: 100px;" type="text"/>       |

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.

This well resumed production on October 30, 2015; after being off more than 90 days.

**Accepted by the  
 Utah Division of  
 Oil, Gas and Mining  
 FOR RECORD ONLY  
 November 06, 2015**

|   |                                     |                                     |
|---|-------------------------------------|-------------------------------------|
| <b>NAME (PLEASE PRINT)</b><br>Tammy Fredrickson | <b>PHONE NUMBER</b><br>307 352-7514 | <b>TITLE</b><br>Senior Permit Agent |
| <b>SIGNATURE</b><br>N/A                         | <b>DATE</b><br>11/5/2015            |                                     |