

FILE NOTATIONS

Entered in NID File _____
 Entered On S R Sheet _____
 Location Map Pinned _____
 Card Indexed _____
 IWR for State or Fee Land _____

Checked by Chief PMB _____
 Copy NID to Field Office J. Kelly _____
 Approval Letter _____
 Disapproval Letter _____

COMPLETION DATA:

Date Well Completed 7-20-65
 OW _____ WW _____ TA _____
 GW _____ OS _____ PA _____

Location Inspected _____
 Bond released _____
 State of Fee Land _____

LOGS FILED

Driller's Log _____
 Electric Logs (No.) _____

E _____ I _____ E-I _____ GR _____ GR-N _____ Micro _____
 Lat. _____ Mi-L _____ Sonic _____ Others Booth's Log

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
 330' FSL, 1820' FWL, SW SE SW sec. 23
 At proposed prod. zone
 same

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' to lease line; 6100' to unit line.

17. NO. OF ACRES ASSIGNED TO THIS WELL
 640.00

18. DISTANCE FROM PROPOSED LOCATION* TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT.
 2610'

20. ROTARY OR CABLE TOOLS
 Rotary

21. ELEVATIONS (Show whether DI, RT, GR, etc.)
 Ground 6610'

22. APPROX. DATE WORK WILL START*
 July 1, 1965

23. 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"	32.30 H-40	310'	150 sacks
7-7/8"	5-1/2"	17.00 J-55 or N-80 or P-110	5600'	To be determined.

The subject well will be drilled to an approximate depth of 5600' as a test of the Frontier formation, presently producing gas in the Clay Basin field. Anticipated formation tops are as follows: Mancos at surface, Frontier 5435', and Mowry at 5555'. Mud will be used as a circulating medium.

"Gas 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. Coft TITLE General Manager, Producing and Pipeline Divisions DATE May 18, 1965

(This space for Federal or State office use)

PERMIT NO. _____ APPROVAL DATE _____

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

18

*Amended
10-2-65*

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

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

LAND OFFICE Salt Lake City
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 MAY 1965, 19.....

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

SALT LAKE CITY, UTAH 84111

Signed F. Murphy

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)
					Salt Lake City 062308-2 Mountain Fuel Supply					
SE, NW SW 28	3	24	14							Location
					Salt Lake City 043051-2 R.D. Murphy "B"					
SE, SE, SW 23	3	24	15							Location

17 NOTE.—There were..... runs or sales of oil,..... M cu. ft. of gas sold;..... runs or sales of ~~XXXXX~~ Drip Oil during the month (Write "no" where applicable.)

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

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

LAND OFFICE Salt Lake City
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 June, 1965

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

SALT LAKE CITY, UTAH 84111

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)
					<u>Salt Lake City 062508-9 - Mountain Fuel Supply</u>					
NW SW 20	3N	24E	14							Location
					<u>Salt Lake City 045051-B - R.D. Murphy B</u>					
SE SW 23	3N	24E	15							Location

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

Drill Oil

_____ runs or sales of _____ 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.

UNITED STATES
 DEPARTMENT OF THE INTERIOR
 GEOLOGICAL SURVEY

LEAS OFFICE Salt Lake City
 LEAS 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 July 1965, 19.....

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

SALT LAKE CITY, UTAH 84111 Signed J. Murphy

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)
					Salt Lake City - 062508-2 Mountain Fuel Supply					Spudded 7-28-65 Drilling 1,690' 7-31-65
<u>SW SW 20 3E</u>	<u>24E</u>	<u>14</u>								
					Salt Lake City - 043051-B B.D. Murphy "B"					Location
<u>SW SW 23 3E</u>	<u>24E</u>	<u>15</u>								

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

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.

COMMISSIONERS

B. H. CROFT
CHAIRMAN
C. R. HENDERSON
C. S. THOMSON
M. V. HATCH
J. H. REESE

EXECUTIVE DIRECTOR
C. B. FEIGHT



PETROLEUM ENGINEERS

PAUL W. BURCHELL
CHIEF ENGINEER
HARVEY L. COONTS
SALT LAKE CITY

THE STATE OF UTAH
OIL & GAS CONSERVATION COMMISSION

348 EAST SOUTH TEMPLE
SUITE 301
SALT LAKE CITY, UTAH 84111

DAvis 8-5771

August 18, 1965

Mountain Fuel Supply Company
P. O. Box 1129
Rock Springs, Wyoming 82901

Re: Well No. Clay Basin Unit #14
Sec. 20, T. 3 N., R. 24 E.,
Dagget County, Utah
Well No. Clay Basin Unit #15
Sec. 23, T. 3 N., R. 24 E.,
Dagget County, Utah

July, 1965

Gentlemen:

Our records indicate that you have not filed a Monthly Report of Operations for the above mentioned month (s), for the subject well Rule C-22(D), General Rules and Regulations and Rules of Practice and Procedure, Utah State Oil and Gas Conservation Commission, requires that said reports be filed on or before the sixteenth (16) day of the succeeding month. This report may be filed on Form OGCC-1b (U. S. Geological Survey Form 9-331, "Sundry Notices and Reports on Wells"), or on company forms containing substantially the same information. We are enclosing forms for your convenience.

Your immediate attention is required in this matter.

Very truly yours,

OIL & GAS CONSERVATION COMMISSION

KATHY G. WARNER
RECORDS CLERK

kgw

Encl Forms

15

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.

SL 045051(b)

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

330' FSL, 1820' FWL, SW SE SW sec. 23

7. UNIT AGREEMENT NAME
Clay Basin Unit

8. FARM OR LEASE NAME
Unit Well

9. WELL NO.
15

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

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
23-3N-24E., SLB&M

14. PERMIT NO.
-

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
GR 6610'

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 information
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.)*

Depth 421', drilling.

Well spudded in on 8/24/65. Ran 317.68' net, 321.20' gross of 9-5/8" OD, 8rnd, 32.30#, H-40 ST&C, 9-5/8" 40#, J-55 and 9-5/8" 40# N-80 LT&C surface casing landed at 329.73' KBM and cemented with 175 sacks type G cement treated with 2% calcium chloride with full returns throughout job. Pressure tested casing and all blowout preventers to 500 psig for 15 each, held good.

18. I hereby certify that the foregoing is true and correct
SIGNED B.W. Craft TITLE General Manager, Producing and Pipeline Divisions DATE August 27, 1965

(This space for Federal or State office use)

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

12

MOUNTAIN FUEL SUPPLY COMPANY

AUGUST 1965

CLAY BASIN Daggett

Salt Lake City 045051-B R.D. Murphy "B"

SE SW 23 3N 24E 15

Spudded 8-24-65
Drilling 3475'
8-31-65

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

Drip Oil

..... 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.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.
SL 045051(b)

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.)

7. UNIT AGREEMENT NAME

Clay Basin Unit

8. FARM OR LEASE NAME

Unit Well

9. WELL NO.

15

10. FIELD AND POOL, OR WILDCAT

Clay Basin - Frontier

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

23-3N-24E., SLB&M

12. COUNTY OR PARISH 13. STATE

Daggett

Utah

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

330' FSL, 1820' FWL, SW SE SW sec. 23

14. PERMIT NO.

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

GR 6610'

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other) Supplementary information

(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.)*

Depth 5670', drilling.

DST #1, depth 5515', packers 5458' and 5462', Frontier, IO 1/2 hour, ISI 1/2 hour, FO 1 hour, FSI 1 hour, opened with strong blow, gas up in 5 minutes, 15 minutes 1162 Mcf, 30 minutes 1891 Mcf. Reopened, 15, 30, 45 and 60 minutes 1694 Mcf. Recovered 270' mud. IHP 2738, ISIP 2478, IOFP's 172-243, FOFP's 229-272, FSIP 2464, FHP 2738 psi.

DST #2, depth 5576', packers 5532' and 5537', Frontier, IO 1/2 hour, ISI 1/2 hour, FO 1 hour, FSI 1 hour, opened with strong blow, gas up in 3 minutes, 15 minutes 2441 Mcf, 30 minutes 2558 Mcf. Reopened at 2675 Mcf and remained throughout test. Recovered 190' mud. IHP 2825, ISIP 2348, IOFP's 21-26, FOFP's 300-372, FSIP 2348, FHP 2825 psi.

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

SIGNED

B.W. Croft

TITLE

General Manager, Production

and Transmission

DATE

September 8, 1965

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

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

SUBMIT IN TRIPlicate*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.
SL 045051(b)

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.)

<p>1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/></p> <p>2. NAME OF OPERATOR <u>Mountain Fuel Supply Company</u></p> <p>3. ADDRESS OF OPERATOR <u>P. O. Box 1129, Rock Springs, Wyoming 82901</u></p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <u>330' FSL, 1820' FWL, SW SE SW sec. 23</u></p> <p>14. PERMIT NO. <u>-</u></p>	<p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME <u>-</u></p> <p>7. UNIT AGREEMENT NAME <u>Clay Basin Unit</u></p> <p>8. FARM OR LEASE NAME <u>Unit Well</u></p> <p>9. WELL NO. <u>15</u></p> <p>10. FIELD AND POOL, OR WILDCAT <u>Clay Basin - Frontier</u></p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>23-3N-24E., SLB&M</u></p> <p>12. COUNTY OR PARISH <u>Daguerre</u></p> <p>13. STATE <u>W. Va.</u></p>
<p>15. ELEVATIONS (Show whether DE, RT, GR, etc.) <u>GR 6610'</u></p>	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Supplementary information</u>	<input checked="" type="checkbox"/>

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

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Total depth 5677', rig released 9/9/65, waiting on completion tools.

Ran 5663.55' net, 5716.64' gross of 5½" OD, 17#, N-80, 8rnd thd, LT&C casing into the well and landed at 5675.60' KBM. Cemented the casing with 250 sacks Pozmix type A cement with good returns during entire operation.

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

SIGNED B. W. Craft TITLE General Manager, Production and Transmission DATE Sept. 19, 1965

(This space for Federal or State office use)

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

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

LAND OFFICE
LEASE NUMBER
UNIT

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, 1965

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

SALT LAKE CITY, UTAH 84111 Signed _____

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)
										<u>Salt Lake City 045051-B R.D. Murphy "B"</u>
NE SW 15	3N	24E	9							Started cleaning out 9-14-65 TD 6078' FBD 6066' Waiting on completion tools 9-30-65
										<u>Salt Lake City 062508-9 MFS Co.</u>
NW SW 20	3N	24E	14							Spudded 7-28-65 Completed 9-10-65 TD 6018' FBD 5683' Vol. 941 MCF
										<u>Salt Lake City 045051 - B R.D. Murphy "B"</u>
SW SW 23	3N	24E	15							Spudded 8-24-65 Completed 9-30-65 TD 5677' FBD 5637' Vol 5210 MCF

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

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.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN THIS DATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.

SL 045051 (b)

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

330' EST, 1820' FWL, SW 3/4 SW sec. 23

7. UNIT AGREEMENT NAME
Clay Basin Unit

8. FARM OR LEASE NAME
Unit Well

9. WELL NO.
15

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

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

23-3N-24E., SLB&M

14. PERMIT NO.

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

GR 6610'

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:

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

PULL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON*
CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

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

REPAIRING WELL
ALTERING CASING
ABANDONMENT*

Supplementary information

(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 5677', plugged back depth 5637', well shut in, rig released 9/30/65.

Rigged up workover rig. Landed 5415.41' net, 5444.53' gross of 2-3/8", 4.7#, J-55, 8rd, tubing at 5426.60' KBM. Had perforated the following intervals with 4 jet holes per foot: 5542'-5580', 5503'-5516', 5490'-5503', 5473'-5481'. The perforations were subjected to sandoil fracturing treatment using 40,000 gallons drip oil, 0.05 ppg Adomite, 0.003 ppg FR3 and 1 ppg sand, breakdown pressure was 5000 psi at 28 BPM, and average treating pressure of 5400 psi at 21 BPM. At the end of a 21 hour test, well flowed 5210 Mcf of gas per day, casing pressure 1560, tubing pressure 1400 and a separator pressure of 170. Well shut in and rig released 9/30/65. FINAL REPORT.

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

SIGNED B. W. Craft

General Manager, Production

TITLE and Transmission

DATE Oct. 6, 1965

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

3 copies
3 copies
3 copies

FORM OGCC-8-X

STATE OF UTAH
OIL & GAS CONSERVATION COMMISSION
348 EAST SOUTH TEMPLE
SUITE 301
SALT LAKE CITY, UTAH

REPORT OF WATER ENCOUNTERED DURING DRILLING

Well Name & Number: Clay Basin Unit Well #15
Operator Mountain Fuel Supply Address S.L.C. Phone 378-8315
Contractor Gulick Drilling Co. Address Denver, Colo. Phone _____
Location SE 1/4 SW 1/4 Sec. 23 T. 3 N R. 24 E Degett County, Utah.
Water Sands: None.

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

(Continued on reverse side if necessary)

Formation Tops:
Frontier 5452'
Mowry 5590'

Remarks:

Victor B. Hoas
Sr. Development Geologist

- 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).
 - (c) If a water analysis has been made of the above reported zone, please forward a copy along with this form.

9

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See other instructions on reverse side)

Form approved
Budget Bureau No. 42-3355-5

5. LEASE DESIGNATION AND SERIAL NO.

SL 045051 (b)

6. IF INDIAN ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Clay Basin Unit

8. FARM OR LEASE NAME

Unit Well

9. WELL NO.

15

10. FIELD AND POOL, OR WILDCAT

Clay Basin

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

23-3N-24E., S1B2M

12. COUNTY OR PARISH

DeWitt

13. STATE

Utah

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

a. 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 330' FSL, 1820' FSL, SW SE SW sec. 23

At top prod. interval reported below

Same

At total depth

Same

13. PERMIT NO.

DATE ISSUED

14. DATE SPUN

8/24/65

16. DATE T.D. REACHED

9/3/65

17. DATE COMPL. (REGG. TO PROD.)

9/30/65

18. ELEVATIONS (DB, RKB, RT, GR, ETC.)*

GR 6610'

19. BLEN. CEMENTED

20. TOTAL DEPTH, MD & TVD

5677'

21. PLUG, BACK T.D., MD & TVD

5637'

22. IF MULTIPLE COMPL., HOW MANY*

23. INTERVALS DRILLED BY

ROTARY TOOLS

0'-5677'

CABLE TOOLS

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

5542'-5580'; 5490'-5516'; 5473'-5481'

25. WAS DIRECTIONAL SURVEY MADE

No

26. TYPE ELECTRIC AND OTHER LOGS RUN

IE. Borehole Compensated Sonic

27. WAS WELL CORED

No

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

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
9-5/8"	40	329.73'	12-1/4	175 sacks	0
5-1/2	17	5675.60'	7-7/8	250 sacks	0

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
2-3/8	5426.60'	

31. PERFORATION RECORD (Interval, size and number)

5542'-5580' - jet, 4 shots per foot
5490'-5516' - jet, 4 shots per foot
5473'-5481' - jet, 4 shots per foot

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
5473'-5580'	Sandoil frac with 40,000 gallons drip oil, 0.05 ppg Adomite, 0.003 gpg FR3 and 1 ppg 20-40 mesh sand ppg.

33.* PRODUCTION

DATE FIRST PRODUCTION	PRODUCTION METHOD (Flowing, gas lift, pumping--size and type of pump)	WELL STATUS (Producing or shut-in)					
Shut in		Shut in					
DATE OF TEST	HOURS TESTED	CHOKES SIZE	PROD'N. FOR TEST PERIOD	OIL--BBL.	GAS--MCF. ✓	WATER--BBL.	GAS-OIL RATIO
9/28-29/65	21	-	→	-	5210	-	-
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL--BBL.	GAS--MCF.	WATER--BBL.	OIL GRAVITY-API (CORR.)	
1400 ✓	1560	→	5210	→	-	-	

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

Vented while testing.

TEST WITNESSED BY

35. LIST OF ATTACHMENTS

IE, Sonic, well completion, well 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

TITLE General Manager, Production and Transmission

DATE Oct. 28, 1965

COMPLETION REPORT

Operator: Mountain Fuel Supply Company
 Well: Clay Basin Unit No. 15
 Area: Clay Basin
 Location: 330 feet FSL, 1820 feet FWL, Section 23, Township 3 North, Range 24
 East, Daggett County, Utah
 Elevation: Ground 6610 feet, Kelly Bushing 6622 feet
 Drilling Commenced: August 25, 1965. Drilling Completed: September 9, 1965.
 Rig Released: September 10, 1965. Well Completed: September 30, 1965.
 Tops: (E-logs)
 Mancos Surface
 Frontier 5450 feet
 Mowry 5585 feet
 Total Depth: 5677 feet
 Casing: 9-5/8" landed @ 329.73' KBM with 175 sacks
 5-1/2" landed @ 5675.60' KBM with 250 sacks
 Tubing: 2-3/8" landed @ 5426.6' KBM
 Perforations: 5473' - 5481', 5490' - 5510', 5542' - 5580'
 Productivity: 5210 Mcf PD, FTP 1400 psi, FCP 1560 psi, and a separator pressure of
 170 psi, SITP 2130 psi, CP 2170 psi. After sand frac treatment.
 Producing formation: Frontier

DRILL STEM TESTS

No.	Interval	Initial Flow	Initial Shut-In	Final Flow	Final Shut-In	Remarks
1	5462' - 5515'	186 - 252 (30)	2481 (30)	259 - 275 (60)	2464 (60)	1694 Mcf 270' mud
2	5537' - 5576'	374 - 371 (30)	2355 (30)	371 - 370 (60)	2367 (60)	2675 Mcf 190' mud

VBG:kj
~~237~~
 10/6/65

4

Field Clay Basin State Utah County Daggett Sec. 23 T. 3 N. R. 24 E.

Company Mountain Fuel Supply Farm Clay Basin Unit Well No. 15

Location 330' FSL, 1820 FWL Elev. GR. 6610', KB 6622'

Drilling Commenced August 25, 1965 Completed September 9, 1965

Rig Released September 10, 1965 Total Depth 5677'

Casing Record 9-5/8" landed @ 329.73' KBM with 175 sacks; 5-1/2" landed @ 5675.60' KBM with 250 sacks.

Tubing Record 2-3/8" landed @ 5426.6' KBM

Perforations 5473' - 5481', 5490' - 5510', 5542' - 5580'

	23		

I. P. Gas 5210 Mcf PD, FTP 1400 psi, FCP 1560 psi, and a separator pressure of 170 psi.

Sands

Shut-in Surface Pressures SITP 2130 psi, CP 2170 psi. After sand frac treatment.

Remarks

FORMATION RECORD

FORMATION RECORD

	FROM	TO
<u>MANCOS -- Surface-5450'</u>		
Terrace gravel, unconsolidated.	0	70
Sandstone, grey to white, fine grained, subangular, fairly well sorted, very friable, argillaceous, calcareous cement, as above, blue mineral grains, micaceous; Calcite, orange to tan, micro-crystalline.	70	300
Siltstone, grey, soft, very calcareous, arenaceous, micaceous.	300	390
Shale, grey, hard to soft, very silty, arenaceous, pyritic, calcareous, micaceous, glauconitic; with laminations of Sandstone, white to grey, very fine to medium grained, fairly well sorted, calcareous, tight, abundant black mineral grains; with lamination of Siltstone, as above, all inter-laminae.	390	1470
No Show.	1470	1530
Ditto, as above.	1530	1660
Ditto (60% Sandstone).	1660	1700
Sandstone, as above (100%).	1700	1740
Shale, as above; Sandstone, as above; Siltstone, as above, interlaminae	1740	1830
Ditto (70% Sandstone).	1830	1870
Ditto (20% Sandstone).	1870	1900
Shale, as above; Sandstone, as above; Siltstone, as above, interlaminae.	1900	2510
No show.	2510	4870
Shale, dark grey to brown, hard, silty, calcareous, plant fragments, pyritic, micaceous; with occasional arenaceous streaks; calcareous, white, coarsely-crystalline.	4870	5210
Ditto, with occasional bentonitic laminae, very soft, sandy.	5210	5460
<u>FRONTIER -- 5450'-5585'</u>		
Sandstone, white, fine to medium grains, subrounded, well sorted, friable, calcareous cement; Shale, as above (10% Shale)	5460	5490
Ditto (30% Shale.)	5490	5500

Field Clay Basin
Farm Clay Basin Unit
Company Mountain Fuel Supply

Sec. 23 T. 3N R. 24E
Well No. 15

Page 2

FORMATION RECORD

	<u>From</u>	<u>To</u>
Sandstone, as above.	5500	5513
Shale, dark grey, hard, silty to arenaceous, calcareous.	5513	5535
Sandstone, white, fine to medium grains, well sorted, friable, slight calcareous, cherty, slight glauconitic, porosity; with occasional Bentonite, very soft, sandy; with occasional Shale, as above, laminae.	5535	5573
Shale, dark grey, silty, hard.	5573	5620
<u>MOWRY -- 5585'-5677'</u>		
Ditto, with abundant white to light grey Bentonite.	5620	5630
Shale, dark grey, silty, hard and black, hard.	5630	5673

TMC:kj

10/12/65



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

3N24E23

LOCATION: **CLAY BASIN M.S. # 7** COUNTY **DAGGETT** STATE **UTAH** DATE **10-23-82**

STATION OR CUSTOMER **CLAY BASIN # 15** TIME OF TEST AM **3:30** PM

ORIFICE METER MAKE **Foxboro** SERIAL NO. **196523** TYPE **28** CHART NO. **89N074L** STATIC CON. **D.S.** PEN ARC **OK** 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 **6.52** STATIC LEFT **6.52** Diff. Found **0** Diff. Left **0** Temp. Found **60** Temp. Left **62** Time Lag **6 hrs**
D W Press **413**
Atmos. Press **11.6**
Static Pen Set **424.6**

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								$\sqrt{\frac{424.6 \times 100}{1000}} = 6.52$					
10	10	60	60	10		60													
30	30	40	40	30	SAME	40													
50	50	20	20	50		20		THERMOMETER											
70	70	0	0	70		0		MAKE - Foxboro				RANGE -30° TO +150°F				SERIAL NO. 1311380			
90	90			90				AS FOUND				AS LEFT							
								UP	DOWN	UP	DOWN	UP	DOWN						
								Test Therm	Rec. Therm	Test Therm	Rec. Therm	Test Therm	Rec. Therm	Test Therm	Rec. Therm				

ORIFICE PLATE Size **3" x 1.500"** ORIFICE FITTING OR UNION Make **DANIEL** Type **Simplex**
Edges Sharp? Orifice Condition Damaged? Dirty? Serial No. **ASA 600** Line Size **3.068** I.D.
Micro Horizontal Micro Vertical Meter Tube Upstream ID Downstream ID

TELEMETERING																GRAVITY:		ATMOS. TEMP	
DIFFERENTIAL								PRESSURE								REMARKS: Adj temp			
FOUND				LEFT				FOUND				LEFT							
UP	DOWN	UP	DOWN	UP	DOWN	UP	DOWN	UP	DOWN	UP	DOWN	UP	DOWN						
TEST	TRANS	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%					

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

9.25
9.00
8.75
8.50
8.25
8.00
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1.00
.75
.50
.25
0.00

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

MA

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

LAND OFFICE
LEASE NUMBER
UNIT

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 OCT - 1965, 19.....

Agent's address P.O. Box 11368 Company MOUNTAIN FUEL SUPPLY COMPANY
SALT LAKE CITY, UTAH 84111 Signed

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)
										Salt Lake City 049051-B R.D. Murphy "B"
NE SW 15	3N	24E	9							Started Cleaning out 9-14-65 Completed 10-10-65 TD 6078' FHD 5882' Vol. 1250 MCF
										Salt Lake City 062508-9 MFS Co.
NW SW 20	3N	24E	14							Shut In
										Salt Lake City 049051-B R.D. Murphy "B"
SE SW 29	3N	24E	15							Shut In

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

Drip Oil

..... runs or sales of ~~gas~~ 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.



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

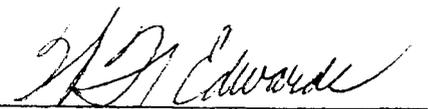
Gentlemen:

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

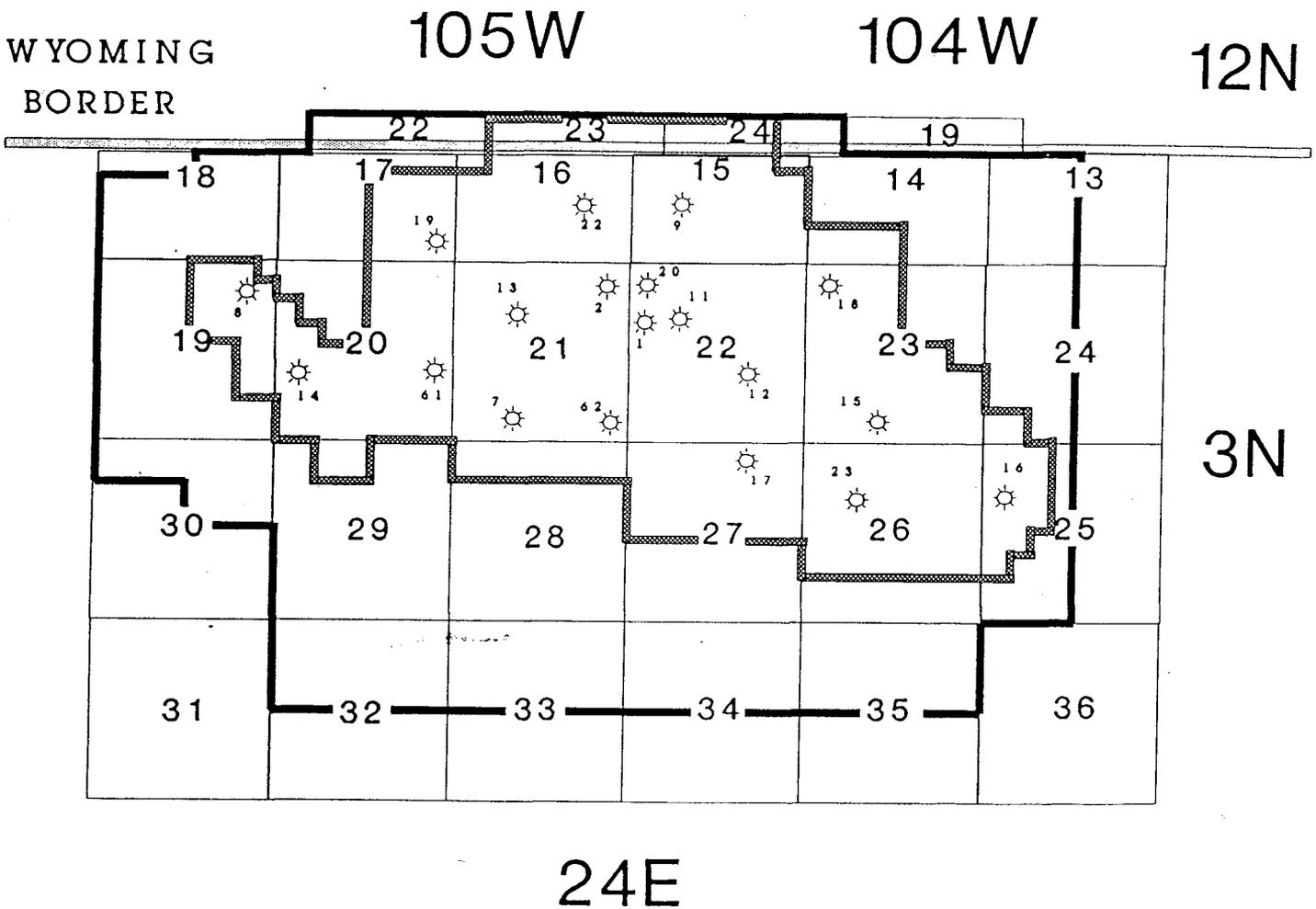
BY:


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	



United States Department of the Interior

IN REPLY REFER TO

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

RECEIVED
APR 30 1984

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) WEXPRO COMPANY
 (address) PO BOX 11070
SALT LAKE CITY UT 84147

 Phone: (801)530-2586
 Account no. N1070

FROM: (old operator) MOUNTAIN FUEL SUPPLY CO
 (address) 180 E 100 S
SALT LAKE CITY UT 84139

 Phone: (801)534-5267
 Account no. N0680

WELL(S) attach additional page if needed:

***CLAY BASIN UNIT**

Name: **SEE ATTACHED**	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: _____
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

- LEC 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.
- LEC 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

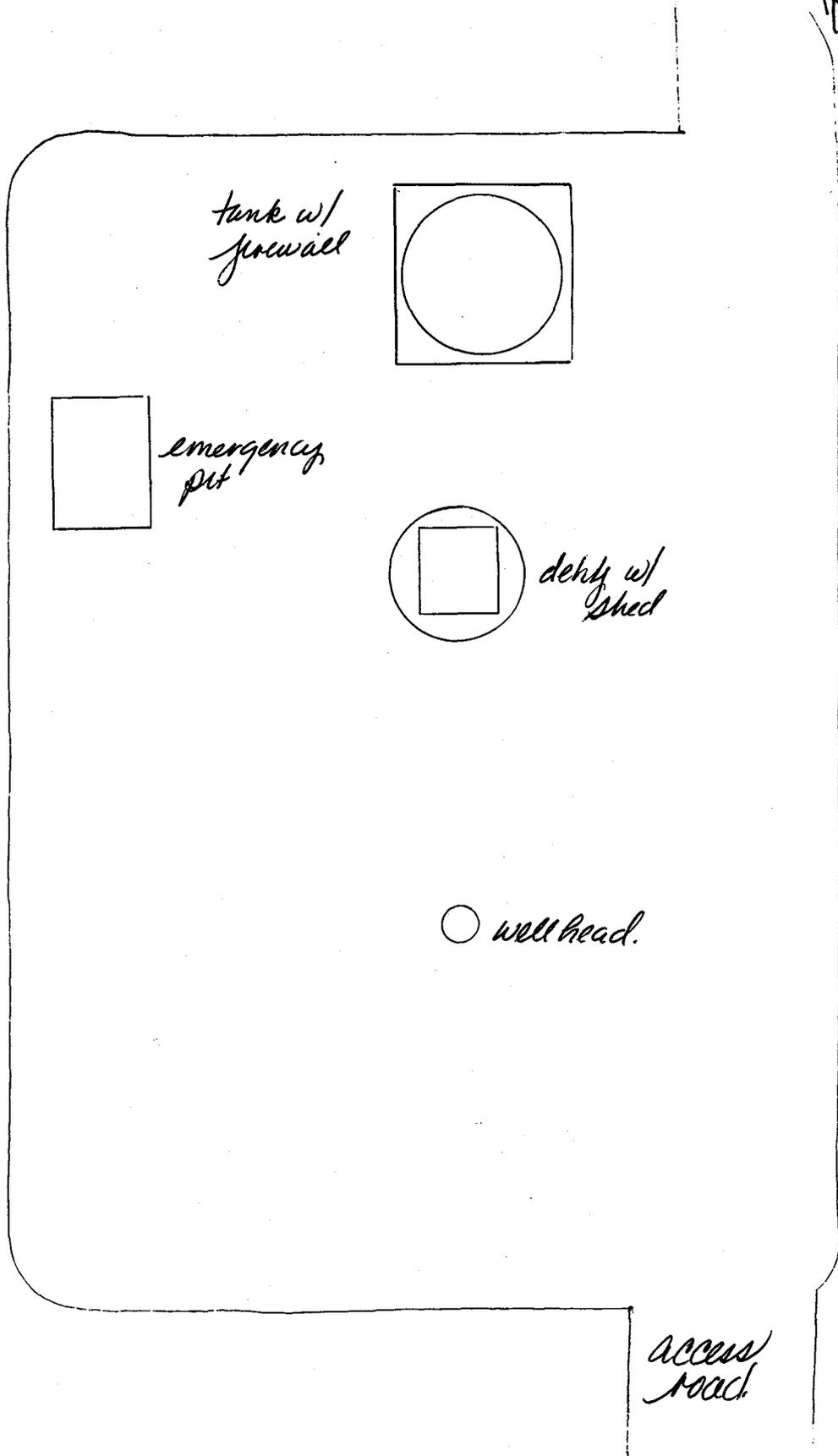
- VB 1. All attachments to this form have been microfilmed. Today's date: 12-30-96.

FILING

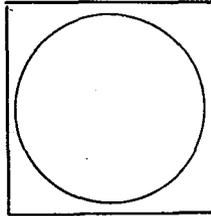
1. Copies of all attachments to this form have been filed in each well file.
2. The original of this form, and the original attachments are now being filed in the Operator Change file.

COMMENTS

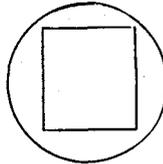
961106 DoSom Computer & Cardex updated 4/84.
Labels & well files being updated now; error caught by "Well Records".



tank w/
firewall



emergency
pit



dehy w/
shed

○ well head.

access
road

42-381 50 SHEETS 5 SQUARE
42-382 100 SHEETS 5 SQUARE
42-383 200 SHEETS 5 SQUARE
MADE IN U.S.A.



STATE OF UTAH
DIVISION OF OIL, GAS AND MINING

1594 West North Temple, Suite 1210, PO Box 145801, Salt Lake City, UT 84114-5801

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)
✓	CLAY BASIN UNIT 14							
4300915638	01025	03N 24E 20	FRTR					
→	CLAY BASIN UNIT 15	←						
4300915639	01025	03N 24E 23	FRTR					
✓	CLAY BASIN UNIT #16							
4300930003	01025	03N 24E 25	FRTR					
✓	CLAY BASIN UNIT #17							
4300930004	01025	03N 24E 27	FRTR					
✓	CLAY BASIN UNIT #18							
4300930006	01025	03N 24E 23	FRTR					
✓	CLAY BASIN UNIT #20							
4300930007	01025	03N 24E 22	FRTR					
✓	CLAY BASIN UNIT #19							
4300930008	01025	03N 24E 17	FRTR					
✓	CLAY BASIN UNIT #23							
4300930009	01025	03N 24E 26	FRTR					
✓	CLAY BASIN UNIT #22							
4300930010	01025	03N 24E 16	FRTR					
✓	CLAY BASIN UNIT #61							
4300930060	01025	03N 24E 20	FRTR					
✓	CLAY BASIN UNIT #62							
4300930061	01025	03N 24E 21	FRTR					
	CARTER-LEVERTON STATE 1							
4303710529	01031	33S 26E 32	ISMY					
	PIUTE KNOLL #1							
4303730097	01032	33S 25E 26	ISMY					
TOTALS								

mL-807

COMMENTS: _____

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

Date: _____

Name and Signature: _____

Telephone Number: _____

<u>WELL NAME</u>	<u>API NUMBER</u>	<u>LEGAL DESCRIPTION</u>	<u>COUNTY, STATE</u>	<u>UNIT CAPA NUMBER</u>	<u>LEASE NUMBER</u>
<u>CLAY BASIN FIELD UNIT</u>				892000323B	
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	4300915637	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 <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. SL-045051-a
2. Name of Operator Wexpro Company		6. If Indian, Allottee, or Tribe Name N/A
3a. Address P.O. Box 458 Rock Springs, WY 82902		7. If Unit or CA. Agreement Name and/or No. Clay Basin Unit
3b. Phone No. (include area code) 307.382.9791		8. Well Name and No. Clay Basin Unit 15
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 330' FSL 1820' FWL SE SW 23-3N-24E		9. API Well No. 43-6009-15639
Lat. 40.97628	Long. -109.17623	10. Field and Pool, or Exploratory Area Frontier
		11. County or Parish, State 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 recomplate 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 recompletion 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 6, 2007 after being off more than 90 days.

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

Name (Printed/ Typed) G.T. Nimmo	Title Operations Manager
Signature 	Date 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.	Office	

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.

(Instructions on page 2)

DEC 14 2007

DIV. OF OIL, GAS & MINING

**Federal Approval of this
Action is Necessary**

API Well No: 43009156390000

STATE OF UTAH DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS, AND MINING	FORM 9
SUNDRY NOTICES AND REPORTS ON WELLS 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.	5. LEASE DESIGNATION AND SERIAL NUMBER: SL-045051B
	6. IF INDIAN, ALLOTTEE OR TRIBE NAME:
	7. UNIT or CA AGREEMENT NAME: CLAY BASIN
1. TYPE OF WELL Gas Well	8. WELL NAME and NUMBER: CLAY BASIN UNIT 15
2. NAME OF OPERATOR: WEXPRO COMPANY	9. API NUMBER: 43009156390000
3. ADDRESS OF OPERATOR: P.O. Box 458 , Rock Springs, WY, 82902	PHONE NUMBER: 307 922-5612 Ext
4. LOCATION OF WELL FOOTAGES AT SURFACE: 0330 FSL 1820 FWL QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: Qtr/Qtr: SESW Section: 23 Township: 03.0N Range: 24.0E Meridian: S	9. FIELD and POOL or WILDCAT: CLAY BASIN
	COUNTY: DAGGETT
	STATE: UTAH

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

TYPE OF SUBMISSION	TYPE OF ACTION		
<input checked="" type="checkbox"/> NOTICE OF INTENT Approximate date work will start: 11/6/2009	<input type="checkbox"/> ACIDIZE	<input type="checkbox"/> ALTER CASING	<input type="checkbox"/> CASING REPAIR
<input type="checkbox"/> SUBSEQUENT REPORT Date of Work Completion:	<input type="checkbox"/> CHANGE TO PREVIOUS PLANS	<input type="checkbox"/> CHANGE TUBING	<input type="checkbox"/> CHANGE WELL NAME
<input type="checkbox"/> SPUD REPORT 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 Report Date:	<input type="checkbox"/> DEEPEN	<input type="checkbox"/> FRACTURE TREAT	<input checked="" type="checkbox"/> NEW CONSTRUCTION
	<input type="checkbox"/> OPERATOR CHANGE	<input type="checkbox"/> PLUG AND ABANDON	<input type="checkbox"/> PLUG BACK
	<input 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: _____

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*

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

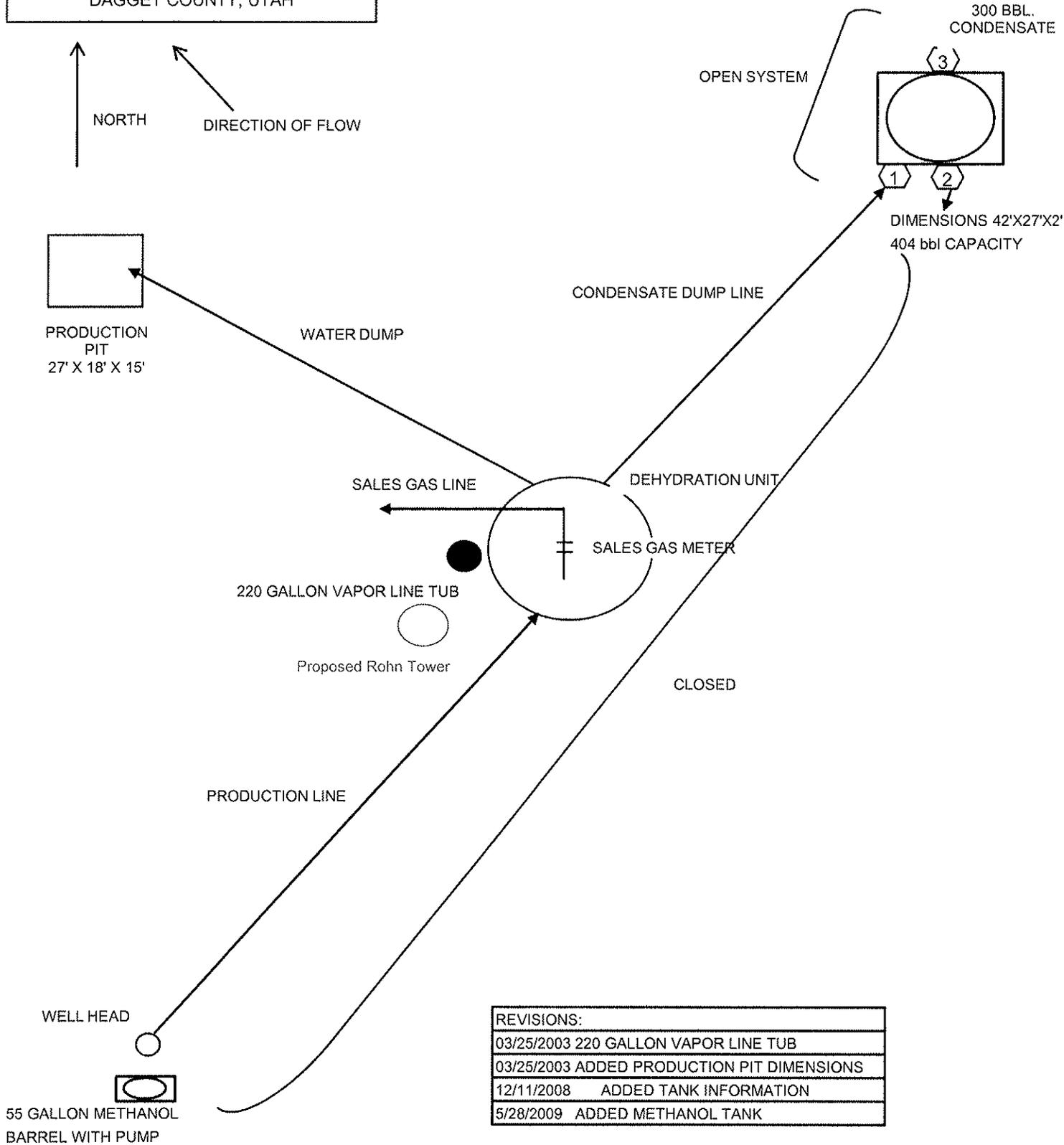
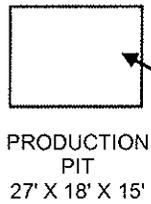
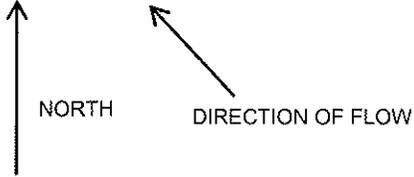
RECEIVED November 02, 2009

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

CLAY BASIN UNIT WELL 15
 SESW 23-3N-24E
 LEASE NO. SL-045051-b
 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	
TANK # 228	
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 220 GALLON VAPOR LINE TUB
03/25/2003 ADDED PRODUCTION PIT DIMENSIONS
12/11/2008 ADDED TANK INFORMATION
5/28/2009 ADDED METHANOL TANK

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:

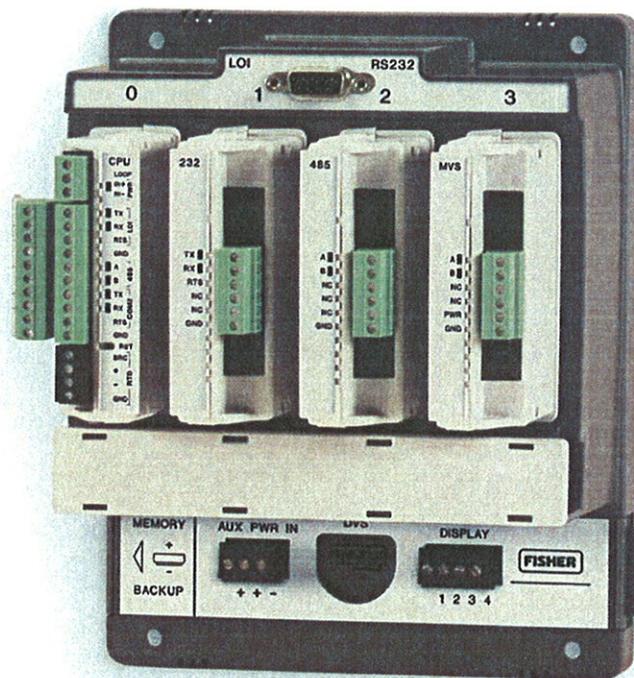
- Custody Transfer
- Wellhead Measurement and Control
- Well Injection Pressure
- Compressor Fuel Gas
- Industrial Gas Usage
- Commercial Gas Usage

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).

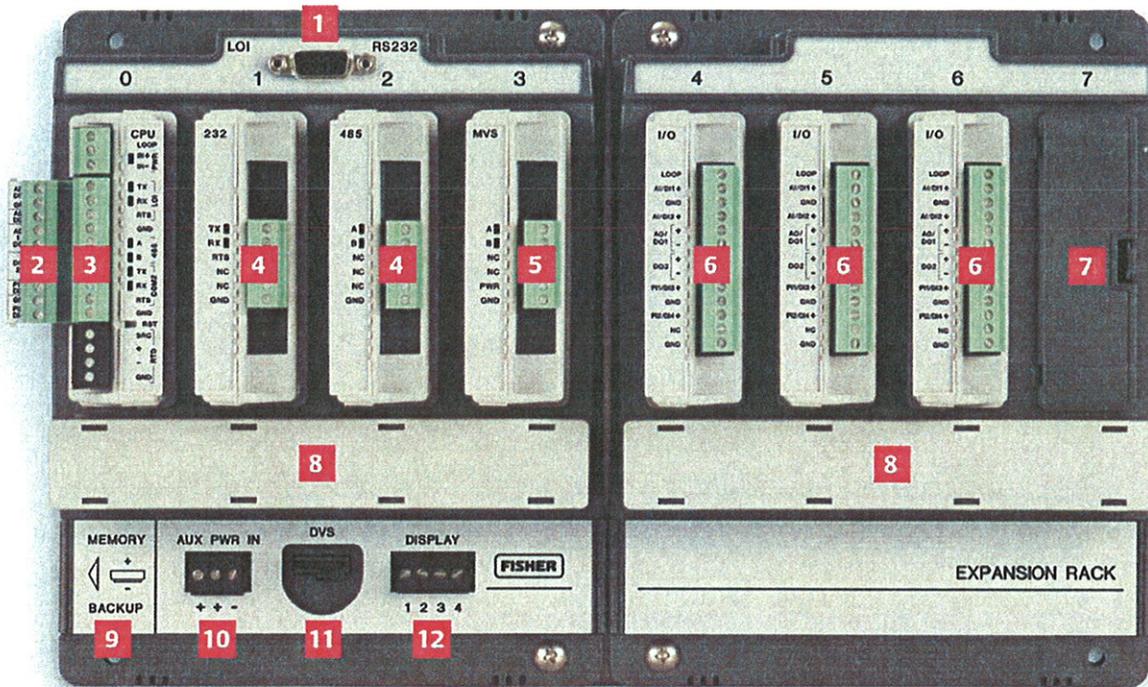
Remote Automation Solutions

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

FAX (641) 754-3630

Website: www.EmersonProcess.com/flow





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/DO, 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

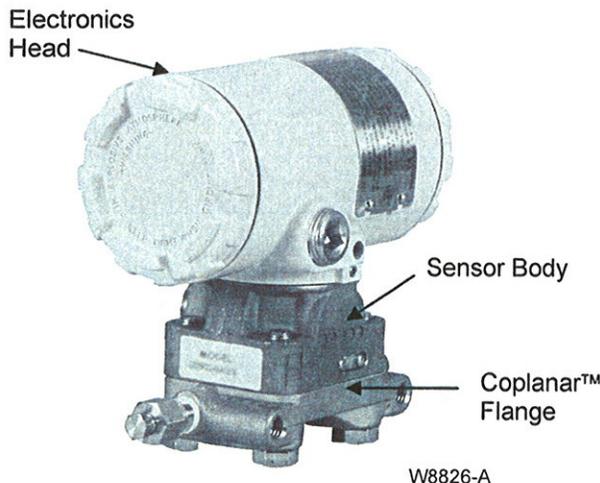
The MVS205 Multi-Variable Sensor (version 1.12 or greater) provides static pressure, differential pressure, and process temperature inputs directly to a ROC 300/800 Series Remote Operations Controller or FloBoss™ 407/500 Series Flow Manager. The inputs from an MVS sensor are used in performing differential 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" H₂O),
0 to 62.2 kPa (0 to 250" H₂O), or
0 to 248.8 kPa (0 to 1000" H₂O).

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_{amb}=70°C), T4 (T_{amb}=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 # OF0792.2

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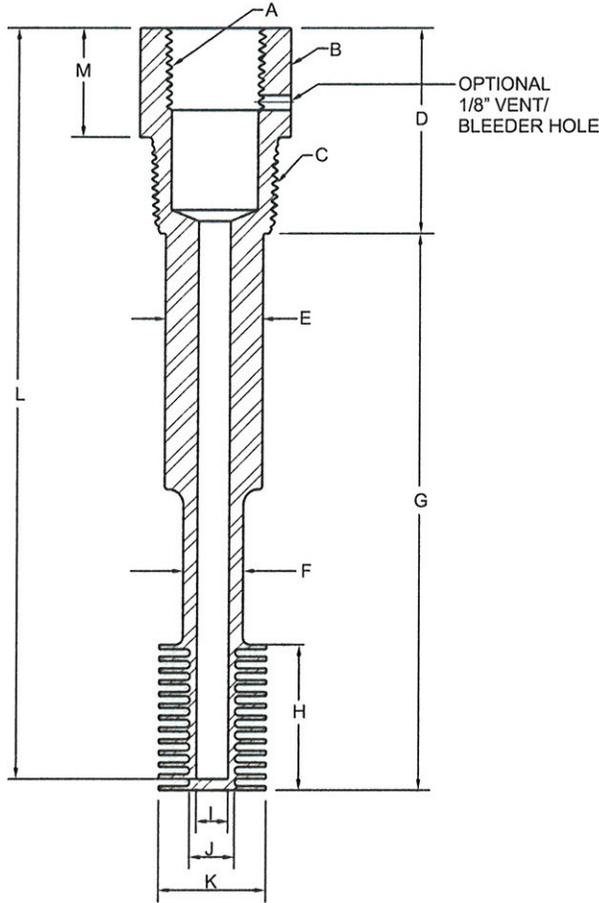
Emerson Process Management
Flow Computer Division
Marshalltown, IA 50158 U.S.A.
Houston, TX 77041 U.S.A.
Pickering, North Yorkshire UK Y018 7JA



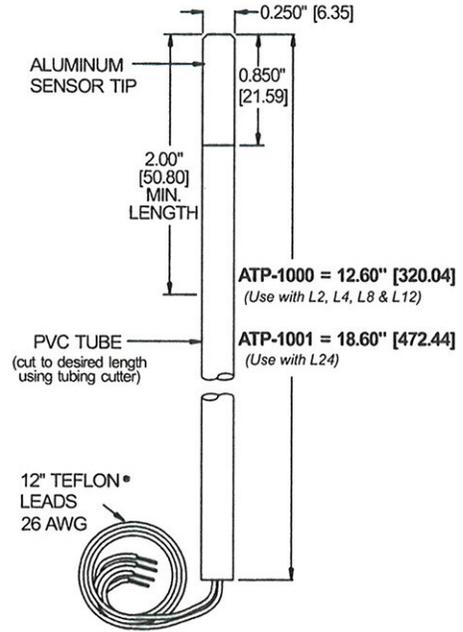
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Thermosync Specifications

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"	4.66"	.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

STATE OF UTAH DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS, AND MINING		FORM 9
SUNDRY NOTICES AND REPORTS ON WELLS 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.		5. LEASE DESIGNATION AND SERIAL NUMBER: SL-045051B
		6. IF INDIAN, ALLOTTEE OR TRIBE NAME:
1. TYPE OF WELL Gas Well		7. UNIT or CA AGREEMENT NAME: CLAY BASIN
2. NAME OF OPERATOR: WEXPRO COMPANY		8. WELL NAME and NUMBER: CLAY BASIN UNIT 15
3. ADDRESS OF OPERATOR: P.O. Box 458 , Rock Springs, WY, 82902		9. API NUMBER: 43009156390000
PHONE NUMBER: 307 922-5612 Ext		9. FIELD and POOL or WILDCAT: CLAY BASIN
4. LOCATION OF WELL FOOTAGES AT SURFACE: 0330 FSL 1820 FWL QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: Qtr/Qtr: SESW Section: 23 Township: 03.0N Range: 24.0E Meridian: S		COUNTY: DAGGETT
		STATE: 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 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 Date of Work Completion: 10/12/2012	<input type="checkbox"/> CHANGE TO PREVIOUS PLANS	<input type="checkbox"/> CHANGE TUBING	<input type="checkbox"/> CHANGE WELL NAME
<input type="checkbox"/> SPUD REPORT 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 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 12, 2012 at 11:00 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**

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

STATE OF UTAH DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS, AND MINING	FORM 9 5.LEASE DESIGNATION AND SERIAL NUMBER: SL-045051B
SUNDRY NOTICES AND REPORTS ON WELLS 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.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME: 7.UNIT or CA AGREEMENT NAME: CLAY BASIN
1. TYPE OF WELL Gas Well	8. WELL NAME and NUMBER: CLAY BASIN UNIT 15
2. NAME OF OPERATOR: WEXPRO COMPANY	9. API NUMBER: 43009156390000
3. ADDRESS OF OPERATOR: P.O. Box 458 , Rock Springs, WY, 82902	PHONE NUMBER: 307 922-5612 Ext
4. LOCATION OF WELL FOOTAGES AT SURFACE: 0330 FSL 1820 FWL QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: Qtr/Qtr: SESW Section: 23 Township: 03.0N Range: 24.0E Meridian: S	9. FIELD and POOL or WILDCAT: CLAY BASIN COUNTY: DAGGETT STATE: UTAH

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

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

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

STATE OF UTAH DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS, AND MINING	FORM 9
SUNDRY NOTICES AND REPORTS ON WELLS 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.	5. LEASE DESIGNATION AND SERIAL NUMBER: SL-045051B
1. TYPE OF WELL Gas Well	6. IF INDIAN, ALLOTTEE OR TRIBE NAME:
2. NAME OF OPERATOR: WEXPRO COMPANY	7. UNIT or CA AGREEMENT NAME: CLAY BASIN
3. ADDRESS OF OPERATOR: P.O. Box 458 , Rock Springs, WY, 82902	8. WELL NAME and NUMBER: CLAY BASIN UNIT 15
4. LOCATION OF WELL FOOTAGES AT SURFACE: 0330 FSL 1820 FWL QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: Qtr/Qtr: SESW Section: 23 Township: 03.0N Range: 24.0E Meridian: S	9. API NUMBER: 43009156390000
9. FIELD and POOL or WILDCAT: CLAY BASIN	COUNTY: DAGGETT
9. API NUMBER: 43009156390000	STATE: 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 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 Date of Work Completion: 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 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 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

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

STATE OF UTAH DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS, AND MINING	FORM 9
SUNDRY NOTICES AND REPORTS ON WELLS 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.	5. LEASE DESIGNATION AND SERIAL NUMBER: SL-045051B
1. TYPE OF WELL Gas Well	6. IF INDIAN, ALLOTTEE OR TRIBE NAME:
2. NAME OF OPERATOR: WEXPRO COMPANY	7. UNIT or CA AGREEMENT NAME: CLAY BASIN
3. ADDRESS OF OPERATOR: P.O. Box 458 , Rock Springs, WY, 82902	8. WELL NAME and NUMBER: CLAY BASIN UNIT 15
4. LOCATION OF WELL FOOTAGES AT SURFACE: 0330 FSL 1820 FWL QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: Qtr/Qtr: SESW Section: 23 Township: 03.0N Range: 24.0E Meridian: S	9. API NUMBER: 43009156390000
9. FIELD and POOL or WILDCAT: CLAY BASIN	COUNTY: DAGGETT
9. STATE: 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 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 Date of Work Completion: 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 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 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 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**

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

STATE OF UTAH DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS, AND MINING		FORM 9
SUNDRY NOTICES AND REPORTS ON WELLS 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.		5. LEASE DESIGNATION AND SERIAL NUMBER: SL-045051B
		6. IF INDIAN, ALLOTTEE OR TRIBE NAME:
1. TYPE OF WELL Gas Well		7. UNIT or CA AGREEMENT NAME: CLAY BASIN
2. NAME OF OPERATOR: WEXPRO COMPANY		8. WELL NAME and NUMBER: CLAY BASIN UNIT 15
3. ADDRESS OF OPERATOR: P.O. Box 458 , Rock Springs, WY, 82902		9. API NUMBER: 43009156390000
PHONE NUMBER: 307 922-5612 Ext		9. FIELD and POOL or WILDCAT: CLAY BASIN
4. LOCATION OF WELL FOOTAGES AT SURFACE: 0330 FSL 1820 FWL QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: Qtr/Qtr: SESW Section: 23 Township: 03.0N Range: 24.0E Meridian: S		COUNTY: DAGGETT
		STATE: 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 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 Date of Work Completion: 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 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 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**

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

STATE OF UTAH DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS, AND MINING	FORM 9
SUNDRY NOTICES AND REPORTS ON WELLS	
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.	
1. TYPE OF WELL Gas Well	5. LEASE DESIGNATION AND SERIAL NUMBER: SL-045051B
2. NAME OF OPERATOR: WEXPRO COMPANY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME:
3. ADDRESS OF OPERATOR: P.O. Box 458 , Rock Springs, WY, 82902	7. UNIT or CA AGREEMENT NAME: CLAY BASIN
4. LOCATION OF WELL FOOTAGES AT SURFACE: 0330 FSL 1820 FWL QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: Qtr/Qtr: SESW Section: 23 Township: 03.0N Range: 24.0E Meridian: S	8. WELL NAME and NUMBER: CLAY BASIN UNIT 15
PHONE NUMBER: 307 922-5612 Ext	9. API NUMBER: 43009156390000
9. FIELD and POOL or WILDCAT: CLAY BASIN	COUNTY: DAGGETT
	STATE: UTAH

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

TYPE OF SUBMISSION	TYPE OF ACTION		
<input checked="" type="checkbox"/> NOTICE OF INTENT Approximate date work will start: 9/16/2016	<input type="checkbox"/> ACIDIZE	<input type="checkbox"/> ALTER CASING	<input type="checkbox"/> CASING REPAIR
<input type="checkbox"/> SUBSEQUENT REPORT Date of Work Completion:	<input type="checkbox"/> CHANGE TO PREVIOUS PLANS	<input type="checkbox"/> CHANGE TUBING	<input type="checkbox"/> CHANGE WELL NAME
<input type="checkbox"/> SPUD REPORT 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 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 type="checkbox"/> PRODUCTION START OR RESUME	<input checked="" 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.

Wexpro Company intends to close the pit on the above listed location. Soil samples will be obtained upon approval. Soil analysis results meeting requirements will be submitted via sundry with a request for approval to close the pit.

Approved by the
October 27, 2016
 Oil, Gas and Mining

Date: _____

By:

NAME (PLEASE PRINT) April Stegall	PHONE NUMBER 307 352-7561	TITLE Reclamation Agent
SIGNATURE N/A	DATE 9/15/2016	