

FILE NOTATIONS

Entered in NED File .....  
Location Map .....  
Card Indexed .....

Checked by Chief .....  
Approval Letter .....  
Disapproval Letter .....

PWS  
1-22-73

COMPLETION DATA:

Date Well Completed .....  
W..... VW..... TA.....  
W..... OS..... PA.....

Location Inspected .....  
Bond released  
State or Fee Land .....

LOGS FILED

Willer's Log.....  
Electronic Logs (No.) .....  
E..... I..... Dual I Log..... GR-N..... Micro.....  
WEC Sonic GR..... Log..... MI-L..... Sonic.....  
CBLog..... CSLog..... Others.....

STATE OF UTAH  
DEPARTMENT OF NATURAL RESOURCES  
DIVISION OF OIL & GAS

5. Lease Designation and Serial No.

**APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK**

6. If Indian, Allottee or Tribe Name

1a. Type of Work

DRILL  DEEPEN  PLUG BACK

7. Unit Agreement Name

b. Type of Well

Oil Well  Gas Well  Other  Single Zone  Multiple Zone

8. Farm or Lease Name

**Stevenson Heirs**

2. Name of Operator

**MAPCO INC. et al.**

9. Well No.

**1 - 36**

3. Address of Operator

**Suite 320, Plaza West  
1537 Avenue D, Billings, Montana 59102**

10. Field and Pool, or Wildcat

**Altamont**

4. Location of Well (Report location clearly and in accordance with any State requirements.)\*

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

**Sec. 36  
T. 1 S., R. 5 W., USM**

At surface **NE/4 (1800' PNL - 1432' PNL)**

**Section 36, T. 1 S., R. 5 W., USM, Duchesne County, Utah**

At proposed prod. zone **Same**

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

**6 miles West of Altamont**

12. County or Parrish 13. State

**Duchesne Utah**

15. Distance from proposed\* location to nearest property or lease line, ft.

**840'**

16. No. of acres in lease

**160**

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.

**--**

19. Proposed depth

**16,000'**

20. Rotary or cable tools

**Rotary**

21. Elevations (Show whether DF, RT, GR, etc.)

**Ground Level 6683' - Kelly Bushing 6700'**

22. Approx. date work will start\*

**January 24, 1973**

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"	Mixed	3000'	As required
8-3/4"	7"	Mixed	13500'	As required
6"	5"	Mixed	16000'	As required

This well will be drilled from surface to total depth with rotary drilling equipment, including B.O.P. assemblies Cameron GRC 12" Series 900 (2) and additional as required to 13,500', and Cameron GRC 6" Series 1500 (3) and additional as required from 13,500' to total depth. Other equipment will include (1) a recording pit level indicator with warning device, (2) mud volume measuring device and, (3) a mud return indicator.

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.

**Manager of Operations  
Northern District**

**January 18, 1973**

Signed

Title

Date

(This space for Federal or State office use)

Permit No.

Approval Date

Approved by

Title

Date

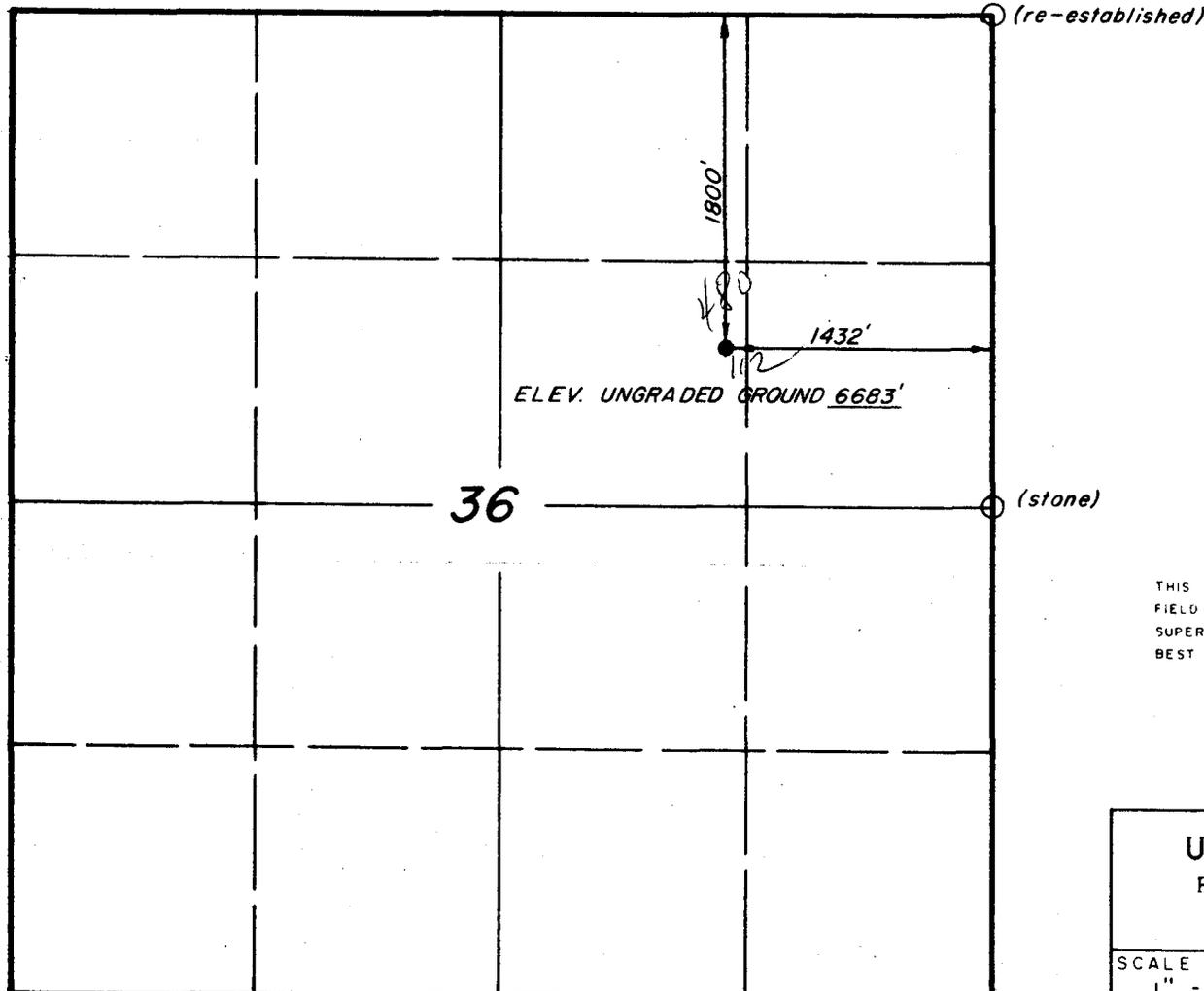
Conditions of approval, if any:

PROJECT

T1S, R5W, U.S.M.

MAPCO, INC.

WELL LOCATION IN THE SW 1/4 NE 1/4  
SECTION 36, T1S, R5W, U. S. M.,  
DUCHESNE COUNTY, UTAH



CERTIFICATE

THIS IS TO CERTIFY THAT THE ABOVE PLAT WAS PREPARED FROM  
FIELD NOTES OF ACTUAL SURVEYS MADE BY ME OR UNDER MY  
SUPERVISION AND THAT THE SAME ARE TRUE AND CORRECT TO THE  
BEST OF MY KNOWLEDGE AND BELIEF.

REGISTERED LAND SURVEYOR  
REGISTRATION NO 3137  
STATE OF UTAH

UINTAH ENGINEERING & LAND SURVEYING  
P. O. BOX Q - 110 EAST - FIRST SOUTH  
VERNAL, UTAH - 84078

SCALE 1" = 1000'	DATE 15 Jan. 73
PARTY LT HM BR CF	REFERENCES GLO Plat
WEATHER Cloudy, cold	FILE

○ = Corners used  
Survey performed 11 Jan. 73

January 23, 1973

Mapco Inc.  
Suite 320 - Plaza West  
1537 Avenue D  
Billings, Montana

Re: Well No's:  
Carman #1-7  
Sec. 7, T. 2 S, R. 5 W, USM  
Stevenson Heirs #1-36  
Sec. 36, T. 2 S, R. 5 W, USM  
Duchesne County, Utah

Gentlemen:

Insofar as this office is concerned, approval to drill the above referred to wells is hereby granted in accordance with the Orders issued in Cause Numbers 139-8 and 139-3/139-4, respectively.

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

PAUL W. BURCHELL-Chief Petroleum Engineer  
HOME: 277-2890  
OFFICE: 328-5771 °

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

The API numbers assigned to these wells are:

Carman #1-7: 43-013-30195  
Stevenson Heairs: 43-013-30196

Very truly yours,

DIVISION OF OIL & GAS CONSERVATION

CLEON B. FEIGHT  
DIRECTOR

CBF:sd

STATE OF UTAH  
OIL & GAS CONSERVATION COMMISSION

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

**SUNDRY NOTICES AND REPORTS ON WELLS**

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO.
2. NAME OF OPERATOR MAPCO INC. et al.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR Suite 320 Plaza West 1537 Avenue D, Billings, Montana 59102		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface NE/4 (1800' FNL - 1432' FEL) Section 36, T. 1 S., R. 5 W., USM Duchesne County, Utah		8. FARM OR LEASE NAME Stevenson Heirs
14. PERMIT NO. 43-013-30196	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6683' Gr.	9. WELL NO. # 1 - 36
		10. FIELD AND POOL, OR WILDCAT Altamont
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 36 T. 1 S., R. 5 W., USM
		12. COUNTY OR PARISH Duchesne
		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 <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) _____	
(Other) _____		(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.)\*

JANUARY REPORT:

1-15-73 to  
1-23-73 Building location and moving in rotary tools.

1-24-73 T.D. 75'; set 75' of 26" conductor pipe; cemented to surface with ready-mix cement.

1-31-73 T.D. 654'; drilling Duchesne River Formation.

18. I hereby certify that the foregoing is true and correct  
 SIGNED [Signature] TITLE Manager of Operations Northern District DATE February 6, 1973

(This space for Federal or State office use)

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

STATE OF UTAH  
OIL & GAS CONSERVATION COMMISSION

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

**SUNDRY NOTICES AND REPORTS ON WELLS**

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<p>1. <input checked="" type="checkbox"/> OIL WELL    <input type="checkbox"/> GAS WELL    <input type="checkbox"/> OTHER</p>		<p>5. LEASE DESIGNATION AND SERIAL NO.</p>
<p>2. NAME OF OPERATOR MAPCO Inc. Et al</p>		<p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p>
<p>3. ADDRESS OF OPERATOR Suite 320 Plaza West 1537 Avenue D, Billings, Montana 59102</p>		<p>7. UNIT AGREEMENT NAME</p>
<p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface NE/4 (1800' FNL - 1432' FEL) Section 36, T. 1 S., R. 5 W., USM Duchesne County, Utah</p>		<p>8. FARM OR LEASE NAME Stevenson Heirs</p>
<p>14. PERMIT NO. 43-013-30196</p>	<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6683' Gr.</p>	<p>9. WELL NO. 1 - 36</p>
<p>11. SEC., T., R., M., OR BLK. AND SUBVY OR AREA Section 36 T. 1 S., R. 5 W., USM</p>		<p>10. FIELD AND POOL, OR WILDCAT Altamont</p>
<p>12. COUNTY OR PARISH Duchesne</p>		<p>13. STATE Utah</p>

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

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

(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.)\*

FEBRUARY REPORT:

- 2-2-73 T.D. 1313'; drilling Duchesne River.
- 2-8-73 T.D. 3020'; W.O.C. Ran 71 joints 9-5/8", 40# K-55 ST & C surface casing. Landed at 3020'. Cemented with 673 sax Class G with 2% D-79 and 1/4#/sack D-29 followed by 550 sax Class G with 2% CaCl<sub>2</sub> and 1/2#/sack D-29. Lost returns while cementing. Top cement by temperature survey at 1550'. Perfed two 1/2" holes at 1550' and cemented with 730 sax Class G cement as above. No returns during cement job at 1550'.
- 2-9-73 Perfed two hole at 1490'. Cemented with 780 sax RFC cement with 12-1/2 # Gilstonite/sack, 10% D53 and 3% CaCl<sub>2</sub>. Ran temperature survey. Found cement top at 1060'.
- 2-10-73 Ran 1-1/2" drill pipe outside 9-5/8" casing to solid bridge at 535'. Cemented with 330 sax Class G cement with 2% D-79 and 1/4#/sack D-29 Dowflake. Had full returns; recovered 15 bbls. cement at surface.
- 2-24-73 T.D. 6470'; drilling Uinta-Green River Transition.
- 2-28-73 T.D. 7163'; drilling Green River.

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

SIGNED [Signature] TITLE Manager of Operations Northern District DATE March 13, 1973

(This space for Federal or State office use)

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

STATE OF UTAH  
OIL & GAS CONSERVATION COMMISSION

STANDARD TRIPPLICATE\*  
(Other instructions on reverse side)

**SUNDRY NOTICES AND REPORTS ON WELLS**

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1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO.
2. NAME OF OPERATOR MAPCO INC., et al		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR Suite 320, Plaza West 1537 Avenue D, Billings, Montana 59102		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface NE/4 (1800' FNL & 1432' FEL) Section 36, T. 1 S., R. 5 W., USM Duchesne County, Utah		8. FARM OR LEASE NAME Stevenson Heirs
14. PERMIT NO. 43-013-30196	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6683' Gr.	9. WELL NO. 1 - 36
		10. FIELD AND POOL, OR WILDCAT Altamont
		11. SEC., T., R., M., OR BLK. AND SURVEY OR ARMA Section 36 T. 1 S., R. 5 W., USM
		12. COUNTY OR PARISH Duchesne
		13. STATE Utah

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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) <input type="checkbox"/>	
(Other) <input type="checkbox"/>			

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

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MARCH REPORT:

3-1-73 to  
 3-28-73: Drilling Green River formation from 7461-11,735'.  
 3-29-73: T. D. 11,854'.  
 Sample top - Upper Wasatch Transition Zone: 11,746' (-5046')  
 3-31-73: T. D. 12,006'; drilling Wasatch zone.  
 Sample top - Wasatch Red Beds: 11,875' (-5175')

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

SIGNED [Signature] TITLE Manager of Operations Northern District DATE April 13, 1973

(This space for Federal or State office use)

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

STATE OF UTAH  
OIL & GAS CONSERVATION COMMISSION

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

*PMB*  
85

**SUNDRY NOTICES AND REPORTS ON WELLS**

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1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO.
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14. PERMIT NO. 43-013-30196	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6683' Gr.	9. WELL NO. 1 - 36
		10. FIELD AND POOL, OR WILDCAT Altamont
		11. SEC., T., R., M., OR BLK. AND SURVEY OR ARMA Section 36
		12. COUNTY OR PARISH Duchesne
		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 <input type="checkbox"/>	FULL 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) <input type="checkbox"/>	
(Other) <input type="checkbox"/>		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

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

APRIL REPORT:

4-1-73 thru 4-6-73: T.D. 12,500'; drilling Wasatch formation.

4-7-73 thru 4-17-73: Attempting to condition hole for logs and regain circulation.

4-18-73: Spotted cement plug 12,338-12,433'. WOC. Plug did not hold.

4-19-73: Spotted 200-sack cement plug. Top of plug 12,033'.

4-20-73: WOC and preparing to log.

4-21-73: Ran BHC Acoustilog and Dual Induction Log. Hole bridged and could not run Density log.

4-22-73 thru 4-27-73: Conditioning hole for Density Log.

4-28-73 & 4-29-73: Ran FDC-CNL log 12,180' to 8500'.

4-30-73: Conditioning hole to run pipe.

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

SIGNED

*[Signature]*

TITLE

Manager of Operations  
Northern District

DATE

May 14, 1973

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

STATE OF UTAH  
OIL & GAS CONSERVATION COMMISSION

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

**SUNDRY NOTICES AND REPORTS ON WELLS**

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1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO.
2. NAME OF OPERATOR MAPCO INC., et al		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR Suite 320 Plaza West 1537 Avenue D, Billings, Montana 59102		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface NE/4 (1800' FNL & 1432' FEL) Section 36, T. 1 S., R. 5 W., USM Duchesne County, Utah		8. FARM OR LEASE NAME Stevenson Heirs
14. PERMIT NO. 43-013-30196	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6683' Gr.	9. WELL NO. 1 - 36
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 36 T. 1 S., R. 5 W., USM		10. FIELD AND POOL, OR WILDCAT Altamont
12. COUNTY OR PARISH Duchesne		13. STATE Utah

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NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	FULL 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) <input type="checkbox"/>	
(Other) <input type="checkbox"/>		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

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

MAY REPORT:

- 5-1-73 T.D. 12,500'; laying down drilling string prep. to run casing.
- 5-2-73 Ran 293 joints of 7-5/8" 26.4#, 29.7# and 33.7#, CF-95 and N-80 LTC & BTRC thread casing landed at 12,085' K.B. Could not get casing deeper and could not circulate through casing. Perforated 4-1/2" holes at 12,030' in 7-5/8" csg. Cemented through perforations with 400 sx 65-35 pozmix cement containing 6% gel, 10% NACL, 0.2% HR-4 & 1/4# flocele per sack followed by 250 sx of 50-50 pozmix containing 2% gel, 10% NACL and 0.2% HR-4 and tailed in with 50 sx class "G" cement containing 0.3% HR-4. Plug down and holding 2800 psi at 1:15 PM, 5-2-73.
- 5-3-73 thru 5-6-73 Nippled up and pressure tested BOP stack.
- 5-7-73 Drilled out cement 11,674' to 12,030'. No cement in shoe joint.
- 5-8-73 thru 5-10-73 Squeeze cemented through 4 holes perforated at 12,053 in two stages, 100 sx class "G" with 2% CFR-2 per stage--squeezed to final pressure of 3600 psi at surface.
- 5-11-73 thru 5-12-73 Drilled cement 11,861' to 12,297'. Conditioned hole with bit and junk basket prep. to run diamond bit.
- 5-13-73 thru 5-28-73 T.D. 13,980'; drilling Wasatch formation.

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

SIGNED [Signature] TITLE Manager of Operations Northern District DATE June 14, 1973

(This space for Federal or State office use)

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

STATE OF UTAH  
OIL & GAS CONSERVATION COMMISSION

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

**SUNDRY NOTICES AND REPORTS ON WELLS**

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<b>2. NAME OF OPERATOR</b> MAPCO INC., et al		<b>9. WELL NO.</b> 1 - 36
<b>3. ADDRESS OF OPERATOR</b> Suite 320, Plaza West 1537 Avenue D, Billings, Montana 59102		<b>10. FIELD AND POOL, OR WILDCAT</b> Altamont
<b>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)</b> At surface NE/4 (1800' FNL & 1432' FEL) Section 36, T. 1 S., R. 5 W., USM Duchesne County, Utah		<b>11. SEC., T., R., M., OR BLEK. AND SURVEY OR AREA</b> Section 36 T. 1 S., R. 5 W., USM
<b>14. PERMIT NO.</b> 43-013-30196	<b>15. ELEVATIONS (Show whether DF, RT, OR, etc.)</b> 6683' Gr.	<b>12. COUNTY OR PARISH</b> Duchesne
		<b>18. STATE</b> 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 <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) _____	
(Other) _____		(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.)\***

MAY REPORT: (Continued)

5-29-73 thru T.D. 13,980'; squeeze cemented 3 times with total of 500 sacks class "G"  
 5-31-73 cement, final pressure 1750 psi. WOC.

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

SIGNED E. J. Milt TITLE Manager of Operations Northern District DATE June 14, 1973

(This space for Federal or State office use)

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

STATE OF UTAH  
OIL & GAS CONSERVATION COMMISSION

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

**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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO.
2. NAME OF OPERATOR MAPCO INC., et al		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR Suite 320 Plaza West 1537 Avenue D, Billings, Montana 59102		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface NE/4 (1800' FNL & 1432' FEL) Section 36, T. 1 S., R. 5 W., USM Duchesne County, Utah		8. FARM OR LEASE NAME Stevenson Heirs
14. PERMIT NO. 43-013-30196	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6683' Gr.	9. WELL NO. 1 - 36
		10. FIELD AND POOL, OR WILDCAT Altamont
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 36 T. 1 S., R. 5 W., USM
		12. COUNTY OR PARISH Duchesne
		18. 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 <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) <input type="checkbox"/>	

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

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

JUNE REPORT:

6-1-73 &  
6-2-73: T.D. 13,980'; squeeze cemented with packer set at 11,818'. First squeeze 250 sax; would not pressure up. Squeezed with 200 sax; final pressure 1750 psi.

6-3-73 thru  
6-30-73: Fishing for stuck drill pipe at 12,121'.

(NOTE: Recovered fish 7-3-73.)

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

*J. D. Holliman*  
SIGNED

Manager of Operations  
TITLE Northern District

DATE July 13, 1973

(This space for Federal or State office use)

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

STATE OF UTAH  
OIL & GAS CONSERVATION COMMISSION

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

**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.)

<b>1. OIL WELL</b> <input checked="" type="checkbox"/> <b>GAS WELL</b> <input type="checkbox"/> <b>OTHER</b> <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO.
<b>2. NAME OF OPERATOR</b> MAPCO INC., et al		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
<b>3. ADDRESS OF OPERATOR</b> Suite 320 Plaza West 1537 Avenue D, Billings, Montana 59102		7. UNIT AGREEMENT NAME
<b>4. LOCATION OF WELL</b> (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface NE/4 (1800' FNL & 1432' FEL) Section 36, T. 1 S., R. 5 W., USM Duchesne County, Utah		8. FARM OR LEASE NAME Stevenson Heirs
<b>14. PERMIT NO.</b> 43-013-30196		9. WELL NO. 1 - 36
<b>15. ELEVATIONS</b> (Show whether DF, RT, GR, etc.) 6683' Gr.		10. FIELD AND POOL, OR WILDCAT Altamont
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 36 T. 1 S., R. 5 W., USM
		12. COUNTY OR PARISH Duchesne
		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 <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) <input type="checkbox"/>	
(Other) <u>Perforate</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.)

JULY REPORT:

7-1 thru  
7-3-73: T.D. 13,980'; fishing for stuck drill pipe at 12,121'. Recovered fish.  
7-4-73: T.D. 13,980'; ran Clusterite mill to ream and clean up hole.  
7-5 thru  
7-25-73: T.D. 15,700'; drilling Wasatch formation.  
7-26 & 27-73: T.D. 15,700'; ran the following logs: BHC Acoustilog with Gamma Ray, Dual Porosity Compensated Neutron-Density with Gamma Ray & Caliper, and Dual Induction Focused Log with Linear Correlation Log & SP.  
7-28 thru  
7-30-73: T.D. 15,700'; ran 109 joints, 5-1/2", 23#, P110 liner; set at 15,695' with top at 11,759'. Liner detail as follows: shoe at 15,695'; collar at 15,657'; 38 joints plain Hydril Super Flush joint, changeover joint ABC thread to Hydril thread; 38 joints plain ABC FL4S thread; 32 joints Spiral Grooved ABC FL4S thread; TIW liner hanger and packer. Cemented with 793 sacks type "G" cement with 30% Silica Flour, 1% CFR2 and 4% LWL - Halliburton Cementers. Had full returns during displacement. Plugged down 3:45 AM, 7-29-73. Pulled loose from hanger and reversed out 20 barrels clean cement. Pulled 5 stands; pressured up to 500#. W.O.C.  
SEE PAGE 2

18. I hereby certify that the foregoing is true and correct  
SIGNED [Signature] for E.J. Milt TITLE Manager of Operations Northern District DATE August 14, 1973

(This space for Federal or State office use)

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

Form OGCC-1 b\*

STATE OF UTAH  
OIL & GAS CONSERVATION COMMISSION

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

**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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO.
2. NAME OF OPERATOR <p style="text-align: center;">MAPCO INC., et al</p>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface		8. FARM OR LEASE NAME Stevenson Heirs
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	9. WELL NO. 1 -36
		10. FIELD AND POOL, OR WILDCAT
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 36 T. 1 S., R. 5 W., USM
		12. COUNTY OR PARISH    18. STATE

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

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

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

JULY REPORT CONTINUED:

7-31-73:            T.D. 15,700'; drilling out cement.

WEEK OF AUGUST 20, 1973:

Proposed to perforate Wasatch.

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

SIGNED \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

(This space for Federal or State office use)

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

\*See Instructions on Reverse Side

STATE OF UTAH  
OIL & GAS CONSERVATION COMMISSION

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

*Handwritten initials/signature*

**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.)

<b>1. OIL WELL</b> <input checked="" type="checkbox"/> <b>GAS WELL</b> <input type="checkbox"/> <b>OTHER</b> <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO.
<b>2. NAME OF OPERATOR</b> MAPCO INC., et al		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
<b>3. ADDRESS OF OPERATOR</b> Suite 320 Plaza West 1537 Avenue D, Billings, Montana 59102		7. UNIT AGREEMENT NAME
<b>4. LOCATION OF WELL</b> (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface NE/4 (1800' FNL & 1432' FEL) Section 36, T. 1 S., R. 5 W., USM Duchesne County, Utah		8. FARM OR LEASE NAME Stevenson Heirs
<b>14. PERMIT NO.</b> 43-013-30196	<b>15. ELEVATIONS</b> (Show whether DF, RT, GR, etc.) 6683' Gr.	9. WELL NO. 1 - 36
		10. FIELD AND POOL, OR WILDCAT Altamont
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 36
		12. COUNTY OR PARISH Duchesne
		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 <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) <input type="checkbox"/>	

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

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

AUGUST REPORT:

- 8-1-73: T.D. 15,700'; Drilled 186' firm cement above liner top from 11,573' to 11,759'. Circulated at 11,759. Halliburton displaced mud with water. Pressure tested top of liner for 30 mins. at 4500 psi - no leak.
- 8-2-73 thru 8-4-73: T.D. 15,700'; ran Otis Packer on wireline to 11,750'; rigging down rotary tools; cleared cellar and B.O.P.; set Christmas tree. Released Loffland Brothers Rig No. 1, 12 Noon, August 3, 1973.
- 8-5-73 thru 8-16-73: T.D. 15,700'; moved out rotary tools; waiting on and rigging up completion unit.
- 8-17-73: Ran 2-7/8" Nu-Lock tubing with Otis J-latch seal to 11,750'.
- 8-18-73 thru 8-20-73: T.D. 15,700'; ran 2-3/8", Seal-Lock tubing to 4476'. Rig down and release completion unit. Rig up mast truck for logging and perforating.
- 8-21-73 thru 8-23-73: T.D. 15,700'; ran Gamma Ray Cased Hole Correlation Log and perforated the Wasatch zone as follows:

Continued on Page 2 -

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

SIGNED *[Signature]* TITLE Manager of Operations Northern District DATE September 12, 1973

(This space for Federal or State office use)

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

STATE OF UTAH  
OIL & GAS CONSERVATION COMMISSION

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

**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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR MAPCO INC., et al</p> <p>3. ADDRESS OF OPERATOR</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface</p>	<p>5. LEASE DESIGNATION AND SERIAL NO.</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME Stevenson Heirs</p> <p>9. WELL NO. 1 - 36</p> <p>10. FIELD AND POOL, OR WILDCAT</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 36 T. 1 S., R. 5 W., USM</p> <p>12. COUNTY OR PARISH Duchesne</p> <p>13. STATE Utah</p>
<p>14. PERMIT NO.</p>	<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.)</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) <input type="checkbox"/>	

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

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

PAGE 2 AUGUST REPORT:

PERFORATING DETAILS: Perforated two holes per foot, with one exception as noted, with a 2" scalloped gun (Harrison jet) magnetically decentralized using 6.2 gram deep penetration charges as follows:

13867, 13871, 13876, 13906, 13913, 13915, 14089, 14093, 14097, 14099-one shot only, 14193, 14201, 14205, 14220, 14259, 14262, 14268, 14277, 14296, 14316, 14369, 14448, 14453, 14456, 14676, 14679, 14786, 14789, 15069, 15075, 15094, 15133, 15143, 15148, 15157, 15168, 15182, 15188, 15192, 15196, 15201, 15204, 15208, 15233, 15237, 15242, 15253, 15257, 15260, 15285, 15288, 15295, 15326, 15364, 15370, 15372, 15374, 15449, 15457, 15473, 15476, 15480, 15482, 15485, 15505, 15531, 15535, 15539, 15543, 15546, 15601, 15606, 15608.

Pressure at 3200# at surface when perforating completed. Flowed well for 2½ hours through 32/64" choke at 800 psi FTP.

8-23-73: T.D. 15,700'; flow tested well at various chokes; total of 781 bbls. oil produced in 7-3/4 hours. Well is producing into battery; safety system is complete. FINAL PROGRESS REPORT

NOTE: Well completion report to be filed September 13, 1973. 60-day initial production test calculated to end October 21, 1973.

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

SIGNED \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

(This space for Federal or State office use)

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

STATE OF UTAH  
OIL & GAS CONSERVATION COMMISSION

(See other instructions on reverse side)

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  
MAPCO Inc., et al

3. ADDRESS OF OPERATOR  
Suite 320 Plaza West  
1537 Avenue D, Billings, Montana 59102

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)\*  
 At surface NE/4 (1800' FNL & 1432' FEL)  
 At top prod. interval reported below Sec. 36, T. 1 S., R. 5 W., USM  
 At total depth Duchesne County, Utah

14. PERMIT NO. 43-013-30196 DATE ISSUED \_\_\_\_\_

5. LEASE DESIGNATION AND SERIAL NO.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Stevenson Heirs

9. WELL NO.  
1 - 36

10. FIELD AND POOL, OR WILDCAT  
Altamont

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA  
Section 36  
T. 1 S., R. 5 W., USM

12. COUNTY OR PARISH Duchesne 13. STATE Utah

15. DATE SPUNDED 1-29-73 16. DATE T.D. REACHED 7-25-73 17. DATE COMPL. (Ready to prod.) 8-23-73 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)\* 6683' GL - 6700' KB 19. ELEV. CASINGHEAD 6683'

20. TOTAL DEPTH, MD & TVD 15,700' 21. PLUG, BACK T.D., MD & TVD 15,657' 22. IF MULTIPLE COMPL., HOW MANY\* No 23. INTERVALS DRILLED BY → 24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)\* Wasatch 25. WAS DIRECTIONAL SURVEY MADE No

26. TYPE ELECTRIC AND OTHER LOGS RUN BHC Sonic-Gamma Ray-Caliper, Dual Induction Laterolog 8, FDC-CNL-Gamma Ray-Caliper 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	3020	12-1/4"	3063 sacks	
7-5/8"	26.4, 29.7, 33.7	12085	8-3/4"	900 sacks	

29. LINER RECORD 30. TUBING RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
5-1/2"	11759	15695	793		2-7/8"	11750	11750
					2-3/8"	4476	

31. PERFORATION RECORD (Interval, size and number)  
See attached list of perforations.

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.  
DEPTH INTERVAL (MD) None AMOUNT AND KIND OF MATERIAL USED

33.\* PRODUCTION

DATE FIRST PRODUCTION 8-23-73 PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing WELL STATUS (Producing or shut-in) Producing

DATE OF TEST 8-30-73 HOURS TESTED 24 CHOKER SIZE 12/64" PROD'N. FOR TEST PERIOD → OIL—BBL. 932 GAS—MCF. 340.3 WATER—BBL. None GAS-OIL RATIO 365.1

FLOW. TUBING PRESS. 2100 CASING PRESSURE \_\_\_\_\_ CALCULATED 24-HOUR RATE → OIL—BBL. 932 GAS—MCF. 340.3 WATER—BBL. None OIL GRAVITY-API (CORR.) \_\_\_\_\_

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

35. LIST OF ATTACHMENTS  
Perforation Record

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records  
 SIGNED E. J. MITT Manager of Operations TITLE Northern District DATE September 13, 1973

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

# INSTRUCTIONS

**General:** This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 38, below regarding separate reports for separate completions.

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

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

**Item 19:** Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments. **Items 22 and 24:** If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

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

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

37. SUMMARY OF POROUS ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES		38. GEOLOGIC MARKERS E-LOG TOPS:	
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.
TOP			
MEAS. DEPTH		TRUE VERT. DEPTH	
	6108	(+ 592)	
	10280	(-3580)	
	11875	(-5175)	
	13865	(-7165)	
	Green River Lower Green River Top Wasatch Red Beds Base Wasatch Red Beds		

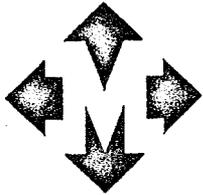
Attachment for Well Completion Report -

MAPCO Inc., et al Stevenson Heirs No. 1-36  
NE/4 Section 36, T. 1 S., R. 5 W., USM  
Duchesne County, Utah

PERFORATING DETAILS:

Perforated two (2) holes per foot, with one exception as noted, with a 2" scalloped gun (Harrison jet) magnetically decentralized using 6.2 gram deep penetration charges as follows:

13867, 13871, 13876, 13906, 13913, 13915, 14089, 14093, 14097, 14099 - one shot only, 14193, 14201, 14205, 14220, 14259, 14262, 14268, 14277, 14296, 14316, 14369, 14448, 14453, 14456, 14676, 14679, 14786, 14789, 15069, 15075, 15094, 15133, 15143, 15148, 15157, 15168, 15182, 15188, 15192, 15196, 15201, 15204, 15208, 15233, 15237, 15242, 15253, 15257, 15260, 15285, 15288, 15295, 15326, 15364, 15370, 15372, 15374, 15449, 15457, 15473, 15476, 15480, 15482, 15485, 15505, 15531, 15535, 15539, 15543, 15546, 15601, 15606, 15608.



**mapco**  
INC.

PRODUCTION DIVISION

October 17, 1973

State of Utah  
Department of Natural Resources  
Division of Oil and Gas Commission  
1588 West North Temple  
Salt Lake City, Utah 84116

ATTENTION: Mr. Paul Burchell

Gentlemen:

Enclosed please find two copies each Production Reports for the following wells in Duchesne County:

MAPCO, Fisher No. 1, SW NE Section 7, T. 1 S., R. 3 W., USM  
MAPCO, Marshall No. 1-20, NW NE Section 20, T. 1 S., R. 3 W., USM  
~~MAPCO, Stevenson Heirs No. 1-36, NE/4 Sec. 36, T. 1 S., R. 5 W., USM~~

The Marshall No. 1-20 and the Stevenson No. 1-36 are still within the 60-day test period. The amount of gas produced on these two wells was estimated from daily gas charts. These charts are now being integrated for accurate gas production data. On future reports we will be using the accurate data obtained by integrating the gas charts.

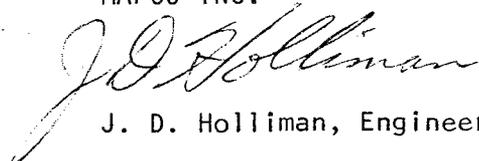
Also enclosed are Sundry Notices on the following drilling wells in Duchesne County:

MAPCO, D. Ralphs No. 1-5, SW NE Sec. 5, T. 1 S., R. 3 W., USM  
MAPCO, D. Ralphs No. 1-6, SW NE Sec. 6, T. 1 S., R. 3 W., USM  
MAPCO, D. Ralphs No. 1-1, SW NE Sec. 1, T. 1 S., R. 4 W., USM  
MAPCO, Carman No. 1-7, NE/4 Sec. 7, T. 2 S., R. 5 W., USM  
MAPCO, Allred No. 1-16, NE NE Sec. 16, T. 1 S., R. 3 W., USM  
MAPCO, Birch No. 1-35, NE NE Sec. 35, T. 1 S., R. 5 W., USM  
MAPCO, Sorensen No. 1-6, SE NE Sec. 6, T. 2 S., R. 5 W., USM  
(2) MAPCO, Cheney No. 1-4, SW NE Sec. 4, T. 2 S., R. 5 W., USM

You will note there are two monthly reports for the Cheney No. 1-4, August and September. According to our files the report for the month of August was not sent to you last month.

Very truly yours,

MAPCO INC.



J. D. Holliman, Engineer

JDH:awm  
Enclosures

# EXXON CHEMICAL COMPANY U.S.A.



834-0006-1A

## WATER ANALYSIS

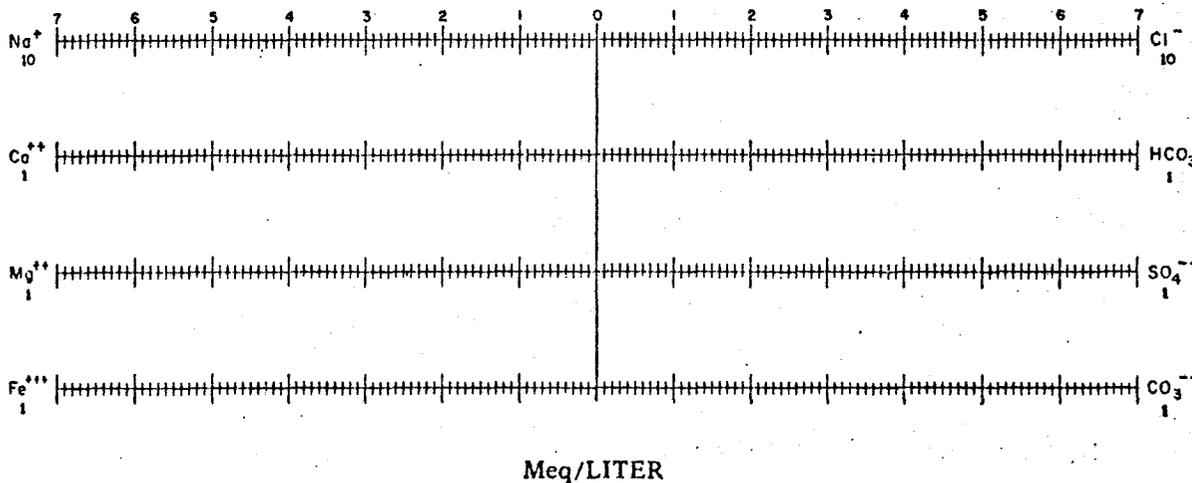
Houston Chemical Plant  
8230 Stedman, Houston, Texas 77029

SAMPLE DESCRIPTION: Water from Stevenson Heirs No. 1-36, Altamont Field, Utah

COMPANY:	Mapco Production Company, Roosevelt, Utah	DATE RECEIVED:	April 1, 1975
STSR NUMBER:	75-6041-31	ANALYZED BY:	C. S. Lieberman
REQUESTED BY:	F. H. Collett		

	<u>Mg/L</u>	<u>Meq/L</u>		
Sodium	1,610	70	pH	7.9
Calcium	50	2.5	Specific Gravity at <u>60°F</u>	1.003
Magnesium	12	1		
Chloride	1,850	52		<u>Mg/L</u>
Sulfate	200	4	Oil Content	43
Bicarbonate	1,050	17	Organic Matter	
Carbonate	Nil	-	Hydrogen Sulfide	
Hydroxide	Nil	-	<u>Barium</u>	Nil
<b>TOTAL</b>	<b>4,772</b>		_____	
Dissolved Iron			_____	
Total Iron	6 ppm		_____	

### WATER PATTERN (Stiff Method)



Remarks:



STATE OF UTAH  
DEPARTMENT OF NATURAL RESOURCES  
DIVISION OF OIL & GAS CONSERVATION

1588 WEST NORTH TEMPLE  
SALT LAKE CITY, UTAH 84116  
328-5771

State Lease No. \_\_\_\_\_  
Federal Lease No. \_\_\_\_\_  
Indian Lease No. \_\_\_\_\_  
Fee & Pat. \_\_\_\_\_

REPORT OF OPERATIONS AND WELL STATUS REPORT

STATE Utah COUNTY Duchesne FIELD/LEASE Altamont/  
Stevenson Heirs

The following is a correct report of operations and production (including drilling and producing wells) for the month of:  
September, 1975

Agent's Address Suite 320 Plaza West  
1537 Avenue D  
Billings, Montana 59102  
Phone No. 406/248-7406

Company MAPCO Inc.  
Signed Agnes W. Model Agnes W. Model  
Title Geological Clerk & Secretary

P

Sec. and of 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)
NE/4 Sec. 36	1 S	5 W	1	26	4746	39.1	2055	0	803	Shut in 4 days for swabbing

NOTE: ALL volumes are corrected for temperature and pressure.

GAS: (MCF)  
Sold 812  
Flared/Vented 0  
Used On/Off Lease 774  
Loss due to products 469

Water:  
Disposition 803  
Pit 803  
Injected \_\_\_\_\_

OIL or CONDENSATE: (To be reported in Barrels)  
On hand at beginning of month 1177  
Produced during month (4806-60\*) 4746  
Sold during month (5107-60\*) 5047  
Unavoidably lost \_\_\_\_\_  
Reason: \_\_\_\_\_  
On hand at end of month 876  
\*LOAD OIL 60  
Report prepared by \_\_\_\_\_

DRILLING/PRODUCING WELLS: This report must be filed on or before the sixteenth day of the succeeding month following production for each well. Where a well is temporarily shut-in, a negative report must be filed. **THIS REPORT MUST BE FILED IN DUPLICATE.**

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

SUBMIT TRIPLICATE\*  
(Other instructions on reverse side)

**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.)

<b>1. WELL TYPE</b> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		<b>5. LEASE DESIGNATION AND SERIAL NO.</b>	
<b>2. NAME OF OPERATOR</b> MAPCO Inc.		<b>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</b>	
<b>3. ADDRESS OF OPERATOR</b> Suite 320 Plaza West 1537 Avenue D, Billings, Montana 59102		<b>7. UNIT AGREEMENT NAME</b>	
<b>4. LOCATION OF WELL</b> (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  SW NE (1800' FNL & L432' FEL)		<b>8. FARM OR LEASE NAME</b> Stevenson Heirs	
<b>14. PERMIT NO.</b> 43-013-30196		<b>9. WELL NO.</b> 1 - 36	
<b>15. ELEVATIONS</b> (Show whether DF, RT, OR, etc.) 6683' G.L. - 6700' K.B.		<b>10. FIELD AND POOL, OR WILDCAT</b> Altamont	
		<b>11. SEC., T., R., M., OR BLK. AND SURVEY OR ALMA</b> Section 36 T. 1 S., R. 5 W., USM	
		<b>12. COUNTY OR PARISH</b> Duchesne	<b>13. STATE</b> 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 <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 checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	
(Other) _____		(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.)\*

11-27-74: Acidized with 2500 gals. foamed 12% HCl - 3% HF.

2-3-75: Acidized with 2500 gals. foamed 12% HCl-3% HF with 500 SCF N<sub>2</sub> per barrel acid and one 7/8" RCN ball every 35 gals. acid.

Oct.-75: Installed gas lift valves and Ajax compressor for artificial lift.

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

SIGNED Alfred N. Model TITLE Geological Clerk & Secretary DATE AUG 17 1976

(This space for Federal or State office use)

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

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

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO.
2. NAME OF OPERATOR MAPCO Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR Suite 320 Plaza West 1537 Avenue D, Billings, Montana 59102		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface SW NE (1800' FNL & L432' FEL)		8. FARM OR LEASE NAME Stevenson Heirs
14. PERMIT NO. 43-013-30196	15. ELEVATIONS (Show whether DF, RT, OR, etc.) 6683' G.L. - 6700' K.B.	9. WELL NO. 1 - 36
		10. FIELD AND POOL, OR WILDCAT Altamont
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 36 T. 1 S., R. 5 W., USM
		12. COUNTY OR PARISH Duchesne
		13. STATE Utah

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NOTICE OF INTENTION TO:

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

SUBSEQUENT REPORT OF:

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

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

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SIGNED Agnes N. Model TITLE Geological Clerk & Secretary DATE AUG 17 1976

(This space for Federal or State office use)

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

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

**SUNDRY NOTICES AND REPORTS ON WELLS**

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<p>1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/></p> <p>2. NAME OF OPERATOR MAPCO Inc.</p> <p>3. ADDRESS OF OPERATOR Suite 320 Plaza West 1537 Ave. D., Billings, Mt. 59102</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  SW NE (1800' FNL &amp; 1432' FEL)</p> <p>14. PERMIT NO. 43-013-30196</p>	<p>5. LEASE DESIGNATION AND SERIAL NO.</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME Stevenson Heirs</p> <p>9. WELL NO. 1-36</p> <p>10. FIELD AND POOL, OR WILDCAT Altamont</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 36</p> <p>T. 1 S., R. 5 W., USM</p> <p>12. COUNTY OR PARISH   13. STATE Duchesne   Utah</p>
<p>15. ELEVATIONS (Show whether DF, RT, OR, etc.) 6683' G.L. - 6700' K.B.</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 checked="" 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) <input type="checkbox"/>	
(Other) <input checked="" type="checkbox"/> Drill up bridge plug	<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.)\*

It is proposed to pull tubing packer and tailpipe, and drill up bridge plug previously set to isolate water zones. The bridge plug also isolated approximately 25 BOPD of production. The well will be cleaned out to 15650'± and a spectrolog run to attempt to find fractured zones. The tubing, packer and tailpipe will be rerun and the fractured zones will be perforated and the well will be placed on production with the hydraulic pump. Copy of the proposed procedure is attached.

APPROVED BY THE DIVISION OF  
OIL, GAS, AND MINING  
DATE: Sept. 12, 1978  
BY: Ph. Amnell

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

SIGNED Gary J. Ervitz TITLE Production Engineer DATE Sept. 8, 1978

(This space for Federal or State office use)

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

MAPCO, STEVENSON HEIRS 1-36  
NE/4 Section 36, T 1 S., R 5 W.  
Duchesne County, Utah  
5-4-78/JJB

PROPOSED WORKOVER PROCEDURE

1. Kill well with KCl water, nipple up, test BOP's.
2. Pull tubing, packer and tailpipe.
3. Drill up Halliburton E-Z drill bridge plug at 15,400'.
4. Clean out well to below the bottom perfs at 15,650'±.
5. Run Dresser Atlas Spectrolog from T.D. to 12,500'±.
6. Rerun tubing, National V Cavity, packer and tailpipe to 13,800'±.
7. Perforate any fractured intervals located by the spectrolog.
8. Return well to production.

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

**SUNDRY NOTICES AND REPORTS ON WELLS**

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<p>1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/></p> <p>2. NAME OF OPERATOR MAPCO Inc.</p> <p>3. ADDRESS OF OPERATOR Suite 320 Plaza West 1537 Avenue D, Billings, Montana 59102</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface SW NE (1800' FNL &amp; L432' FEL)</p>		<p>5. LEASE DESIGNATION AND SERIAL NO.</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME Stevenson Heirs</p> <p>9. WELL NO. 1 - 36</p> <p>10. FIELD AND POOL, OR WILDCAT Altamont</p> <p>11. SEC., T., R., M., OR B.L.K. AND SURVEY OR AREA Section 36 T. 1 S., R. 5 W., USM</p> <p>12. COUNTY OR PARISH Duchesne</p> <p>13. STATE Utah</p>
<p>14. PERMIT NO. 43-013-30196</p>	<p>15. ELEVATIONS (Show whether DF, RT, OR, etc.) 6683' G.L. - 6700' K.B.</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>Drill up bridge plug</u> <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

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

1. Drilled up Halliburton EZ Drill bridge plug @ 15400' and cleaned out to 15629'.
2. Ran Dresser Atlas Spectralog from 15629-12500'.
3. PU and ran 7 5/8" Baker Lockset packer with 2 7/8" Otis seal divider and National type V hydraulic pump cavity on 2 7/8" Nu-lock tubing. Set packer @ 11705'.  
Ran 4508' of 2 3/8" Seal-Lock tubing for heat string.
4. Attempted to produce well; had packer, seal-divider or casing leak.
5. Pulled heat string and packer. Changed out packer and seal divider.
6. RIH testing casing for leak. Set packer @ 11676' and tested casing to 1000 psi. Tested O.K., reran heat string, brushed tubing and dropped hydraulic pump.

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

SIGNED [Signature] TITLE District Engineer DATE 12-11-78

(This space for Federal or State office use)

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

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

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT..." for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO.
2. NAME OF OPERATOR MAPCO PRODUCTION COMPANY		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR Suite 320 Plaza West 1537 Avenue D, Billings, Montana 59102		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface SW NE (1800' FNL & 1432' FEL)		8. FARM OR LEASE NAME Stevenson Heirs
14. PERMIT NO. 43-013-30196	15. ELEVATIONS (Show whether DF, RT, GN, etc.) 6683' G.L. - 6700' K.B.	9. WELL NO. 1 - 36
		10. FIELD AND POOL, OR WILDCAT Altamont
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 36 T. 1 S., R. 5 W., USM
		12. COUNTY OR PARISH Duchesne
		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 <input type="checkbox"/>	FULL 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 checked="" 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) <input type="checkbox"/>	

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

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

The well is currently uneconomic. It is proposed to perforate 10 intervals in the Wasatch formation. If this fails to increase production to an economic level, it is proposed to perforate 22 intervals in the Wasatch Red Beds. Perforating will be done thru tubing so no workover rig is needed. See attached sheet.

NO ADDITIONAL SURFACE DISTURBANCE REQUIRED.

APPROVED BY THE DIVISION OF OIL, GAS, AND MINING

DATE: \_\_\_\_\_  
BY: P.L. Driscoll/KA

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

SIGNED Dary J. Ewert TITLE Drilling & Production Engineer DATE June 4, 1979

(This space for Federal or State office use)

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

\*See Instructions on Reverse Side

MAPCO, STEVENSON HEIRS NO. 1-36  
Section 36, T. 1 S., R. 5 W.  
Duchesne County, Utah

PROPOSED PERFORATING WORK - 6/4/79-GLE

CURRENT CONDITIONS

7-5/8" casing to 12,085'.  
5-1/2" liner from 11,759' to 15,695'.  
Perforations: 13,867' to 15,608'  
Baker Lokset packer @ 11,676'.  
2-7/8" tubing to packer, No tail pipe.  
2-3/8" heat string to 4,508'.  
National Type V pump cavity and OTIS seal divider.

PROCEDURE

1. Surface pump. RU WL truck and pull standing valve. Let well set overnight to stabilize F.L.
2. RU perforating mast truck, lubricator, pack off and BOP over wellhead.
3. RIH and perforate 10 intervals in the Wasatch using a thru-tubing gun, decentralized top and bottom. Shoot two holes per foot.
4. RD perforators.
5. Drop standing valve, fill tubing and test to 1500 psi. Drop pump and put well on production.
6. If production rate is not economic, surface pump, RU W.L. truck and pull standing valve.
7. RU perforating mast truck, lubricator, pack-off and BOP over wellhead.
8. RIH and perforate 22 intervals in the Wasatch Red Beds using a thru-tubing gun, decentralized top and bottom. Shoot two holes per foot.
9. R.D. perforators.
10. Drop standing valve, fill tubing and test to 1500 psi. Drop pump and put well on production.

PROPOSED PERFS

Spectrolog Depths  
WASATCH

4' 14,786 - 790  
2' 14,440 - 442  
3' 14,425 - 428  
3' 14,364 - 367  
2' 14,214 - 216  
6' 14,170 - 176  
2' 14,127 - 129  
2' 14,120 - 122  
2' 13,930 - 932  
2' 13,894 - 896

RED BEDS

4' 13,844 - 848  
2' 13,827 - 829  
2' 13,316 - 318  
6' 13,284 - 290  
4' 13,270 - 274  
3' 13,184 - 187  
8' 13,154 - 162  
4' 13,136 - 140  
4' 12,902 - 906  
2' 12,898 - 900  
2' 12,533 - 535  
4' 12,510 - 514

Correlation Log Depth

BHC Acoustilog Depth

4' 12,480 - 484  
2' 12,469 - 471  
4' 12,460 - 464  
2' 12,452 - 454  
2' 12,272 - 274  
2' 12,216 - 218  
2' 12,188 - 190  
4' 12,178 - 182  
4' 11,978 - 982  
4' 11,910 - 914

Correlation Log Depth

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

**SUNDRY NOTICES AND REPORTS ON WELLS**

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT..." for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO.
2. NAME OF OPERATOR MAPCO PRODUCTION COMPANY Alpine Executive Center		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 1643 Lewis Ave., Suite 202 Billings, MT 59102		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface SW/4 NE/4 1800' FNL & 1432' FEL		8. FARM OR LEASE NAME Stevenson Heirs
14. PERMIT NO. 43-013-30196	15. ELEVATIONS (Show whether DF, RT, OR, etc.) 6683' GL, 6700' KB	9. WELL NO. 1-36
		10. FIELD AND POOL, OR WILDCAT Altamont
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 36 T. 1 S. R. 5 W., USM
		12. COUNTY OR PARISH 18. STATE Duchesne 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 <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 checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

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

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

On 12-20-79, surfaced pump. RU wireline truck and pulled standing valve. Let well sit overnight to stabilize FL. RU perforating truck and perforated the following GR correlation log depths through tubing:

15,616-618	14,889-897	14,509-513	14,357-360	14,115-117
14,434-438	14,780-784	14,435-436	14,207-209	14,001-003
15,100-104	14,706-708	14,419-422	14,163-169	13,966-968
14,933-937	14,631-633	14,390-392	14,141-145	13,924-926
			14,122-124	13,888-890

Treated the above perforations with 26,000 gals 15% HCl acid using benzoic acid flakes and balls evenly throughout.

Current conditions: 7-5/8" casing to 12,085'.  
5-1/2" liner from 11,759-15,695'.  
2-3/8" tubing at 4508'.  
2-7/8" tubing & packer at 11,676'.

The rate after the above work was done was 100 BO and 400 BW.

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

SIGNED Richard Baumann TITLE Engineering Technician  
Richard Baumann

(This space for Federal or State office use)

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

**RECEIVED**  
APR 18 1980

DIVISION OF  
OIL, GAS & MINING

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

**SUNDRY NOTICES AND REPORTS ON WELLS**

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<p>1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR MAPCO PRODUCTION COMPANY Alpine Executive Center</p> <p>3. ADDRESS OF OPERATOR 1643 Lewis Ave., Suite 202 Billings, MT 59102</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface SW/4 NE/4 1800' FNL &amp; 1432' FEL</p> <p>14. PERMIT NO. 43-013-30196</p> <p>15. ELEVATIONS (Show whether DF, RT, OR, etc.) 6683' GL., 6700' KB</p>	<p>5. LEASE DESIGNATION AND SERIAL NO.</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME Stevenson Heirs</p> <p>9. WELL NO. 1-36</p> <p>10. FIELD AND POOL, OR WILDCAT Altamont</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 36 T. 1 S. R. 5 W., USM</p> <p>12. COUNTY OR PARISH Duchesne</p> <p>13. STATE Utah</p>
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SHOOT OR ACIDIZE <input checked="" type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
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MAPCO intends to perforate 28 intervals with 216 holes from 12,216-13,819 in the Wasatch Red Beds formation and acidize them with 30,000 gallons 15% HCl. Please see attached for details.

**APPROVED BY THE STATE  
OF UTAH DIVISION OF  
OIL, GAS, AND MINING**  
DATE: \_\_\_\_\_  
BY: \_\_\_\_\_

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

SIGNED R. E. Baumann TITLE Engr. Tech. DATE 8-5-82  
R. E. Baumann

(This space for Federal or State office use)

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

Revised  
Red Beds Completion

Stevenson Heirs No. 1-36  
SW NE Section 36, T1S, R5W  
Duchesne County, Utah

Approvals	
Mgr Prod	<u>JDH</u>
Dist Supt	<u>DMK</u>
Engineer	<u>GLE</u>
Foreman	<u>LW</u>

Current Conditions

7-5/8" csg at 12,085'  
5-1/2" liner from 11,759-15,695'  
Perforations: 13,867-15,618' (377 holes)  
7-5/8" Baker Lokset packer at 11,676'  
345 jts 2-7/8" NuLock tbg, 38 jts Sealock tbg  
50 jts 2-3/8" Sealock tbg  
National "V" cavity and OTIS seal divider

Procedure

1. Surface pump. Pump 200 bbls hot diesel down tbg and spot in annulus. Let set two days to loosen paraffin.
2. Circulate out diesel and paraffin, and pull standing valve.
3. MIRU workover rig. ND tree and NU BOP's. Pull 2-3/8" tbg.
4. Release seal divider and POOH with 2-7/8" tbg. LD pump cavity. Make up BHA consisting of seal divider, seating nipple with standing valve, perforated tbg sub and spring loaded casing scraper. RIH with BHA on 2-7/8" tbg and sting into pkr. Circulate out paraffin. Release Baker Lokset packer and POOH.
5. PU and TIH with 5-1/2" BP and treating pkr. Set BP at 15,650' or PBD. Spot 7-1/2% HCl acid from BP up to 13,850'. Pull tbg and set pkr at 13,700'± with 10,000# compression. Acidize well using a total of 10,000 gal. 7-1/2% HCl with corrosion inhibitor, tretolite scale inhibitor, iron chelating agent and surfactant. Pump at 4-5 BPM, maximum pressure 7500 psi. Hold 3000 psi on back-side with pop-off set at 3500 psi. Drop 200 balls throughout acid. SION and flow back. Swab well until cleaned up.
6. Release pkr and TIH and release 5-1/2" BP. Pull up and set BP at 13,845'. Set pkr above BP and test to 1500 psi. POOH with packer.
7. RU perforators. If necessary, run correlation log. Perforate the following BHC Sonic depths using a 3-5/8" casing gun with lubricator, 22 gm charge phased 120°, loaded 2 spf:

<u>BHC Sonic Depth</u>	<u>CCL Depth</u>	<u>BHC Sonic Depth</u>	<u>CCL Depth</u>
13,817-819', 2'		13,087-089', 2'	
13,800-804', 4'		13,066-074', 8'	
13,517-521', 4'		13,038-040', 2'	
13,486-488', 2'		12,946-950', 4'	
13,354-358', 4'		12,898-902', 4'	
13,312-314', 2'		12,874-878', 4'	
13,300-304', 4'		12,812-815', 3'	
13,280-286', 6'		12,533-535', 2'	
13,267-271', 4'		12,510-514', 4'	
13,234-239', 5'		12,480-484', 4'	
13,180-183', 3'		12,452-454', 2'	
13,152-160', 8'		12,443-445', 2'	
13,120-122', 2'		12,235-238', 3'	
13,093-095', 2'		12,216-220', 4'	
		<u>108'</u>	

RD perforators.

8. PU and TIH with 5-1/2" treating packer and set at 12,100'± with 10,000# compression.
9. RU pump trucks. Acidize well with 30,000 gal. 15% HCl containing iron chelating agent, surfactant, demulsifier and corrosion inhibitor. Hold 3000 psi on backside with pop-off set at 3500 psi. Pump at 8-9 BPM with maximum pressure of 7500 psi. Use 500 scf N<sub>2</sub> per bbl in acid and flush. Pump as follows:
  - 10,000 gal. 15% HCl with 125 1.1 sp. gr. balls spaced evenly
  - 1,000 gal. gelled salt water w/1000# BAF and 1000# rock salt
  - 10,000 gal. 15% HCl with 125 balls
  - 1,000 gal. gelled salt water w/1000# BAF and 1000# rock salt
  - 10,000 gal. 15% HCl with 125 balls
  - Flush to bottom perf with formation water
10. Leave well SI one hour and flow back to pit. When well quits flowing, start swabbing and swab until well cleans up.
11. If necessary, kill well. Release pkr and retrieve BP. POOH. LD BP and pkr. PU and TIH with production pkr, and BHA with standing valve in place. Set pkr at 11,675'±. Pressure test standing valve to 1500 psi. Drop pump and put on production.

GLE/ch  
 8-6-82

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

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

**SUNDRY NOTICES AND REPORTS ON WELLS**

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1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO.
2. NAME OF OPERATOR MAPCO PRODUCTION COMPANY Alpine Executive Center		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 1643 Lewis Ave., Suite 202 Billings, MT 59102		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface SW/4 NE/4 1800' FNL & 1432' FEL		8. FARM OR LEASE NAME Stevenson Heirs
14. PERMIT NO. 43-013-30196		9. WELL NO. 1-36
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6683' GL, 6700' KB		10. FIELD AND POOL, OR WILDCAT Altamont
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 36 T. 1 S. R. 5 W., USM
		12. COUNTY OR PARISH Duchesne
		13. STATE Utah

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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"/>
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REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	

(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.)\*

MAPCO perforated and acidized the Stevenson Heirs 1-36 as described in the sundry of intent. Please see attached for details.

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

SIGNED R. E. Baumann TITLE Engr. Tech. DATE 10-14-82  
R. E. Baumann

(This space for Federal or State office use)

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

MAPCO PRODUCTION COMPANY  
 COMPLETION REPORT Stevenson Heirs 1-36  
 ATTACHMENT

<u>Interval and Depth</u>	<u>Perforation Record Size</u>	<u>No.</u>	<u>Acid, Shot, Fracture, Cement Squeeze Amount and Kind of Material Used</u>
Lower Wasatch (Existing perfs) 13,867-15,620'			10,000 gal. 7-1/2% HCl
Red Beds (New perfs) 12,216-13,819	.43"	216 holes	30,000 gal. 15% HCl 500 Scf N <sub>2</sub> /bbl.

Perforations

13,817-819', 2'	13,087-089', 2'
13,800-804', 4'	13,066-074', 8'
13,517-521', 4'	13,038-040', 2'
13,486-488', 2'	12,946-950', 4'
13,354-358', 4'	12,898-902', 4'
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13,234-239', 5'	12,480-484', 4'
13,180-183', 3'	12,452-454', 2'
13,152-160', 8'	12,443-445', 2'
13,120-122', 2'	12,235-238', 3'
13,093-095', 2'	12,216-220', 4'

Total 108'

012

STATE OF UTAH  
DEPARTMENT OF NATURAL RESOURCES  
DIVISION OF OIL AND GAS CONSERVATION  
1588 West North Temple  
Salt Lake City, Utah 84116

REPORT OF WATER ENCOUNTERED DURING DRILLING

Well Name and Number MAPCO Inc., et al, Stevenson Heirs No. 1-36

Operator MAPCO Inc., et al  
Suite 320 Plaza West  
Address 1537 Avenue D, Billings, Montana

Contractor Loffland Brothers Company  
P. O. Box 2847  
Address Tulsa, Oklahoma 74101

Location SW 1/4, NE 1/4, Sec. 36, T. 1 XX., R. 5 XX., Duchesne County.  
S. W.

Water Sands: None encountered.

	<u>Depth:</u>		<u>Volume:</u>	<u>Quality:</u>
	<u>From -</u>	<u>To -</u>		
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

(Continue on Reverse Side if Necessary)

Formation Tops: (Sample)

Upper Wasatch Transition Zone:	13,400 (-6486) feet
Top Wasatch Red Beds:	13,490 (-6576) feet
Base Wasatch Red Beds:	16,150 (-9236) feet

- NOTE:
- (a) Upon diminishing supply of forms, please inform this office.
  - (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 this form)
  - (c) If a water quality analysis has been made of the above reported zone, please forward a copy along with this form.

SUBMIT IN DUPLICATE\*

STATE OF UTAH  
OIL & GAS CONSERVATION COMMISSION

(See other instructions on reverse side)

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  *Recompletion*

2. NAME OF OPERATOR  
MAPCO Production Company

3. ADDRESS OF OPERATOR  
1643 Lewis Ave., Ste. 202, Billings, MT 59102

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)\*  
 At surface NE/4 1800' FNL & 1432' FEL  
 At top prod. interval reported below Same  
 At total depth Same

14. PERMIT NO. 43-013-30196 DATE ISSUED

5. LEASE DESIGNATION AND SERIAL NO.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Stevenson Heirs

9. WELL NO.  
1-36

10. FIELD AND POOL, OR WILDCAT  
Altamont

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA  
Sec. 36, T1S, R5W

12. COUNTY OR PARISH Duchesne 13. STATE Utah

15. DATE SPUDDED 1-29-73 16. DATE T.D. REACHED 7-25-73 17. DATE COMPL. (Ready to prod.) 10-9-82 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)\* 6683' GL, 6700' KB 19. ELEV. CASINGHEAD 6683'

20. TOTAL DEPTH, MD & TVD 15,700' 21. PLUG, BACK T.D., MD & TVD 15,657' 22. IF MULTIPLE COMPL., HOW MANY\* No 23. INTERVALS DRILLED BY 15,700' 24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)\* 12,216-13,319' Wasatch and Lower Red Beds 25. WAS DIRECTIONAL SURVEY MADE None

26. TYPE ELECTRIC AND OTHER LOGS RUN BHC Sonic-GR-Caliper, Dual Induction, Laterolog 8, FDC-CNL-GR-Caliper 27. WAS WELL CORED No

23. 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#	3,020'	12-1/4"	3063 sacks	
7-5/8"	26.4, 29.7, 33.7	12,085'	8-3/4"	900 sacks	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)
5-1/2"	11,759	15,695	793	

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
2-7/8"	11,750	11.750
2-3/8"	4,476	

31. PERFORATION RECORD (Interval, size and number)

Wasatch Red Beds  
12,216-13,819', .43", 216 holes  
See Attachment

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
See Attachment	

33.\* PRODUCTION

DATE FIRST PRODUCTION 10-9-82 PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Pumping WELL STATUS (Producing or shut-in) Producing

DATE OF TEST 10-9-82 HOURS TESTED 96 CHOKER SIZE PROD'N FOR TEST PERIOD OIL—BBL. 509 GAS—MCF. 257 WATER—BBL. 583 GAS-OIL RATIO 505

FLOW. TUBING PRESS. CASING PRESSURE CALCULATED 24-HOUR RATE OIL—BBL. 127 GAS—MCF. 64 WATER—BBL. 146 OIL GRAVITY-API (CORR.)

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Used on lease TEST WITNESSED BY Larry Wilson

35. LIST OF ATTACHMENTS  
Perforation and treatment report

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records  
 SIGNED R.C. Baumann TITLE Engr. Tech. DATE 10-14-82  
 R. F. Baumann

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



MAPCO PRODUCTION COMPANY  
 COMPLETION REPORT Stevenson Heirs 1-36  
 ATTACHMENT

<u>Interval and Depth</u>	<u>Perforation Record Size</u>	<u>No.</u>	<u>Acid, Shot, Fracture, Cement Squeeze Amount and Kind of Material Used</u>
Lower Wasatch (Existing perms) 13,867-15,620'			10,000 gal. 7-1/2% HCl
Red Beds (New perms) 12,216-13,819	.43"	216 holes	30,000 gal. 15% HCl 500 Scf N <sub>2</sub> /bbl.

Perforations

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

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Use "APPLICATION FOR PERMIT—" for such proposals.)

1. <b>OIL WELL</b> <input checked="" type="checkbox"/> <b>GAS WELL</b> <input type="checkbox"/> <b>OTHER</b> <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. Fee	
2. NAME OF OPERATOR MAPCO PRODUCTION COMPANY		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR c/o Linmar Energy Corp, P.O. Box 1327, Roosevelt, UT 84066		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1800' FNL 1432' FEL (SWNE)		8. FARM OR LEASE NAME Stevenson Heirs	
14. PERMIT NO. API#43-013-30196		9. WELL NO. -1-36A5	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6683 GL, 6700' KB		10. FIELD AND POOL, OR WILDCAT Wasatch	
		11. SEC., T., R., M., OR BLK. AND SUBVY OR AREA Sec 36-T1S-R5W, USM	
		12. COUNTY OR PARISH Duchesne	13. STATE Utah

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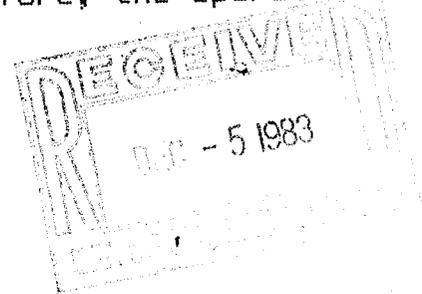
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FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
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REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Change of Operator</u> <input checked="" type="checkbox"/>	

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

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Linmar Energy Corporation has purchased Mapco's interest in the Altamont Field, effective October 1, 1983.

Linmar Energy is now, therefore, the Operator of this well.



18. I hereby certify that the foregoing is true and correct  
SIGNED Darwin Kullback TITLE Superintendent DATE Nov 30, 19 83  
(This space for Federal or State office use)

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

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

SUBMIT IN TRIPlicate  
(Other instructions on  
reverse side)

081109

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  
LINMAR ENERGY CORPORATION

3. ADDRESS OF OPERATOR  
P.O. BOX 1327, ROOSEVELT, UTAH 84066

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)  
At surface  
1800' FNL 1432' FEL (SWNE)

14. PERMIT NO.  
43-108-30196

15. ELEVATIONS (Show whether OF, AT, OR, etc.)  
6683' GL

5. LEASE DESIGNATION AND SERIAL NO.  
FEE

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Stevenson Heirs

9. WELL NO.  
I-36A5

10. FIELD AND POOL, OR WILDCAT  
Altamont

11. SEC., T., R., W., OR BLK. AND SURVEY OR AREA  
Sec. 36-T1S-R5W

12. COUNTY OR PARISH  
Duchesne

13. STATE  
Utah

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

NOTICE OF INTENTION TO:

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

SUBSEQUENT REPORT OF:

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

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

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

Acidize ~~Horizontal~~ perforations from 10820'-11461' with 5,000 gals.  
15% HCl on 7/17/86.

RECEIVED

AUG 07 1986

DIVISION OF OIL  
GAS & MINING

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

SIGNED [Signature] TITLE Division Engineer DATE July 24, 1986

(This space for Federal or State office use)

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

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

SUBMIT IN TRIPlicate  
(Other instructions on  
reverse side)

101620

**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—" (or such proposals.)

1. OIL WELL  GAS WELL  OTHER

2. NAME OF OPERATOR  
LTN MAR ENERGY CORPORATION

3. ADDRESS OF OPERATOR  
P.O. BOX 1327, Roosevelt, Utah 84066

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
1800' FNL 1432' FEL (SWNE)

14. PERMIT NO. 43-013-30196

15. ELEVATIONS (Show whether OF, RT, OR, etc.)  
6683' GL

5. LEASE DESIGNATION AND SERIAL NO.  
Fee

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Stevenson Heirs

9. WELL NO.  
1-36A

10. FIELD AND POOL, OR WILDCAT  
Altamont

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 36-T1S-R5W

12. COUNTY OR PARISH 13. STATE  
Duchesne 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 <input type="checkbox"/>	FULL 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 checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANN <input type="checkbox"/>	(Other) <input type="checkbox"/>	

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

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

Recompleted well to the Green River as per attached daily workover reports.

**RECEIVED**  
OCT 15 1986  
DIVISION OF  
OIL, GAS & MINING

**RECEIVED**  
OCT 15 1986  
DIVISION OF  
OIL, GAS & MINING

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

SIGNED [Signature] TITLE Division Engineer DATE October 14, 1986

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

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

\*See Instructions on Reverse Side

Stevensen Heirs 1-36A5 Green River Recompletion

M136A5 860530 001 LGP  
Stevensen Heirs 1-36A5  
Green River Completion  
MIRU Pool #233.

M136A5 860531 002 LGP  
Stevensen Heirs 1-36A5  
Green River Completion

ND WH. PU 2-3/8" Tbg., pull hanger. Strip on BOP. POOH & LD 150 Jts. 2-3/8" sealock Tbg. & check valve. Change equip. to 2-7/8" Tbg.. ND BOP. PU 2-7/8" Tbg. & pull hanger, wax in hole Tbg. dragging. NU BOP. HU & fill hole w/60 BFW circ. 100 BFW down Tbg. to heat hole. Release Lok-set Pkr.. TOOH w/30 Jts. 2-7/8" Sealock Tbg., XO, & 250 Jts. Nu-lok Tbg.. SWIFN.

M136A5 860601 003 CEE  
RECOMPLETION

SICP=0. POOH w/86jts tbg(374jts total). 30jts Armco Seal-lock, 344jst Armco Nu-lock tbg. LD National pump cavity, 6' pup jt, Otis seal divider, 7 5/8 Baker Lockset packer. PU 4 1/2 bladed mill, x-o, and RIH on 344jts Nu-lock, 30jts Seal-lock, and PU 10jts 8rd tbg and tag @11,778'. RU PS. Mill 5' to 11,883' and fell free. Work mill through tight spot. Pumped 60BFW down casing and started plugging off. Work tbg free. RD PS. RIH w/11jts, 8rd tbg(396jts total) to 12,150'+. POOH above liner and pump 50BFW down tbg. TOOH w/313 jts. Rig blew seal on hydraulic pump. Left 83jts tbg in hole. SWIFWeekend.

M136A5 860603 004 LGP  
Stevensen Heirs 1-36A5  
Green River Completion

SIP 0#. POOH w/83 Jts. Tbg., XO, & 4-1/2" mill. PU 7-5/8" wax knife. Work in hole w/381 Jts., to 11,680', Pumping as necessary. Pump 180 BFW down Csg., & pump 60 BFW down Tbg. to clean wax out of hole. POOH w/320 Jts. Tbg.. SWIFN. (NOTE: ALL 4 DRAG BLOCK MISSING OFF PKR. PULLED 860601 REPORT.)

M136A5 860604 005 CEE  
RECOMPLETION

POOH 30jts tbg. Blew paraffin out of bottom 31jts tbg. RIH 26jts and blow out paraffin. Had 57jts total plugged with paraffin. POOH 57jts tbg. LD 6 1/2" wax knife. PU Baker 5 1/2 CIBP and RIH on 393jts tbg and set plug @ 12,050'. LD 2jts and circulate 3hrs w/hotoiler. Pump 300bbls diesel and spot diesel with rig pump @6,500' (300BFW). Pressure test casing to 1,000psi. Casing would not hold. Bleed off from 1000 to 200 psi in 5min. Can inject 3/4BPM @ 1000psi. Well did not lose any water while circulating hole. TOOH laying down 17jts 8rd tbg and 18jts Seal-lock tbg. TOOH and stand back 356jts tbg(12jts Seal-lock, 344jts Nu-lock). RU Dresser Atlas to run CO log. Heated oil in tank 2 and transferred to tank 3. Steam out tank 2 to repair leaks.

Stevensen Hiers 1-3695 Green River Recompletion

M136A5 860605 006 CEE  
RECOMPLETION

Logging CO log with Dresser Atlas. Move triplex from Griffith 1-3384.

M136A5 860506 007 CEE  
RECOMPLETION

Running CO log w/Dresser Atlas.

M136A5 860607 008 CEE  
RECOMPLETION

Running CO Log with Dresser Atlas.

M136A5 860608 009 CEE

RECOMPLETION Running CO log w/Dresser Atlas. Completed log @0630, Saturday morning.

M136A5 860611 010 CEE  
RECOMPLETION

PU Baker "EA" cement retainer and TIH on 146jts Nu-lock tbg. Set retainer @4463'. Test and hold backside to 1000psi. RU Dowell Schlumberger and squeeze hole @ 4650' w/100skts RFC 10-2. Cement as follows: Pump 10BFW to establish rate @1.5BPM @1000psi. Pump 10bbbls fresh water @1.5BPM @ 1000psi. Mix and pump 100skts RFC cement (28.7bbbls) @1.5BPM @2500psi. While switching to water to displace, pressure went to zero. Displace cement to end of tubing w/27BFW. Caught pressure 10bbbls into displacement. Shut down for hesitation squeeze. Wait 1min and pump 1bbl @250psi. Wait 2min and pump 1bbl @500psi. Wait 3min and pump 1bbl @750psi. Wait 2min and pump 2bbl @750psi. ISIP=500psi. 5min SIP=500psi. Bled back pressure to zero recovering 1bbl fluid. Left 2bbbls cement in casing. Bleed pressure off backside. Release cement retainer and circulate tbg clean. Release Dowell Schlumberger. TOOH w/146jts tbg and LD cement retainer. WOC. SWIFN.

M136A5 860612 012 CEE  
RECOMPLETION

PU 6.75" bladed mill, x-o and TIH on 147jts tbg and tag cement @4465'. RU PS SH, pump and lines. Drill hard cement to 4676'. RD PS and SH. RIH w/153jts tbg to 7030' and circulate bottoms up. Recovered approximately 50bbbls paraffin. TOOH LD 6.75" mill and x-o. PU Baker "EA" retrievomatic and TIH on 38stds tbg. Retrievmatic set and could not reset. TOOH w/retrievmatic. Redress bottom of retrievmatic. TIH on 52stds tbg and retrievmatic set. Could not reset. TOOH LD retrievmatic. Will PU new retrievmatic in the morning. SWIFN.

Stevensen Hiers 1-36A5 Green River Recompletion

M136A5 860613 013 CEE

RECOMPLETION

PU Baker model "EA" retrievomatic and TIH on 154jts tbg. Set retrievomatic below hole @4705'. Pressure test to 800psi. OK. TOOH 6jts tbg and set retrievomatic @4524'. RU Dowell Schlumberger. Pressure and hold 1000psi on backside. Squeeze cement with RFC 10-2 and Class G cement as follows: Pump 5BFW to establish rate @ 1BPM @ 300psi. Pump 10bbls fresh water spacer @ 1BPM @ 300psi. Pump 16bbls RFC 10-2 cement 1BPM @ 0psi. Cement downspout plugged off. 10 min to unplug downspout. Pump 14bbls RFC 10-2 cement 2BPM @0psi. 30bbls total pumped. Pump 10.2bbls Class G cement 2BPM @ 0psi. Pump 10bbls fresh water spacer 1/2BPM @ 0psi. Pump 13BFW 1/2BPM @ 0psi. Start hesitation squeeze. Wait 2min and pump 1BFW @ 1/4BPM @ 0psi. Wait 5min and pump 3BFW @ 1/4BPM @ 500psi. Class G cement sample had set up in cup. Wait 5min and pump 1BFW @ 1/4BPM @ 600psi. Wait 5min and pump 1BFW @ 1/4BPM @ 600psi. Total displacement= 30bbls. Left 3bbls Class G cement in casing. Wait 5min and pump 1BFW @ 1/4BPM @ 600psi. ISIP=600psi. 5min SIP=400psi. Bled off pressure and bled back 1/2bbl water. Reverse tbg clean. RD Dowell Schlumberger. TOOH and LD Baker retrievomatic. Fill hole. SWI WOC.

M136A5 860614 014 CEE

RECOMPLETION

PU and RIH w/6.75" mill and x-o. Tag cement @4526'. RU SH and PS. Drill cement to 4696'. Circulate tbg clean. Pressure test csg to 500psi. Bleed off to 400psi in 1min and to 200psi in 30min. TIH to 5000'. TOOH. LD 66jts NU-lock tbg. and SB 96jts Nu-lock tbg. LD 6.75" mill and x-o. SWIFWeekend.

M136A5 860617 015 CEE

RECOMPLETION

Attempt to run bond log. Unable to get down due to wax. Clean out wax.

M136A5 860618 016 CEE

RECOMPLETION

RU McCullough and run CBL f/12,030' to 8,000'.

M136A5 860619

RECOMPLETION

SD for log evaluation.

M136A5 860620 017 CEE

RECOMPLETION

Attempt to perforate. McCullough's truck failed. SDFN.

Stevensen Hiers 1-36A5 Green River Recompletion

M136A5 860621 018 CEE  
RECOMPLETION

Perforate as follows.

11,461	10,820
11,428	10,866-874
11,238	10,932-935
11,095	11,027-030
11,044-057	

RIH w/production tubing. RDSU. Returned well to production.

LINMAR PETROLEUM COMPANY  
7979 East Tufts Avenue Parkway, Suite 604  
Denver, Colorado 80237  
(303) 773-8003

111202

November 6, 1987

State of Utah  
Division of Oil, Gas and Mining  
3 Triad Center, Suite 350  
355 West North Temple  
Salt Lake City, Utah 84180-1203

ATTN: Tami Searing

Re: Change of Operator

14503

Dear Ms. Searing:

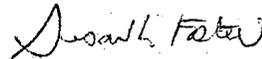
Enclosed is a Sundry Notice, in triplicate, evidencing Change of Operator effective November 1, 1987, from Linmar Energy Corporation to Linmar Petroleum Company covering the wells listed on the Exhibit "A" attached thereto. Such listing of wells should cover all the wells in which you currently show Linmar Energy Corporation as Operator.

If you have any questions whatsoever or if you need any additional information, please do not hesitate to call me collect at (303) 773-8003.

Thank you so very much for all of your assistance and cooperation in this matter.

Very truly yours,

LINMAR PETROLEUM COMPANY



Susan L. Foster  
Land Consultant

SLF:jgm

Enclosures

cc: Ed Whicker, Field Superintendent, Linmar Petroleum Company

NOV 9 1987

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

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO.
2. NAME OF OPERATOR See Below		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR See Below		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface		8. FARM OR LEASE NAME
14. PERMIT NO.		9. WELL NO. See Exhibit "A" Attached Hereto
15. ELEVATIONS (Show whether OF, AT, ON, etc.)		10. FIELD AND POOL, OR WILDCAT
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA See Exhibit "A" Attached Hereto
		12. COUNTY OR PARISH Duchesne & Uintah Counties
		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 <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) _____	
(Other) _____	Change of Operator <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.) \*

CHANGE OF OPERATOR  
(Effective November 1, 1987)

FROM:

Company Name: Linmar Energy Corporation  
Address: 7979 East Tufts Avenue Parkway, Suite 604, Denver, Colorado 80237  
Telephone No.: (303) 773-8003

TO:

Company Name: Linmar Petroleum Company **19503**  
Address: 7979 East Tufts Avenue Parkway, Suite 604, Denver, Colorado 80237  
Telephone No.: (303) 773-8003

18. I hereby certify that the foregoing is true and correct  
LINMAR ENERGY CORPORATION  
SIGNED BY: B. J. Lewis TITLE Vice President DATE November 6, 1987  
R. J. Lewis

(This space for Federal or State office use)

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

NOV 9 1987

## EXHIBIT "A"

Attached to and made a part of that certain Sundry Notice covering  
Change of Operator from Linmar Energy Corporation to Linmar  
Petroleum Company

<u>WELL NAME</u>	<u>SECTION; TOWNSHIP AND RANGE</u>
Clark 2-9A3 <u>43-013-30876</u>	Section 9, Township 1 South, Range 3 West
Leslie Ute 1-11A3 <u>43-013-30893</u>	Section 11, Township 1 South, Range 3 West
L. B. Ute 1-13A3 <u>43-013-30894</u>	Section 13, Township 1 South, Range 3 West
Allred 1-16A3 <u>43-013-30232</u>	Section 16, Township 1 South, Range 3 West
Jenkins 3-16A3 <u>43-013-30877</u>	Section 16, Township 1 South, Range 3 West
✓ Allred 1-16A3 T- <u>43-013-30232 (WSTC)</u>	Section 16, Township 1 South, Range 3 West
Marshall 1-20A3 <u>43-013-30193</u>	Section 20, Township 1 South, Range 3 West
Lauren Ute 1-23A3 <u>43-013-30895</u>	Section 23, Township 1 South, Range 3 West
Fisher 1-16A4 <u>43-013-30737</u>	Section 16, Township 1 South, Range 4 West
Jessen 1-17A4 <u>43-013-30173 (GWS)</u>	Section 17, Township 1 South, Range 4 West
State 1-19A4 <u>43-013-30322</u>	Section 19, Township 1 South, Range 4 West
Miles 1-30A4 <u>43-013-30300</u>	Section 30, Township 1 South, Range 4 West
Birch 1-26A5 <u>43-013-30153 (GWS)</u>	Section 26, Township 1 South, Range 5 West
Christensen 2-26A5 <u>43-013-30905</u>	Section 26, Township 1 South, Range 5 West
Jensen 1-29A5 <u>43-013-30154</u>	Section 29, Township 1 South, Range 5 West
Jensen 2-29A5 <u>43-013-30974</u>	Section 29, Township 1 South, Range 5 West
Jensen 1-31A5 <u>43-013-30186</u>	Section 31, Township 1 South, Range 5 West
Barrett 1-34A5 <u>43-013-30323</u>	Section 34, Township 1 South, Range 5 West
Birch 1-35A5 <u>43-013-30233</u>	Section 35, Township 1 South, Range 5 West
✓ Birch 2-35A5 <u>PA. Recorded 43-013-31077</u>	Section 35, Township 1 South, Range 5 West
Stevenson 1-36A5 <u>43-013-30196</u>	Section 36, Township 1 South, Range 5 West
Ford 2-36A5 <u>43-013-30911</u>	Section 36, Township 1 South, Range 5 West
Cheney 1-4B5 <u>43-013-30222</u>	Section 4, Township 2 South, Range 5 West
✓ Edwards 2-4B5 <u>43-013-30901</u>	Section 4, Township 2 South, Range 5 West

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

305511 IN TRIPLICATE  
(Other instructions on reverse side)

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. FPP	
2. NAME OF OPERATOR Linmar Petroleum Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 1327, Roosevelt, Utah 84066		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any requirements. See also space 17 below.) At surface 1800' FNL, 1432 FEL (SWNE)		8. FARM OR LEASE NAME Stevenson Heirs	
14. PERMIT NO. 43-013-30196		9. WELL NO. 1-36A5	
15. ELEVATIONS (SHOW WHETHER SURFACE, ETC.) 6,683' GR		10. FIELD AND POOL, OR WILDCAT Altamont	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 36, T1S, R5W	
		12. COUNTY OR PARISH Duchesne	
		18. STATE Utah	

**RECEIVED**  
JUN 09 1989  
DIVISION OF OIL GAS & MINING

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 checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>

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

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The Green River perforations from 10,820' to 11,461' were acidized with 2500 gallons 15% HCL on 5/22/89. Acid contained 8 gpm corrosion inhibitor, 3 gpm demulsifier, and 2 clay stabilizer. Two hundred ball sealers were dropped for diversion.

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

SIGNED [Signature] TITLE Production Engineer DATE 01-Jun-89

(This space for Federal or State office use)

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

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

(See instructions on reverse side)

**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.)

RECEIVED  
MAY 17 1990  
DIVISION OF OIL, GAS & MINING

1. OIL WELL  GAS WELL  OTHER

2. NAME OF OPERATOR  
Linmar Petroleum Company

3. ADDRESS OF OPERATOR  
P.O. Box 1327, Roosevelt, Utah 84066

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\* See also space 17 below.)  
At surface  
  
1800' FNL, 1432' FEL (SWNE)

14. PERMIT NO.  
43-013-30196

15. ELEVATIONS (Show whether, DF, AT, OR, etc.)  
6,683' GR

5. LEASE DESIGNATION AND SERIAL NO.  
Fee

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Stevensen

9. WELL NO.  
1-36A5

10. FIELD AND POOL, OR WILDCAT  
Altamont

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 36, T15, R5W

12. COUNTY OR PARISH  
Duchesne

13. STATE  
Utah

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(Other) _____		(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 existing Green River perforations from 10,820' to 11,401' were acidized with 4,000 gallons 15% HCL on 5/3/90. The acid was pumped in four-1000 gallon stages each separated with 500 gallon MSR water pads. Two hundred RCNB's were dropped for diversion.

OIL AND GAS	
DRN	RJF
JRB	GLH
DTS	SLS
1-TAS	
2- MICROFILM	
3- FILE 15-May-90	

18. I hereby certify that the foregoing is true and correct  
SIGNED [Signature] TITLE Production Engineer DATE FILE 15-May-90

(This space for Federal or State office use)

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

LINMAR PETROLEUM COMPANY  
Roosevelt, UT 84066

Stevenson 1-36A5  
AFE# M136A5-932  
November 9, 1993

WELL DATA:

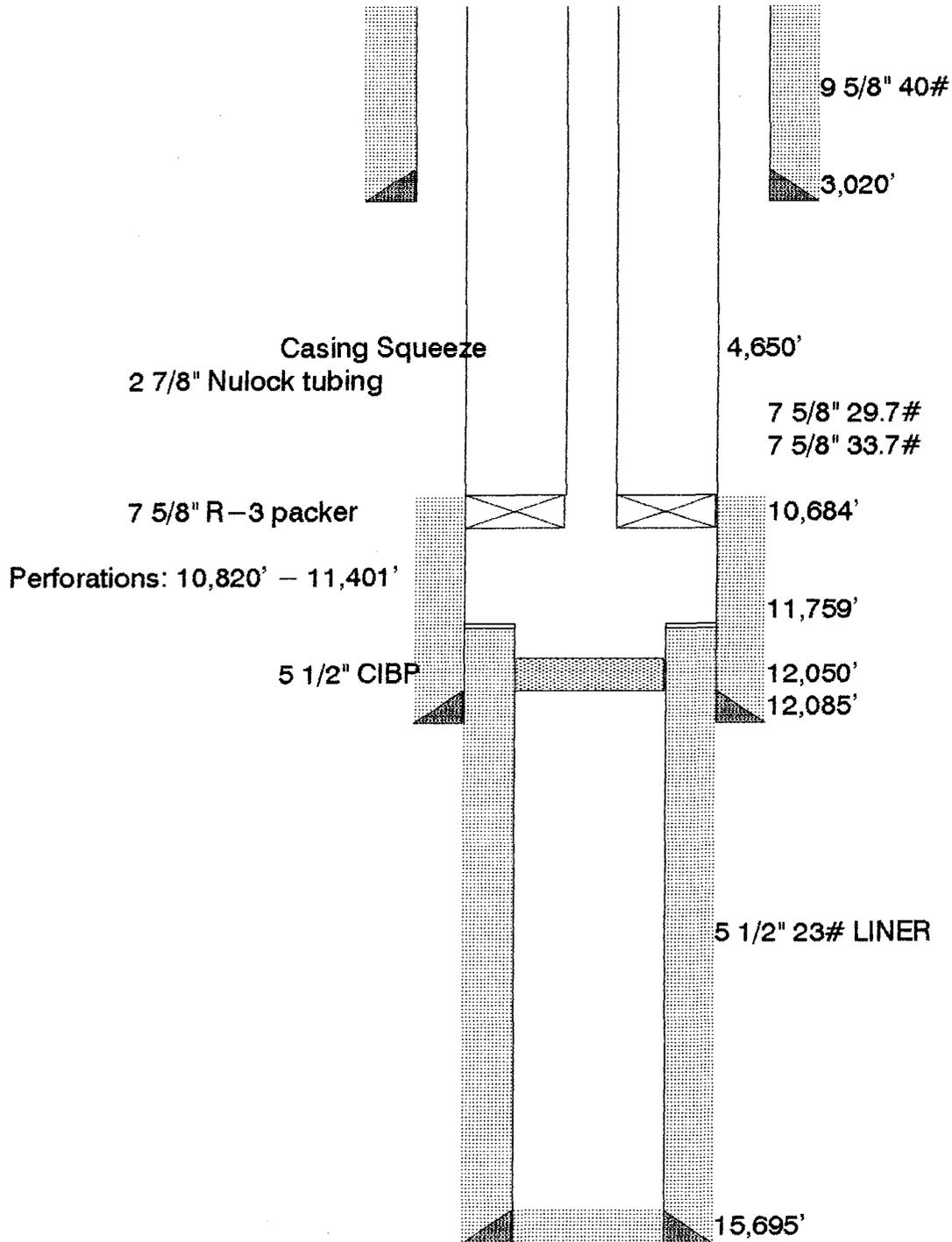
Perforations: 10,820' - 11,401'  
Last Stimulation: 4,000 gallons 15% HCL acid  
Casing Squeeze: 4,650'  
Bridge Plug: CIBP at 12,050'  
Liner Top: 5 1/2" at 11,759'  
Packer Depth: 7 5/8" 33.7# R-3 packer at 10,692'.

PROCEDURE:

1. MIRU workover rig. NU ROPE.
2. POOH w/ 349 jts tubing, National pump cavity, and 7 5/8" R-3 packer.
3. PU & RIH with 7 5/8" wax knife to 10,800'.
4. RIH w/7 5/8" 33.7# CIBP and set plug at 10,750'±.
5. Spot a balanced 50 sack class G cement plug on CIBP.
6. Circulate 9ppg mud into hole. Fill hole from cement plug to 4650'.
7. POOH w/pipe. RIH w/packer and isolate hole. CIH and test CIBP at 10,750. RIH w/cement retainer and set above hole. Establish injection rate. Pump 75 sacks class G cement on casing leak with remainder on retainer.
8. Fill hole with mud to 3120'.
9. POOH and lay down tubing to 3120'±.
10. Open 9 5/8" - 7 5/8" annulus surface valve and fill annular area with 10-2 RFC and 50-50 POZ cement.
11. Spot a balanced 150' class G cement plug across 9 5/8" shoe.
12. Fill hole with 9 ppg mud. POOH and lay down tubing. Cut off wellhead.
13. RIH w/4 jts tubing and spot a balanced class G cement plug in 7 5/8" casing allowing excess to fill up annular areas.
14. Weld dry hole marker on casing stubs. RDMO service unit.
15. Move off surface equipment. Reclaim location as per land owner's instruction.

11/11/93  
MSG

LINMAR PETROLEUM COMPANY  
STEVENS ON HEIRS 1-36A5  
NOVEMBER 9, 1993  
CURRENT WELLBORE DIAGRAM





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

6. Lease Designation and Serial Number  
**Fee**

7. Indian Allottee or Tribe Name

8. Unit or Communitization Agreement

**SUNDRY NOTICES AND REPORTS ON WELLS**  
Do not use this form for proposals to drill new wells, deepen existing wells, or to reenter plugged and abandoned wells.  
Use APPLICATION FOR PERMIT for such proposals.

1. Type of Well  
 Oil Well     Gas Well     Other (specify)

9. Well Name and Number  
**Stevensen 1-36A5**

2. Name of Operator  
**Linmar Petroleum Company**

10. API Well Number  
**43-013-30196**

3. Address of Well  
**P.O. Box 1327, Roosevelt, Utah 84066**

4. Telephone Number  
**722-4546**

11. Field and Pool, or Wildcat  
**Altamont**

5. Location of Well  
 Footage : **1800' FNL, 1432' FEL (SWNE)** County : **Duchesne**  
 QQ Sec. T., R., M. : **Sec. 36, T1S, R5W** USM State : **Utah**

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

**NOTICE OF INTENT**  
(Submit in Duplicate)

- Abandonment
- Casing Repair
- Change of Plans
- Conversion to Injection
- Fracture Treat
- Multiple Completion
- Other

- New Construction
- Pull or Alter Casing
- Recompletion
- Shoot or Acidize
- Vent or Flare
- Water Shut-Off

**SUBSEQUENT REPORT**  
(Submit Original Form Only)

- Abandonment \*
- Casing Repair
- Change of Plans
- Conversion to Injection
- Fracture Treat
- Other
- New Construction
- Pull or Alter Casing
- Shoot or Acidize
- Vent of Flare
- Water Shut-Off

Approximate Date Work Will Start \_\_\_\_\_

Date of Work Completion \_\_\_\_\_

Report results of Multiple Completions and Recompletions to different reservoirs on WELL COMPLETION OR RECOMPLETION AND LOG form.

\* Must be accompanied by a cement verification report.

13. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Linmar intends to plug and abandon the subject well.  
 Enclosed are the following:  
 1) Plugging procedure.  
 2) Current wellbore diagram.  
 3) Proposed wellbore diagram.

**RECEIVED**

NOV 16 1993

APPROVED BY THE STATE  
OF UTAH DIVISION OF  
OIL, GAS, AND MINING

DATE: 11/12/93  
BY: [Signature]

DIVISION OF  
OIL, GAS & MINING

*Notify DOGM 24 hrs. prior to plugging*

14. I hereby certify that the foregoing is true and correct.  
 Name & Signature: [Signature]

Title **Petroleum Engineer**

Date **14-Nov-93**

STATE OF UTAH  
DIVISION OF OIL, GAS AND MINING  
ABANDONMENT OPERATIONS

RECEIVED

FEB 15 1994

COMPANY NAME: Linmar Production  
WELL NAME: Stevenson 1-36A5 - 43-03-30196 - P4  
QTR/QTR: SW/NE SECTION: 36 TWP: 1S RANGE: 5W  
CEMENTING COMPANY: Dowell-Schlumberger WELL SIGN: yes  
INSPECTOR: David W. Hackford TIME: 11:30 AM DATE: 2/3/94

CEMENTING OPERATIONS: PLUGBACK: \_\_\_\_\_ SQUEEZE: \_\_\_\_\_ P&A WELL: Yes  
SURFACE PLUG: at shoe & surface INTERMEDIATE PLUG: Retainer @ 4397  
BOTTOM PLUG SET AT: 10657' WIRELINE: \_\_\_\_\_ MECHANICAL: yes  
PERFORATIONS: 10820 to 11401' SQUEEZE PRESSURE: \_\_\_\_\_

CASING SIZE & GRADE: SURFACE: 9 5/8 40# PRODUCTION: 75/8 29 @ 33#  
Liner: 5 1/2 " 23#  
PRODUCTION CASING TESTED TO: 1000 PSI TIME: 15 MIN

- SLURRY INFORMATION : (INCLUDE NO. OF SACKS, CLASS AND ADDITIVES)
1. SURFACE PLUG: 50 sacks class G across surface shoe
  2. INTERMEDIATE PLUG: 179 sx 50-50 poz plus 50 sx G squeeze  
50sx class G on top of retainer
  3. BOTTOM PLUG: CIBP @ 10657' CMT @ 10657' to 10427'
  4. CEMENT ON TOP OF PLUG: 50 sacks class G
  5. ANNULUS CEMENTED: 150 sx 50-50 poz with 12% gel. Tail: 50 sx 102 RFC
  6. TYPE OF FLUID LEFT IN WELL BORE: 9.0 lb. per gal. 60 vis mud

ABANDONMENT MARKER SET:  
PLATE: \_\_\_\_\_ PIPE: yes CORRECT INFORMATION: yes  
REHABILITATION COMPLETED: by summer 1994

COMMENTS: See attached sheet

2/1/94

Arrived at location at 7:00 AM. Carol Estes told me that yesterday he set a CIBP at 10657', then run a packer and established that more than one hole existed in 7 5/8 casing. Casing leaked between 4548' and 5006'. Casing tested between 5006' and CIBP @ 1000 psi for 15 minutes.

7:00 AM

Circulate hole @ 10,657, then cement with 50 sacks class G.

8:00 AM

Pull out of hole 8 joints to 10409' and reverse circulate.

10:00 AM

Fill hole with 9.0 lb. per gal. 60 vis mud to 5006'. Lay down tubing to 4397' then trip out and pick up cement retainer and trip in hole to 4397'

2:00PM

While tripping, the annulus between the 9 5/8 and 7 5/8 casing strings was filled with 150 sacks 50-50 poz with 12% gel added. This was followed with 50 sacks 10-2 RFC. This squeeze was finished with 1010 psi.

2/2/94

7:00 AM retainer was set at 4397' and cement was pumped. 179 sacks of 50-50 poz followed by 50 sacks class G. Stung out and reverse clear.

11:00 AM

50 sacks of class G was cemented on top of retainer. Lay down 8 joints and reverse clear. @ 4154' Mud was spotted between 4154' and 3116'. (9.0 lb. per gal, 60 vis.)

1:00 PM

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

FEB 23 1994

6. Lease Designation and Serial Number  
**Fee**  
7. Indian Allottee or Tribe Name  
8. Unit or Communitization Agreement

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1. Type of Well  
 Oil Well       Gas Well       Other (specify)

9. Well Name and Number  
**Stevensen 1-36A5**

2. Name of Operator  
**Linmar Petroleum Company**

10. API Well Number  
**43-013-30196**

3. Address of Well  
**P.O. Box 1327, Roosevelt, Utah 84066**

4. Telephone Number  
**722-4546**

11. Field and Pool, or Wildcat  
**Altamont**

5. Location of Well  
Footage : **1800' FNL, 1432' FEL (SWNE)** County : **Duchesne**  
QQ. Sec, T., R., M. : **Sec. 36, T1S, R5W** **USM** State : **Utah**

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

**NOTICE OF INTENT**  
(Submit in Duplicate)

<input type="checkbox"/> Abandonment	<input type="checkbox"/> New Construction
<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Pull or Alter Casing
<input type="checkbox"/> Change of Plans	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Conversion to Injection	<input type="checkbox"/> Shoot or Acidize
<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Vent or Flare
<input type="checkbox"/> Multiple Completion	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Other	

**SUBSEQUENT REPORT**  
(Submit Original Form Only)

<input checked="" type="checkbox"/> Abandonment *	<input type="checkbox"/> New Construction
<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Pull or Alter Casing
<input type="checkbox"/> Change of Plans	<input type="checkbox"/> Shoot or Acidize
<input type="checkbox"/> Conversion to Injection	<input type="checkbox"/> Vent or Flare
<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Other	

Approximate Date Work Will Start \_\_\_\_\_

Date of Work Completion \_\_\_\_\_  
Report results of Multiple Completions and Recompletions to different reservoirs on WELL COMPLETION OR RECOMPLETION AND LOG form.  
\* Must be accompanied by a cement verification report.

13. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates. 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 has been plugged and abandoned according to state requirements. Attached are the following: 1) Plugging Procedure. 2) Final wellbore diagram. The procedure was witnessed by Dave Hackford of the State of Utah DOGM.

14. I hereby certify that the foregoing is true and correct.  
Name & Signature: *Carroll Ester* Title **Petroleum Engineer** Date **16-Feb-94**  
(State Use Only)

M136A5 940127 001 CEE 2100

STEVENSON 1-36A5

PLUG AND ABANDON

AFE #M136A5-931 \$53,700

MIRU Welltech #562. ND WH. NU BOPE. Release packer. TOOH w/5 jts  
8rd tbg, x-o, 344 jts NU-lock tbg, x-o, 1-6' tbg sub, National  
F cavity w/SV in place and Baker 7 5/8", 33.7#, R-3 packer. PU  
6 1/4" paraffin knife and TIH on 92 jts tbg. Circ out paraffin  
to rig flat tank. Drain pump and lines. SWIFN.

WELLTECH #562 1600

BOPE 200

JONES TRKG 300

DC=\$2,100 CC=\$2,100

M136A5 940128 002 CEE 3200

STEVENSON 1-36A5

PLUG AND ABANDON

AFE #M136A5-931 \$53,700

Circ out paraffin to rig flat tank. TOOH w/258 jts tbg. LD paraffin  
knife. PU Baker 7 5/8", 33.7#, CIBP and tally in hole w/349 jts  
,tbg. Set retainer @10,657'. POOH w/36 jts tbg, Drain pump and lines.  
SWIFN.

WELLTECH #562 1600

BOPE 200

BAKER-CIBP 1200

CEE 200

DC=\$3,200 CC=\$5,300

M136A5 940129 003 CEE 4000

STEVENSON 1-36A5

PLUG AND ABANDON

AFE #M136A5-932 \$53,700

TOOH w/313 jts tbg. LD Baker setting tool. PU Baker 7 5/8", 29.7#  
Retrievamatic packer and TIH on 164 jts tbg working through hard  
paraffin w/hot water and 20 bbls diesel. Test csg from 5,036' to  
CIBP @10,657 to 1,000 psi. POOH w/16 jts tbg to isolate hole. Pressure  
test csg from 4,518' to surface to 1,000 psi. Bad csg from 4,548'  
to 5,006'. Release packer. Drain pump and lines. SWIFWeekend.

WELLTECH #562 1500

BOPE 200

DIESEL 700

BAKER-PACKER 1200

CEE 400

DC=\$4,000 CC=\$9,300

M136A5 940130 000 CEE 00  
 STEVENSON 1-36A5  
 PLUG AND ABANDON  
 AFE #M136A5-932 \$53,700  
 SWIFWeekend.

M136A5 940131 000 CEE 000  
 STEVENSON 1-36A5  
 PLUG AND ABANDON  
 AFE #M136A5-932 \$53,700  
 SWIFWeekend.

M136A5 940131 004 CEE 1900  
 STEVENSON 1-36A5  
 PLUG AND ABANDON  
 AFE #M136A5-932 \$53,700

Pull 148 joints tubing and packer out of well. Pick up wax knife for 7 5/8" casing and run in well on 180 joints of tubing to 5500'. Circulate diesel out of well. Pull tubing and wax knife. Run 349 joints in well. Pump 100 bbls formation water down surface casing at 1000 psi, 4.5 BPM. SDFN.

WELLTECH #562 1500  
 DGH 400  
 DC=\$1900 CC=\$11200

M136A5 940202 005 CEE 8100  
 STEVENSON 1-36A5  
 PLUG AND ABANDON  
 AFE #M136A5-932 \$53,700

MIRU Dowell Schlumberger. Spot a balanced 50 sack Class G cement plug from CIBP @10,657' to 10,427'. POOH LD 8 jts tbg. Reverse circ csg clean. Displace csg from 10,415' to 5,006' w/250 bbls 9.0 ppg, 40 vis mud. POOH LD 197 jts tbg. Pump down 9 5/8" X 7 5/8" csg annulus as follows: 150 sacks 50-50 POZ +12% Gel tailed w/50 sacks 10-2 RFC cement, displace w/1 bbls water to clear pump and lines. Final pump pressure + 1010 psi. RD Dowell Schlumberger. POOH SB 144 jts tbg. PU Baker 7 5/8", 29.7# cement retainer and TIH on 144 jts tbg. Drain pump and lines. SWIFN.

WELLTECH #562 1500  
 BOPE 400  
 SEAGULL TRKG 100  
 DALBO TRKG 1300  
 UNIBAR MUD 1000  
 DOWELL-SHCLUM 3400  
 CEE 400  
 DC=\$8,100 CC=\$19,600

M136A5 940203 006 CEE 10200

STEVENSON 1-36A5

PLUG AND ABANDON

AFE #M136A5-932 \$53,700

Set retainer @4,397'. Pump 170 sacks 50-50 POZ +12% Gel cement tailed w/50 sacks Class G cement into holes in csg. Sting out of retainer. Spot a balanced 50 sack Class G cement plug from 4,397' to 4,167'. POOH LD 8 jts tbg. Reverse circ tbg clean. Spot 48 bbls 9.0 ppg, 40 vis mud from 4,154' to 3,116'. POOH LD 34 jts tbg. Spot a balanced 50 sack Class G cement plug across surface csg shoe from 3,116' to 2,886'. POOH LD 8 jts tbg. Reverse circ csg w/130 bbls 9.0 ppg, 40 vis from 2,874 to surface. POOH LD 88 jts tbg. POOH SB 6 jts tbg. SWIFN.

WELLTECH #562	1400
BOPE	200
DOWELL	5200
UNIBAR MUD	1000
BAKER-RETAINER	1400
DALBO TRKG	600
CEE	400
DC=\$10,200	CC=\$29,800

M136A5 940204 007 CEE 2400

STEVENSON 1-36A5

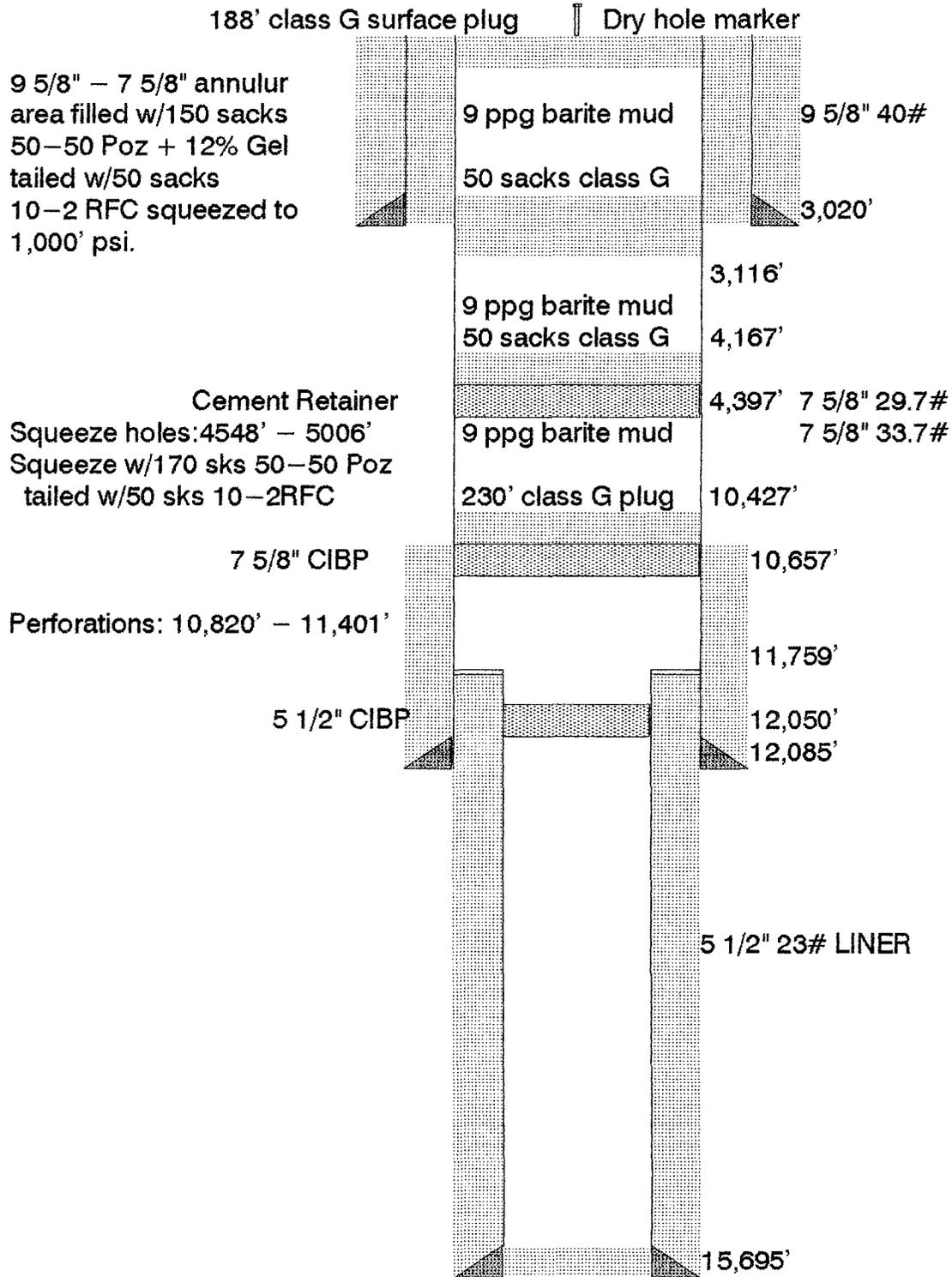
PLUG AND ABANDON

AFE #M136A5-932 \$53,700

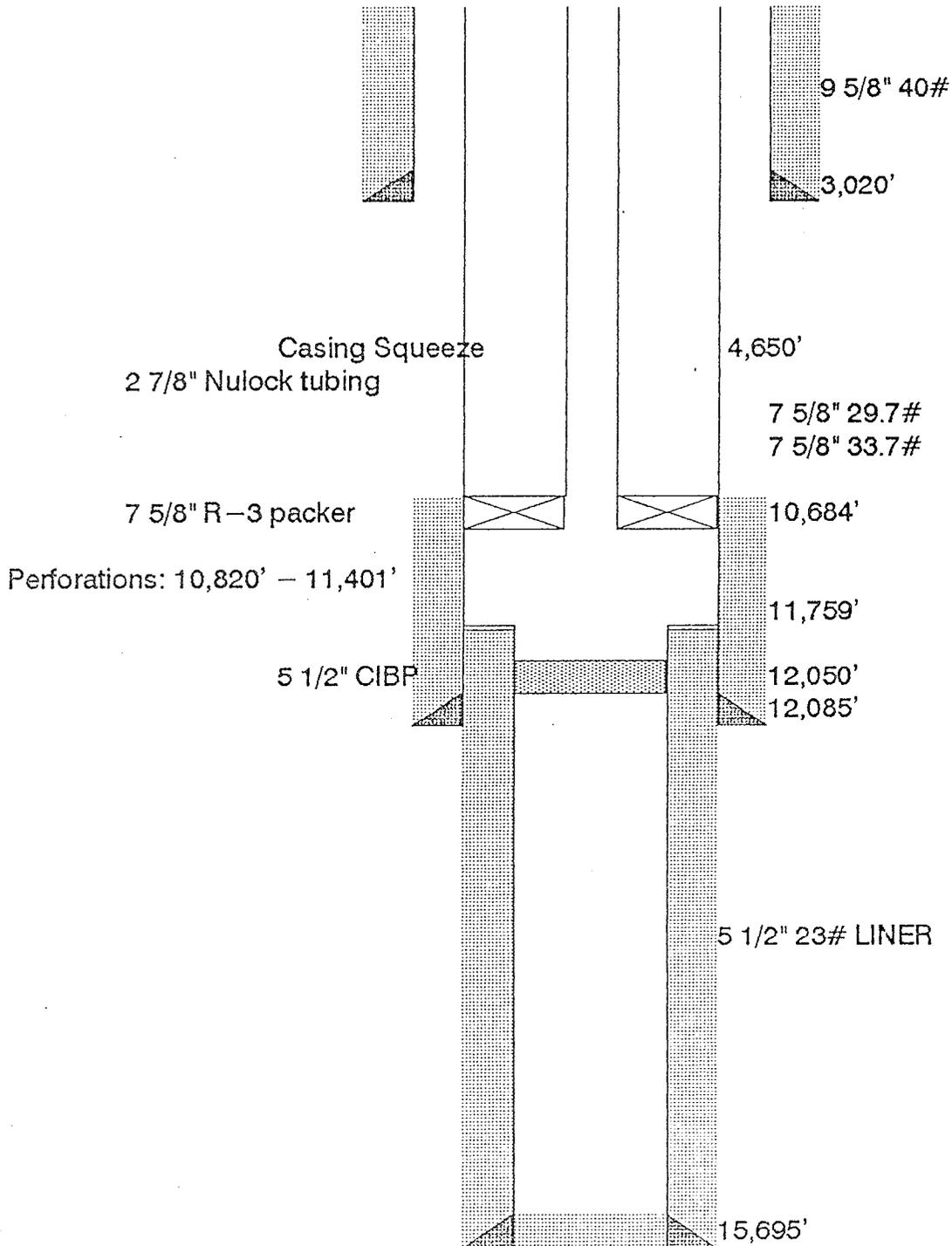
ND BOPE. Cutoff WH. RIH w/6 jts tbg to 188'. RU Dowell. Fill csg from 188' to surface w/class G cement. 9 5/8" X 7 5/8" annulus full to surface and took no cement. POOH LD 6 jts tbg. Install dry hole marker. Fill dry hole marker to surface w/cement. Plug and abandon witnessed by Mr. Dave Hackford of Utah Division Oil Gas and Minerals. RDMOSU. Surface restoration to be completed in the Spring.

WELLTECH #562	800
BOPE	200
SHINER WELDING	1000
CEE	400
DC=\$2,400	CC=\$32,200

**LINMAR PETROLEUM COMPANY**  
**STEVENSON HEIRS 1-36A5**  
**FEBRUARY 10, 1998**  
**FINAL WELLBORE DIAGRAM**



LINMAR PETROLEUM COMPANY  
STEVENSON HEIRS 1-36A5  
NOVEMBER 9, 1991  
CURRENT WELLBORE DIAGRAM



**OILFIELD SERVICES**

DSI SERVICE ORDER  
 RECEIPT AND INVOICE NO.  
 15-03-9151

DSI SERVICE LOCATION NAME AND NUMBER  
 Jernal Utah 15 03

CUSTOMER NUMBER CUSTOMER P.O. NUMBER TYPE SERVICE CODE BUSINESS CODES

CUSTOMER'S NAME  
 Linmar

WORKOVER  W  
 NEW WELL  N  
 OTHER  API OR IC NUMBER

ADDRESS  
 CITY, STATE AND ZIP CODE

IMPORTANT  
 SEE OTHER SIDE FOR TERMS & CONDITIONS  
 ARRIVE MO. DAY YR. TIME  
 LOCATION 2 1 94 0700

DSI will furnish and Customer shall purchase materials and services required in the performance of the following SERVICE INSTRUCTIONS in accordance with the general terms and conditions as printed on the reverse side of this service order and/or attached to this service order. This service order is subject to alternative dispute resolution.

SERVICE ORDER I authorize work to begin per service instructions in accordance with terms and conditions printed on the reverse side of this form and/or attached to this form and represent that I have authority to accept and sign this order.  
 SIGNATURE OF CUSTOMER OR AUTHORIZED REPRESENTATIVE:  
 \* [Signature]

Plug well as Requested

JOB MO. DAY YR. TIME  
 COMPLETION 2 1 94 1430

SERVICE RECEIPT I certify that the materials and services listed were received and all services performed in a workmanlike manner.  
 SIGNATURE OF CUSTOMER OR AUTHORIZED REPRESENTATIVE:  
 \* [Signature]

STATE CODE COUNTY / PARISH CODE CITY  
 Utah - Duchesne -

WELL NAME AND NUMBER / JOB SITE LOCATION AND POOL / PLANT ADDRESS SHIPPED VIA  
 Stephenson 1-36 A5 Sec T R Dowell

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
10287-001	Pump Charge	EA	1	980.00	980.00
039200-002	Mikeage 1 Unit 60mils	MU	60	2.80	168.00
039697-000	PAK	EA	1	150.00	150.00
049102-000	Delivery Chg 11 Tons 60mi	Ton	660	.94	620.40
049100-000	Service Chg	CFT	263	1.28	336.64
102146-002	D-804A 10-D RFL	SK	50	14.29	714.50
040007-000	D-907 G Conn	CFT	13	9.75	121.25
049008-000	D-35 P22 TH	CFT	65	4.79	311.35
049014-030	D-20 Conn to	lb	1499	.16	231.34
067005-100	S-1 COC12	lb	94	.39	36.26

SERVICE ORDER RECEIPT

Field Est # 4670.64 After Discount \$ 3378.91  
 LICENSE/REIMBURSEMENT FEE

REMARKS: Thank You Very Much  
 STATE COUNTY CITY % TAX ON \$  
 SIGNATURE OF DSI REPRESENTATIVE: Joe Reese TOTAL \$

CEMENTING SERVICE REPORT



DOWELL SCHLUMBERGER INCORPORATED

PROJECT NUMBER 1503-9151	DATE 2-1-94
STAGE DS	DISTRICT Jernal, Utah

DS-496 PRINTED IN U.S.A.

WELL NAME AND NO. Stevenson 1-3645	LOCATION (LEGAL) Sec T R
FIELD-POOL Altamont-BlueBell	FORMATION Wasatch
COUNTY/PARISH Duchesne	STATE Utah
API. NO.	
NAME Linmar	
AND	
ADDRESS	
ZIP CODE	

RIG NAME: Well Tech	WELL DATA:		BOTTOM	TOP
BIT SIZE 1	CSG/Liner Size 7 7/8	9 7/8		
TOTAL DEPTH	WEIGHT			
<input type="checkbox"/> ROT <input type="checkbox"/> CABLE	FOOTAGE			
MUD TYPE	GRADE			
<input type="checkbox"/> BHST <input type="checkbox"/> BHCT	THREAD			
MUD DENSITY	LESS FOOTAGE SHOE JOINT(S)			TOTAL
MUD VISC.	Disp. Capacity			

SPECIAL INSTRUCTIONS  
Mug Well with 50 sks to 10657' (225 Plug) Pump 240 BBLs Mud From 10415-5006', Pump 150 sks 50/50 G/PO2 + 12% D-20 Lead, 50 sk 10-2 RFC Crown, 9 7/8 - 7 7/8 Annulus.

NOTE: Include Footage From Ground Level To Head In Disp. Capacity			
Float TYPE	DEPTH	Stage Tool TYPE	DEPTH
SHOE TYPE	DEPTH	SHOE TYPE	DEPTH

IS CASING/TUBING SECURED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
LIFT PRESSURE N.A. PSI	CASING WEIGHT + SURFACE AREA (3.14 x R <sup>2</sup> )	
PRESSURE LIMIT 2500 PSI	BUMP PLUG TO PSI	
ROTATE RPM	RECIPROCATATE FT	No. of Centralizers

Head & Plugs	<input type="checkbox"/> TBG	<input type="checkbox"/> D.P.	SQUEEZE JOB	
<input type="checkbox"/> Double	SIZE 2 7/8	TOOL TYPE		
<input type="checkbox"/> Single	WEIGHT 6.5	DEPTH		
<input type="checkbox"/> Swage	GRADE	TAIL PIPE: SIZE	DEPTH	
<input type="checkbox"/> Knockoff	THREAD	TUBING VOLUME	Bbls	
TOP <input type="checkbox"/> OR <input type="checkbox"/> W	<input type="checkbox"/> NEW <input checked="" type="checkbox"/> USED	CASING VOL. BELOW TOOL	Bbls	
BOT <input type="checkbox"/> OR <input type="checkbox"/> W	DEPTH 10657'	TOTAL	Bbls	
		ANNUAL VOLUME	Bbls	

JOB SCHEDULED FOR TIME: 0700 DATE: 2-1	ARRIVE ON LOCATION TIME: 0700 DATE: 2-1	LEFT LOCATION TIME: DATE: 2-1
--	---	-------------------------------

TIME	PRESSURE		VOLUME PUMPED BBL		INJECT RATE	FLUID TYPE	FLUID DENSITY	SERVICE LOG DETAIL
	TBG OR D.P.	CASING	INCREMENT	CUM				
0001 to 2400								PRE-JOB SAFETY MEETING
08:56	220	0	10	0	3	H2O	8.34	Start Fresh Ahead
09:01	430		10	10	3	Cmt	15.8	Start Cement Slurry
09:06	50		10	20	4	H2O	8.34	Start Fresh Behind
09:08	70		50	30	4	For.	"	Start formation Displacement
09:25	-		-	80	0	-	-	Shutdown. Plug balanced @ 10657'
09:39	0	450	140	0	4	For	8.34	Start Reverse Circulation
10:16	0	0	-	140	0	-	-	Shutdown. 34" Cmt. to Surface.
10:18	1750	0	240	0	5	Mud	9	Start Mud @ 10415'
11:13	1740	0	21	240	5	For	8.34	Start H2O Displace
11:17	0	0	-	261	0	-	-	Shutdown. Full Tub. to 5000'
		Ann - 9 5/8 - 7 7/8						
13:58	0	870	42	0	3	Cmt.	13.1	Start Lead Slurry
14:13	0	1240	15	45	3	Cmt.	14.2	Start Tail Slurry
14:18	0	1010	1	60	3	H2O	8.34	Pump 1 BBLs H2O to Clear lines
14:18	-	-	-	61	0	-	-	Shutdown.
								Dowell Complete.

REMARKS 1-20 Checked Good for Mixing Cement.

SYSTEM CODE	NO. OF SACKS	YIELD CU. FT/SK	COMPOSITION OF CEMENTING SYSTEMS		SLURRY MIXED		
			BBLs	DENSITY	BBLs	DENSITY	
1.	50	1.15	G Cement				
2.	130	1.38	50/50, G/PO2 + 12% D-20			142	14.81
3.	50	1.66	10-2 RFC			13	14.2
4.							
5.							
6.							

BREAKDOWN FLUID TYPE	VOLUME	DENSITY	PRESSURE	MAX.	MIN:
<input type="checkbox"/> HESITATION SQ.	<input type="checkbox"/> RUNNING SQ.	CIRCULATION LOST	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Cement Circulated To Surf.	<input type="checkbox"/> YES <input type="checkbox"/> NO
BREAKDOWN	PSI	FINAL	PSI	DISPLACEMENT VOL. 60, 21, 1	Bbls
Washed Thru Perfs	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO	FT.	MEASURED DISPLACEMENT	<input type="checkbox"/> WIRELINE
PERFORATIONS	TO	TO	CUSTOMER REPRESENTATIVE	DS SUPERVISOR	
			Carrol Estes	Joe Reese	



# UNIBAR ENERGY SERVICES, INC.

a member of the Anchor Group

2901 Wilcrest Drive • Suite 250  
Houston, Texas 77042-6010  
Tel: (713) 789-1422 • Fax: (713) 789-1704

ONE TIME BILLING

DELIVERY TICKET #

64371

DATE 2/2/94

CASH SALE

VENDOR RECEIPT

CHARGE SALE

TRANSFER IN

CUSTOMER RETURN

TRANSFER OUT

WHSE # 301

P.O. # \_\_\_\_\_

Customer/Vendor: <u>Linmar</u>		Customer No:
Address: <u>P.O. Box 1327</u>		Ordered by: <u>C. Estes</u>
City, State: <u>Roosevelt, Utah 84066</u>		Bill of Lading No.:
Well Name and Number: <u>Stevenson 1-36A5</u>	County/Parish:	State:
Contractor and Rig Number: <u>Welltech 233</u>		Spud Job No.:
Shipped Via: <u>Dalbo</u>	Vehicle No.:	Trailer No.:
Freight Billed To: <u>Linmar</u>		Freight Rate:

### HAZARDOUS MATERIALS DESCRIPTION

PROD. CODE	QTY.	UNIT SIZE	PRODUCT DESCRIPTION	UNIT PRICE	AMOUNT
00165		50#	CAUSTIC SODA, DRY BEAD--CORROSIVE, UN1823,RQ		
00160		50#	CAUSTIC POTASH, DRY FLAKE--CORROSIVE, UN1813,RQ		

### PRODUCT DESCRIPTION

PROD. CODE	QTY.	UNIT SIZE	PRODUCT DESCRIPTION	UNIT PRICE	AMOUNT	PROD. CODE	QTY.	UNIT SIZE	PRODUCT DESCRIPTION	UNIT PRICE	AMOUNT
01005		TON	UNIBAR (Bulk)			08575		50#	LIME		
01000		100#	UNIBAR (Sack)			01515		50#	SALT GEL		
01525		100#	UNI--GEL			03045		50#	STARCH (White)		
01535		100#	UNI--PREMIUM GEL			08620		100#	SODA ASH		
02075		50#	UNI--SPERSE			08225		100#	SAPP		
02065		50#	UNI--LIG			08520		50#	SODIUM BICARB		
03540		50#	UNI--PAC (Reg.)			07525		40#	CEDAR FIBER		
03535		50#	UNI--PAC S.L.			07665		40#	MULTI-SEAL		
10015	480	BBLs	9.0#/60 V IMud	4.00	1,920.00						
						10560		EA.	PALLETS		
						10565		EA.	SHRINK WRAP		

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

ISSUED BY Roosevelt  
UNIBAR ENERGY SERVICES, INC.

RECEIVED BY [Signature]  
(CUSTOMER)

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition.

DRIVER \_\_\_\_\_

SUB-TOTAL	1,920.00
TAXES 6%	115.20
DELIVERY	
TOTAL	2,035.20

# DOWELL SCHLUMBERGER INCORPORATED

P.O. BOX 4378 HOUSTON, TEXAS 77210

D.S.I. REPRESENTATIVE

## OILFIELD SERVICES

DSI SERVICE ORDER  
RECEIPT AND INVOICE NO.  
**1503-9153**

DSI SERVICE LOCATION NAME AND NUMBER  
**1573**

CUSTOMER NUMBER: \_\_\_\_\_ CUSTOMER P.O. NUMBER: \_\_\_\_\_  
TYPE SERVICE CODE: **216** BUSINESS CODES: \_\_\_\_\_

CUSTOMER'S NAME  
**Lamar**

WORKOVER  W  
NEW WELL  N  
OTHER  O  
API OR IC NUMBER: \_\_\_\_\_

ADDRESS

CITY, STATE AND ZIP CODE

DSI will furnish and Customer shall purchase materials and services required in the performance of the following SERVICE INSTRUCTIONS in accordance with the general terms and conditions as printed on the reverse side of this service order and/or attached to this service order. This service order is subject to alternative dispute resolution.

IMPORTANT  
SEE OTHER SIDE FOR TERMS & CONDITIONS

ARRIVE LOCATION: \_\_\_\_\_ MO. \_\_\_\_\_ DAY \_\_\_\_\_ YR. \_\_\_\_\_ TIME \_\_\_\_\_

SERVICE ORDER I authorize work to begin per service instructions in accordance with terms and conditions printed on the reverse side of this form and/or attached to this form and represent that I have authority to accept and sign this order.

SIGNATURE OF CUSTOMER OR AUTHORIZED REPRESENTATIVE  
**[Signature]**

JOB COMPLETION: \_\_\_\_\_ MO. \_\_\_\_\_ DAY \_\_\_\_\_ YR. \_\_\_\_\_ TIME \_\_\_\_\_

SERVICE RECEIPT I certify that the materials and services listed were received and all services performed in a workmanlike manner.

SIGNATURE OF CUSTOMER OR AUTHORIZED REPRESENTATIVE  
**[Signature]**

STATE: **TX** CODE: \_\_\_\_\_ COUNTY / PARISH: \_\_\_\_\_ CODE: \_\_\_\_\_ CITY: \_\_\_\_\_

WELL NAME AND NUMBER / JOB SITE: \_\_\_\_\_ LOCATION AND POOL / PLANT ADDRESS: \_\_\_\_\_ SHIPPED VIA: \_\_\_\_\_

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
05900-00	...	...	1	980.00	980.00
03400-00	...	...	...	...	...
03500-00	...	...	...	...	...
04000-00	...	...	...	...	...
04300-00	...	...	...	...	...
04400-00	...	...	...	...	...
<b>SERVICE ORDER RECEIPT</b>					
SUB TOTAL					

LICENSE/REIMBURSEMENT FEE: \_\_\_\_\_  
LICENSE/REIMBURSEMENT FEE: \_\_\_\_\_

REMARKS: \_\_\_\_\_

STATE: \_\_\_\_\_ % TAX ON \$ \_\_\_\_\_  
COUNTY: \_\_\_\_\_ % TAX ON \$ \_\_\_\_\_  
CITY: \_\_\_\_\_ % TAX ON \$ \_\_\_\_\_

SIGNATURE OF DSI REPRESENTATIVE: \_\_\_\_\_ TOTAL \$ \_\_\_\_\_

CEMENTING SERVICE REPORT

Schlumberger

Dowell

DOWELL SCHLUMBERGER INCORPORATED

TREATMENT NUMBER: 15039155  
 DATE: 2-2-94  
 STAGE: DS DISTRICT: Vernal UT

DS-496-A PRINTED IN U.S.A.

WELL NAME AND NO. STENSON LOCATION (LEGAL) S T R RIG NAME: Well Tech  
 FIELD POOL Bluebell A Home FORMATION Wasatch  
 COUNTY/PARISH Duchesne STATE Utah APL NO.  
 NAME Lamar Pet  
 ADDRESS  
 ZIP CODE

WELL DATA:		BOTTOM		TOP	
BIT SIZE	CSG/Liner Size				
TOTAL DEPTH <u>12000</u>	WEIGHT <u>29</u>				
<input type="checkbox"/> ROT <input type="checkbox"/> CABLE	FOOTAGE <u>5000</u>				
MUD TYPE	GRADE				
<input checked="" type="checkbox"/> BHST <input type="checkbox"/> BHCT <u>200</u>	THREAD <u>3</u>				
MUD DENSITY	LESS FOOTAGE SHOE JOINT(S)				TOTAL
MUD VISC.	Disp. Capacity				

NOTE: Include Footage From Ground Level To Head In Disp. Capacity

Float	TYPE	DEPTH	Stage Tool	TYPE	DEPTH
SHOE	TYPE	DEPTH		TYPE	DEPTH

SPECIAL INSTRUCTIONS: To furnish equipment, personnel & materials to plug & abandon said well.

Head & Plugs:  TBG  D.P. SQUEEZE JOB  
 Double SIZE 2 7/8 TOOL TYPE  
 Single WEIGHT 6.3 DEPTH  
 Swage GRADE TAIL PIPE: SIZE DEPTH  
 Knockoff THREAD TUBING VOLUME Bbls  
 TOP OR OW  NEW  USED CASING VOL. BELOW TOOL Bbls  
 BOT OR OW DEPTH 4397 TOTAL Bbls  
 ANNUAL VOLUME Bbls

IS CASING/TUBING SECURED?  YES  NO  
 LIFT PRESSURE PSI CASING WEIGHT ÷ SURFACE AREA (3.14 x R²)  
 PRESSURE LIMIT 2000 PSI BUMP PLUG TO PSI  
 ROTATE RPM RECIPROCATE FT No. of Centralizers

TIME 0001 to 2400 PRESSURE TBG OR D.P. CASING VOLUME PUMPED BBL INCREMENT CUM  
 JOB SCHEDULED FOR TIME 0700 DATE 2-2-94 ARRIVE ON LOCATION TIME 0700 DATE 2-2-94 LEFT LOCATION TIME 1600 DATE 2-2-94

TIME	PRESSURE	TBG OR D.P.	CASING	VOLUME PUMPED BBL		INJECT RATE	FLUID TYPE	FLUID DENSITY	SERVICE LOG DETAIL
				INCREMENT	CUM				
0800									PRE-JOB SAFETY MEETING
0815									Search for Ice Plugs
1012	100			10	10	2 1/2	H2O	8.32	START FRESH H2O
1016	500			60	70	2 1/2	Cmt	12.4	START Lead Slurry
1038	600			10	80	2 1/2	Cmt	15.8	START Tail Slurry Early Squeeze PST
1044	450			25	105	2 1/2	H2O	8.32	START Flush
1053									Shut Down String Out
1055				40	145	3	Brine	9.0	START Reverse Circulation
1109	150			5	150	2 1/2	H2O	8.32	START Fresh H2O Ahead for Plug @ 4397
1113	100			70	160	2 1/2	Cmt	15.8	START Cmt Plug
1117	200			5	165	2 1/2	H2O	8.32	START Fresh H2O Flush
1119				19	184	2 1/2	Brine	9.0	START Brine H2O Flush
1225				30	214	3	Brine	9.0	End Ice Plug Indio Line
1245	50			48	262	3	Mud	9.5	START Reverse Circulation
1305	100			8	270	3	Brine	9.0	START Mud Plug
1312		1000							Displace Mud Plug
									Pressure Test Casing for 15min

REMARKS

SYSTEM CODE	NO. OF SACKS	YIELD CU. FT/SK	COMPOSITION OF CEMENTING SYSTEMS				SLURRY MIXED	
							BBLs	DENSITY
1.	40	1.9	50-50	Poz 16	1290	DD6	80	12.4
2.	50	1.15	6	Neat			10	15.8
3.	50	1.15	6	Neat			10	15.8
4.	50	1.15	6	Neat			10	15.8
5.								
6.								

BREAKDOWN FLUID TYPE VOLUME DENSITY PRESSURE 1000 MAX. MIN:  
 HESITATION SQ.  RUNNING SQ. CIRCULATION LOST  YES  NO Cement Circulated To Surf.  YES  NO Bbls.  
 BREAKDOWN PSI FINAL PSI DISPLACEMENT VOL. 25124118 Bbls TYPE OF WELL  OIL  GAS  STORAGE  INJECTION  BRINE WATER  WILDCAT  
 Washed Thru Perfs  YES  NO TO FT. MEASURED DISPLACEMENT  WIRELINE  
 PERFORATIONS TO TO CUSTOMER REPRESENTATIVE Carroll Estes DS SUPERVISOR St. Jean



**OILFIELD SERVICES**

DSI SERVICE ORDER  
 RECEIPT AND INVOICE NO.  
 1503-9156

DSI SERVICE LOCATION NAME AND NUMBER  
 YOUNG 11-4 1013

CUSTOMER NUMBER CUSTOMER P.O. NUMBER TYPE SERVICE CODE BUSINESS CODES  
 WORKOVER  W  
 NEW WELL  N  
 OTHER

CUSTOMER'S NAME ADDRESS CITY, STATE AND ZIP CODE

LINMAR PETROLEUM

API OR IC NUMBER

IMPORTANT SEE OTHER SIDE FOR TERMS & CONDITIONS  
 ARRIVE LOCATION MO. DAY YR. TIME  
 02 03 94 0830

DSI will furnish and Customer shall purchase materials and services required in the performance of the following SERVICE INSTRUCTIONS in accordance with the general terms and conditions as printed on the reverse side of this service order and/or attached to this service order. This service order is subject to alternative dispute resolution.

SERVICE ORDER I authorize work to begin per service instructions in accordance with terms and conditions printed on the reverse side of this form and/or attached to this form and represent that I have authority to accept and sign this order.  
 SIGNATURE OF CUSTOMER OR AUTHORIZED REPRESENTATIVE

JOB COMPLETION MO. DAY YR. TIME  
 02 03 94 1130

SERVICE RECEIPT I certify that the materials and services listed were received and all services performed in a workmanlike manner.  
 SIGNATURE OF CUSTOMER OR AUTHORIZED REPRESENTATIVE

STATE CODE COUNTY / PARISH CODE CITY

UTAH WASHINGTON

WELL NAME AND NUMBER / JOB SITE LOCATION AND POOL / PLANT ADDRESS SHIPPED VIA

STEVENSON 1-36A5 Dwell

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
102872-03	0-30' Flaming Chrome	EA	1	830.00	830.00
051200-002	MISC	MISC	10	2.80	28.00
041102-	Delivery Charge & Tools	TRUCK	20	0.94	18.80
051000-000	Service Charge	EA	130	1.22	158.60
051011-000	RACK	EA	1	150.00	150.00
051001-000	Charge	EA	1	175.00	175.00
051005-000	Service Charge	EA	10	2.39	23.90

SERVICE ORDER RECEIPT

Field Expense \$299.59 After Discount = \$1473.11  
 SUB TOTAL  
 LICENSE/REIMBURSEMENT FEE

REMARKS: STATE % TAX ON \$ COUNTY % TAX ON \$ CITY % TAX ON \$ SIGNATURE OF DSI REPRESENTATIVE TOTAL \$

**CEMENTING SERVICE REPORT**

Schlumberger  
Dowell

**DOWELL SCHLUMBERGER INCORPORATED**

TREATMENT NUMBER: 1503-9156 DATE: 2/3/1994  
STAGE: DS DISTRICT: VERNAL, UTAH

DS-496-A PRINTED IN U.S.A.

WELL NAME AND NO. **STEVENSON** LOCATION (LEGAL) **SEC T R**  
 FIELD-POOL **BLUEBELL-Altamont** FORMATION **Plug + Abandon**  
 COUNTY/PARISH **DUCHESNE** STATE **UTAH** API. NO.  
 NAME **LINMAR PETROLEUM**  
 AND  
 ADDRESS  
 ZIP CODE

RIG NAME: **WELLTECH INC.**

WELL DATA:		BOTTOM		TOP	
BIT SIZE	CSG/Liner Size				
TOTAL DEPTH	WEIGHT				
<input type="checkbox"/> ROT <input type="checkbox"/> CABLE	FOOTAGE				
MUD TYPE	GRADE				
<input type="checkbox"/> BHST <input type="checkbox"/> BHCT	THREAD				
MUD DENSITY	LESS FOOTAGE SHOE JOINT(S)				TOTAL
MUD VISC.	Disp. Capacity				

NOTE: Include Footage From Ground Level To Head In Disp. Capacity

SPECIAL INSTRUCTIONS  
**FURNISH MATERIALS + PERSONNEL TO WELL to pump SURFACE plug w/ 2% SI BWOOL**

IS CASING/TUBING SECURED?  YES  NO  
 LIFT PRESSURE **N/A** PSI CASING WEIGHT ÷ SURFACE AREA (3.14 x R<sup>2</sup>)  
 PRESSURE LIMIT **500** PSI BUMP PLUG TO \_\_\_\_\_ PSI  
 ROTATE \_\_\_\_\_ RPM RECIPROCATATE \_\_\_\_\_ FT No. of Centralizers \_\_\_\_\_

Shot	TYPE	DEPTH	TYPE	DEPTH

Head & Plugs  TBG  D.P. SQUEEZE JOB

Double SIZE **27/8** TOOL TYPE

Single  WEIGHT **6.5#** DEPTH

Swage  GRADE \_\_\_\_\_ TAIL PIPE: SIZE DEPTH

Knockoff  THREAD **8rd** TUBING VOLUME Bbls

TOP  OR  W  NEW  USED CASING VOL. BELOW TOOL Bbls

BOT  OR  W DEPTH **180'** TOTAL Bbls

ANNUAL VOLUME Bbls

TIME	PRESSURE		VOLUME PUMPED BBL		JOB SCHEDULED FOR			ARRIVE ON LOCATION		LEFT LOCATION	
	TBG OR D.P.	CASING	INCREMENT	CUM	TIME: 0900	DATE: 02/3/94	TIME: 0830	DATE: 02/03/94	TIME:	DATE:	
0001 to 2400											
1015											
1020	50		5.6	0	1.0	lmt	15.8				
1028	50		0	5.6	0						
1115	50		3	5.6	1.0	lmt	15.8				
1118	110		2	8.6	0						

REMARKS

PRE-JOB SAFETY MEETING

Pump 5.6 bbls Mass G lmt @ 15.8

Shutdown POOH

BEGIN Pumping

Shutdown Rig Down DS

SYSTEM CODE	NO. OF SACKS	YIELD CU. FT/SK	COMPOSITION OF CEMENTING SYSTEMS				SLURRY MIXED	
							BBLs	DENSITY
1.	80	1.15	Mass G w/ 2% SI @ 15.8				16	15.8
2.								
3.								
4.								
5.								
6.								

BREAKDOWN FLUID TYPE VOLUME DENSITY PRESSURE **50** MAX. **0** MIN.

HESITATION SQ.  RUNNING SQ. CIRCULATION LOST  YES  NO Cement Circulated To Surf.  YES  NO **0.5** Bbls.

BREAKDOWN PSI FINAL PSI DISPLACEMENT VOL. **NONE** Bbls TYPE OF WELL  OIL  GAS  STORAGE  INJECTION  BRINE WATER  WILDCAT

Washed Thru Perfs  YES  NO TO FT. MEASURED DISPLACEMENT  WIRELINE

PERFORATIONS TO TO CUSTOMER REPRESENTATIVE **CARROLL ESTES** DS SUPERVISOR *Chris Harper*



# SALES & SERVICE INVOICE

FORM BST-20-80 (REV. 7/87)

S.S.I. NO.

REMIT TO: BAKER SERVICE TOOLS P.O. BOX 200415 HOUSTON, TEXAS 77216

136-78022

TERMS: NET 30 DAYS FROM DATE OF INVOICE

P.O. BOX 40129, HOUSTON, TEXAS 77240

DATE ISSUED: 01-27-94 SHIPPED FROM: (DISTRICT) Vernal, Utah

**SOLD TO:** Linmar Petroleum  
7979 Turfs Ave, PKWY #604  
Denver, Colorado

**SHIP TO:** WELL NO. FIELD LEASE  
Stevenson Altman 1-36A5

COUNTY: Duchesne STATE: Utah

PURCHASE ORDER NUMBER: REQUISITION NUMBER: JOB CODE: 22 STATE TO: 49 COUNTY TO: TERRITORY: 36624 CUSTOMER CODE: LEM PROJECT CODE: B-5 SHIP VIA: Our Delv. DATE SHIPPED: 01/27/94

ITEM	QUANTITY	COMMODITY NO.	DESCRIPTION	PRODUCT NO. F/PARTS	TAX CODE	REV. CODE	UNIT CONTROL CODE	DISC.	NET AMOUNT
01	01	400-21-4322	Sale of Baker Model "K-1" Cement Retainer. 11/1/94 Size HAA w/o service			11	1746 00	35%	1134 90
02	120	400-21-4322	Round Trip Pickup mileage			WF	1 20		144 00
03	01	407-05-5920	Service with 02 Model "EA" Retainer. 11/1/94 First 8 HRS. 01-22-94			11	1359 00	25%	1019 15
04	120	407-05-5920	Round Trip Pickup mileage 01-28-94			WF	1 20		144 00
05	01	400-21-4322	Sale of Baker Model "K-1" Cement Retainer. 02-22-94 Size HAA w/o service			11	1746 00	25%	1309 50
06	120	400-21-4322	Round Trip Pickup mileage Even Vernal Set at 4390'			WF	1 20		144 00
07	01	598-40-1000	Rental of 3 Valve Cementing Manifold			B2	167 00	25%	125 25
2									

DO NOT PAY FROM THIS COPY  
YOU WILL BE INVOICED

TAX

SIGNED FOR BAKER SERVICE TOOLS  
*Dale Johnson*  
REPRESENTATIVE

I certify that the above materials or services have been received on the terms and conditions set forth on the reverse side hereof, which the undersigned has read and understood that the basis for charges is correctly stated and that I am authorized to sign this memorandum as agent of owner or contractor.  
AGENT OF OWNER OR CONTRACTOR: *Charles 28-30*  
(NAME IN FULL)

CHECKED BY: CODED BY: TOTAL 4020 90

CHARGES ARE SUBJECT TO CORRECTION BY OUR INVOICING DEPARTMENT IN ACCORDANCE WITH LATEST PRICE SCHEDULES AND THE ADDITION OF APPLICABLE STATE AND LOCAL SALES/USE TAX IF NOT LISTED ABOVE.

CUSTOMER'S COPY

STATE OF UTAH  
DIVISION OF OIL, GAS AND MINING

RECEIVED

17 1994

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill new wells, deepen existing wells, or to reenter plugged and abandoned wells.  
Use APPLICATION FOR PERMIT TO DRILL OR DEEPEN form for such proposals.

5. Lease Designation and Serial Number:

Fee

6. If Indian, Allottee or Tribe Name:

Ute

7. Unit Agreement Name:

N/A

1. Type of Well:

OIL  GAS  OTHER:

8. Well Name and Number:

Stevenson Heirs #1-36A5

2. Name of Operator:

Coastal Oil & Gas Corporation

9. API Well Number:

43-013-30196

3. Address and Telephone Number:

P.O. Box 749, Denver, CO 80201-0749

(303) 573-4476

10. Field and Pool, or Wildcat:

Altamont

4. Location of Well

Footages: 1800' FNL & 1432' FEL  
QQ, Sec., T., R., M.: Section 36, T2S-R5W

County: Duchesne  
State: Utah

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

NOTICE OF INTENT  
(Submit In Duplicate)

- Abandon
- Repair Casing
- Change of Plans
- Convert to Injection
- Fracture Treat or Acidize
- Multiple Completion
- Other Change of operator
- New Construction
- Pull or Alter Casing
- Recompletion
- Perforate
- Vent or Flare
- Water Shut-Off

Approximate date work will start 9/8/94

SUBSEQUENT REPORT  
(Submit Original Form Only)

- Abandon \*
- Repair Casing
- Change of Plans
- Convert to Injection
- Fracture Treat or Acidize
- Other \_\_\_\_\_
- New Construction
- Pull or Alter Casing
- Perforate
- Vent or Flare
- Water Shut-Off

Date of work completion \_\_\_\_\_

Report results of **Multiple Completions** and **Recompletions** to different reservoirs on WELL COMPLETION OR RECOMPLETION REPORT AND LOG form.

\* Must be accompanied by a cement verification report.

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

There was a change of operator for the above well.

OPERATOR - FROM: Linmar Energy, Inc.  
TO: Coastal Oil & Gas Corporation

All operations will be covered by Nationwide Bond No. 11-40-66A, Bond No. 6053821, as required by the State of Utah, and Nationwide Bond No. 962270.

13.

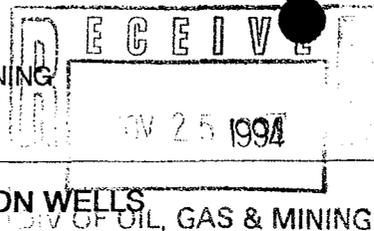
Name & Signature:

Bonnie Johnston  
Title: Environmental Analyst

Date: 11/14/94

(This space for State use only)

STATE OF UTAH  
DIVISION OF OIL, GAS AND MINING



**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill new wells, deepen existing wells, or to reenter plugged and abandoned wells.  
Use APPLICATION FOR PERMIT TO DRILL OR DEEPEN form for such proposals.

5. Lease Designation and Serial Number: Fee	
6. If Indian, Allottee or Tribe Name: Ute	
7. Unit Agreement Name: N/A	
8. Well Name and Number: Stevenson Heirs #1-36A5	
9. API Well Number: 43-013-30196	
10. Field and Pool, or Wildcat: Altamont	
1. Type of Well: OIL <input checked="" type="checkbox"/> GAS <input type="checkbox"/> OTHER:	
2. Name of Operator: Linmar Petroleum Company	
3. Address and Telephone Number: 7979 East Tufts Ave. Parkway, Suite 604, Denver, CO 80237 (303) 773-8003	
4. Location of Well Footages: 1800' FNL & 1432' FEL County: Duchesne QQ, Sec., T., R., M.: Section 36, T2S-R5W State: Utah	

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

NOTICE OF INTENT (Submit In Duplicate)	SUBSEQUENT REPORT (Submit Original Form Only)
<input type="checkbox"/> Abandon <input type="checkbox"/> Repair Casing <input type="checkbox"/> Change of Plans <input type="checkbox"/> Convert to Injection <input type="checkbox"/> Fracture Treat or Acidize <input type="checkbox"/> Multiple Completion <input checked="" type="checkbox"/> Other <u>Change of operator</u>	<input type="checkbox"/> Abandon * <input type="checkbox"/> Repair Casing <input type="checkbox"/> Change of Plans <input type="checkbox"/> Convert to Injection <input type="checkbox"/> Fracture Treat or Acidize <input type="checkbox"/> Other _____
<input type="checkbox"/> New Construction <input type="checkbox"/> Pull or Alter Casing <input type="checkbox"/> Recompletion <input type="checkbox"/> Perforate <input type="checkbox"/> Vent or Flare <input type="checkbox"/> Water Shut-Off	<input type="checkbox"/> New Construction <input type="checkbox"/> Pull or Alter Casing <input type="checkbox"/> Perforate <input type="checkbox"/> Vent or Flare <input type="checkbox"/> Water Shut-Off
Approximate date work will start <u>9/8/94</u>	Date of work completion _____
	Report results of Multiple Completions and Recompletions to different reservoirs on WELL COMPLETION OR RECOMPLETION REPORT AND LOG form.
	* Must be accompanied by a cement verification report.

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

There was a change of operator for the above well.

OPERATOR - FROM: Linmar Petroleum Company  
TO: Coastal Oil & Gas Corporation

All operations will be covered by Nationwide Bond No. 11-40-66A, Bond No. 6053821, as required by the State of Utah, and Nationwide Bond No. 962270.

13. Name & Signature: BY: L. M. ROHLER / L.M. Rohleder Title: Vice President of Managing General Partner Date: 11-14-94

(This space for State use only)

STATE OF UTAH  
DIVISION OF OIL, GAS AND MINING

PHONE CONVERSATION DOCUMENTATION FORM

This is the original form  or a copy

Route this form to:

WELL FILE \_\_\_\_\_

SUSPENSE

OTHER

Return date \_\_\_\_\_

*Open Chg.*

To: initials \_\_\_\_\_

Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_

API number \_\_\_\_\_

Date of phone call: 11-18-94

Time: 2:00

DOG M employee (name) J. Cordova

Initiated call?

Spoke with:

Name Bonnie Johnston

Initiated call?

of (company/organization) Coastal O&G

Phone no. (303) 573-4476

Topic of conversation: Stevenson Heirs 1-36A5 Well

Highlights of conversation: \_\_\_\_\_

*PA'd well, however additional rehab required. (see attached 4/94 DOGM insp.)*

*Liner & Coastal want open chg'd.*

**UTAH DIVISION OF OIL, GAS AND MINING  
INSPECTION RECORD**

Operator: LINMAR PETROLEUM Co Lease Number: FEE  
 Well Name: STEVENSON #1-36A5 API Number: 43-013-30196  
 Sec: 36 Twp: 05 Rng: 05W County: Duchesne Field: ALTAMONT  
 Well Status: FAA

GENERAL	Inspected (✓)
1. Well Identification	✓
2. Well Equipment	✓
3. Environmental Protection	✓
4. Temporary/Emergency Pits	✓
5. Spills, Discharges, Seepage	✓
Remarks: <u>MARKER IN PLACE w/ CORRECT ID. OPERATOR WILL HAVE SALVAGE REMOVED THIS SUMMER + DO RECLAMATION, NEED RECHECK P/ FALL 94. PIT w/ CRUDE PRESENT.</u>	
OIL PRODUCTION	Inspected (✓)
1. Method of Measurement: Tank Gauge <input type="checkbox"/> LACT Unit <input type="checkbox"/> Other <input type="checkbox"/>	✓
2. Storage Facilities	✓
3. Lines Leaving Storage Facilities Sealed/Locked	✓
4. Oil Handling/Treatment Equipment	✓
Remarks: <u>OPERATOR SAYS THEY WILL FARM SOME ON LOCATION.</u>	
GAS PRODUCTION	Inspected (✓)
1. Type of Gas Production: Gas Well <input type="checkbox"/> Casinghead <input type="checkbox"/>	✓
2. Gas Disposition: Sold <input type="checkbox"/> Flared/Vented <input type="checkbox"/> Used on Lease <input type="checkbox"/> Other <input type="checkbox"/>	✓
3. Method of Measurement: Orifice Meter <input type="checkbox"/> Turbine Meter <input type="checkbox"/> Estimated <input type="checkbox"/> Other <input checked="" type="checkbox"/>	✓
4. Gas Handling/Treatment Equipment	✓
Remarks: <u>N/A</u>	
PRODUCED WATER DISPOSAL	Inspected (✓)
1. Disposal Method: Unlined Pit <input type="checkbox"/> Lined Pit <input type="checkbox"/> Subsurface <input type="checkbox"/> Other <input checked="" type="checkbox"/>	✓
2. If Disposal by Pits, Are Pits Satisfactory? Yes <input type="checkbox"/> No <input type="checkbox"/>	✓
3. Other E & P Waste Disposal	✓
Remarks: <u>N/A</u>	

Inspector: [Signature] Date: 4/5/94

Division of Oil, Gas and Mining  
**OPERATOR CHANGE WORKSHEET**

Routing:

1	LEC	7-PL
2	LWP	8-SJ
3	DTSS	9-FILE
4	VLC	
5	RJF	
6	LWP	

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 DATE: 9-8-94)

TO (new operator) (address)	<b>COASTAL OIL &amp; GAS CORP.</b> <b>PO BOX 749</b> <b>DENVER CO 80201-0749</b>	FROM (former operator) (address)	<b>LINMAR PETROLEUM COMPANY</b> <b>7979 E TUFTS AVE PKWY 604</b> <b>DENVER CO 80237</b>
phone ( <u>303</u> )	<u>572-1121</u>	phone ( <u>303</u> )	<u>773-8003</u>
account no. <u>N 0230</u>		account no. <u>N 9523</u>	

Well(s) (attach additional page if needed):

Name: <u>STEVENSON HEIRS 1-36A5</u>	API: <u>43-013-30196</u>	Entity: <u>9123</u>	Sec <u>36</u> Twp <u>1S</u> Rng <u>5W</u>	Lease Type: <u>FEE</u>
Name: _____	API: _____	Entity: _____	Sec _____ Twp _____ Rng _____	Lease Type: _____
Name: _____	API: _____	Entity: _____	Sec _____ Twp _____ Rng _____	Lease Type: _____
Name: _____	API: _____	Entity: _____	Sec _____ Twp _____ Rng _____	Lease Type: _____
Name: _____	API: _____	Entity: _____	Sec _____ Twp _____ Rng _____	Lease Type: _____
Name: _____	API: _____	Entity: _____	Sec _____ Twp _____ Rng _____	Lease Type: _____

**OPERATOR CHANGE DOCUMENTATION**

- See* 1. (Rule R615-8-10) Sundry or other legal documentation has been received from former operator (Attach to this form). *(Rec'd 11-25-94)*
- See* 2. (Rule R615-8-10) Sundry or other legal documentation has been received from new operator (Attach to this form). *(Rec'd 11-17-94)*
- N/A* 3. The Department of Commerce has been contacted if the new operator above is not currently operating any wells in Utah. Is company registered with the state? (yes/no) \_\_\_\_\_ If yes, show company file number: \_\_\_\_\_
- N/A* 4. (For Indian and Federal Wells ONLY) The BLM has been contacted regarding this change (attach Telephone Documentation Form to this report). Make note of BLM status in comments section of this form. Management review of **Federal and Indian** well operator changes should take place prior to completion of steps 5 through 9 below.
- Sup* 5. Changes have been entered in the Oil and Gas Information System (Wang/IBM) for each well listed above. *11-28-94*
- Sup* 6. Cardex file has been updated for each well listed above. *11-28-94*
- Sup* 7. Well file labels have been updated for each well listed above. *11-28-94*
- See* 8. Changes have been included on the monthly "Operator, Address, and Account Changes" memo for distribution to State Lands and the Tax Commission. *(11-28-94)*
- See* 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

- 1. (Rule R615-8-7) Entity assignments have been reviewed for all wells listed above. Were entity changes made? (yes/no) (If entity assignments were changed, attach copies of Form 6, Entity Action Form).
- 2. State Lands and the Tax Commission have been notified through normal procedures of entity changes.

BOND VERIFICATION (Fee wells only)

- 1. (Rule R615-3-1) The new operator of any fee lease well listed above has furnished a proper bond.
- 2. A copy of this form has been placed in the new and former operators' bond files.
- 3. The former operator has requested a release of liability from their bond (yes/no) \_\_\_\_\_. Today's date \_\_\_\_\_ 19\_\_\_\_. If yes, division response was made by letter dated \_\_\_\_\_ 19\_\_\_\_.

LEASE INTEREST OWNER NOTIFICATION RESPONSIBILITY

- 1. (Rule R615-2-10) The former operator/lessee of any **fee lease** well listed above has been notified by letter dated \_\_\_\_\_ 19\_\_\_\_, of their responsibility to notify any person with an interest in such lease of the change of operator. Documentation of such notification has been requested.  
*OTS 11/29/94 No loggen done per HSE*
- 2. Copies of documents have been sent to State Lands for changes involving State leases.  
*N/A*

FILMING

- 1. All attachments to this form have been microfilmed. Date: December 8 1994.

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 have been filed in the Operator Change file.

COMMENTS

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STATE OF UTAH  
DIVISION OF OIL, GAS AND MINING

PHONE CONVERSATION DOCUMENTATION FORM

Route original/copy to:

WELL FILE Stevensen #1-36A5  
Section 36 Township 01S Range 05W  
API number 43-013-30198

SUSPENSE  
Return date \_\_\_\_\_  
To: initials \_\_\_\_\_

OTHER  
\_\_\_\_\_  
\_\_\_\_\_

Date of phone call: October 23, 1995 Time: 9:05 AM

DOGGM employee (name) Dennis L. Ingram Initiated call?

Spoke with:  
Name Mike McCallister Initiated call?   
of (company/organization) Coastal Oil and Gas Corporation Phone no. \_\_\_\_\_

Topic of conversation: Pit reclamation and oil removal

Highlights of conversation: Told him I had stopped by and visited with dirt worker on 10/20/95 and been told that bugs were added to oil...dirt worker was mixing oil with dirt in pit....and that when dried out the material would be buried. Informed Mike about state standards needing to be 10,000 ppm or less and wondered if task could be accomplished in pit.

Mike told me that they will roll the material until the mixture became acceptable to bury. He told me that they could test it if we so desired, which indicates that they don't generally perform tests on oily pits after mixing same. Mike told me he personally inspects each pit before closure...Told me that DOGM had given them awards for the remediation that Coastal has done.

I told Mike that DOGM might have some of the staff out next summer to core drill into some of the pits to test remediation process, and that buried oil could be found. He assured me that they aren't covering any oil. Told him that I hope not.

Nick Stevensen told me recently that Coastal only brings a 55 gallon drum of crude at a time to his disposal pit. He says they don't bring oily dirt by the yard anymore.

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