

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

5. Lease Designation and Serial No.

M1-22060

6. If Indian, Allottee or Tribe Name

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work

DRILL

DEEPEN

PLUG BACK

b. Type of Well

Oil Well

Gas Well

Other

Single Zone

Multiple Zone

7. Unit Agreement Name

8. Farm or Lease Name

State

9. Well No.

6-32

10. Field and Pool, or Wildcat

Monument Butte

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

Section 32, T8S, R17E

2. Name of Operator

Lomax Exploration Company

3. Address of Operator

P.O. Box 4503, Houston, TX 77210

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

At surface

1904' FWL & 1911' FNL SE/NW

At proposed prod. zone

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

11 miles South of Myton, Utah

12. County or Parrish 13. State

Duchesne Utah

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

±150' ✓

16. No. of acres in lease

598.67

17. No. of acres assigned to this well

40

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

1252

19. Proposed depth

5700 W/ASME ✓

20. Rotary or cable tools

Rotary

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

5252 GR

22. Approx. date work will start*

April, 1983

23. PROPOSED CASING AND CEMENTING PROGRAM

Size of Hole	Size of Casing	Weight per Foot	Setting Depth	Quantity of Cement
12 1/4	8 5/8	24	300	To Surface
7 7/8	5 1/2	17	TD	As Needed

APPROVED BY THE STATE
OF UTAH DIVISION OF
OIL, GAS, AND MINING
DATE: 3-8-83
BY: *[Signature]*

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

24. Signed: *[Signature]* G. L. Pruitt Title: V.P. Drilling & Production Date: 3/03/83

(This space for Federal or State office use)

Permit No. Approval Date

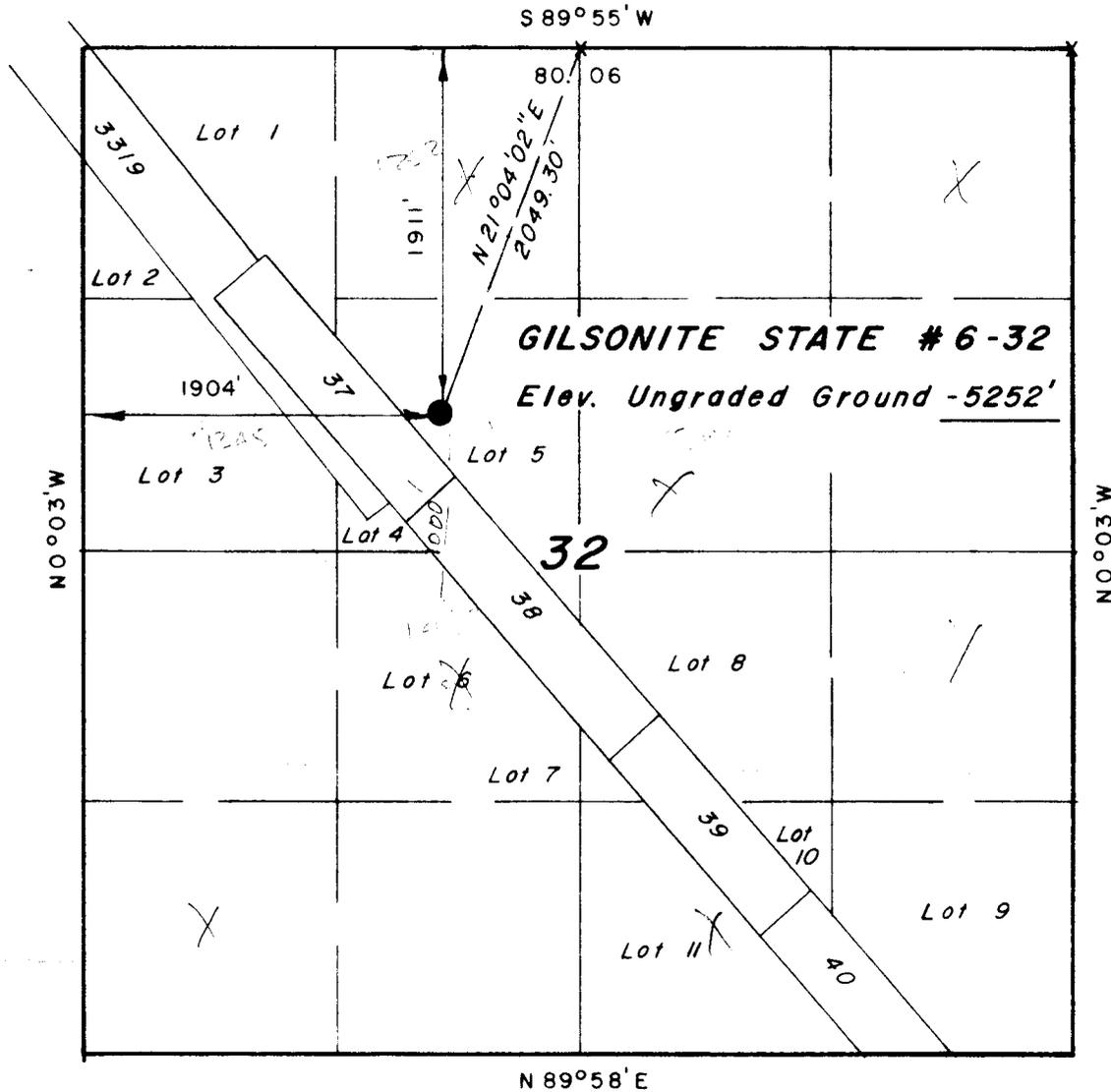
Approved by Title Date

Conditions of approval, if any:

T 8 S, R 17 E, S.L.B. & M.

PROJECT
LOMAX EXPLORATION CO.

Well location, *GILSONITE STATE # 6-32*, located as shown in Lot 5, T8S, R17E, S.L.B.&M. Duchesne County, Utah.



X = Section Corners Located



CERTIFICATE

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

Lawrence C. King
REGISTERED LAND SURVEYOR
REGISTRATION NO 3137
STATE OF UTAH

UINTAH ENGINEERING & LAND SURVEYING
P O BOX Q - 85 SOUTH - 200 EAST
VERNAL, UTAH - 84078

SCALE	1" = 1000'	DATE	2/14/83
PARTY	R.K. D.B. J.K. S.B.	REFERENCES	GLO Plat
WEATHER	Cold	FILE	LOMAX

OPERATOR LOMAX EXPLORATION CO

DATE 3-8-82

WELL NAME STATE 6-32

SEC SE NW 32 T 8S R 17E COUNTY DUCHESS

43-013-30748
API NUMBER

STATE
TYPE OF LEASE

POSTING CHECK OFF:

INDEX

HL

NID

PI

MAP

PROCESSING COMMENTS:

Silsonite lease # 37 not considered a correlatives
right conflict for spacing. No oil wells within 1000'

DJKV

APPROVAL LETTER:

SPACING: A-3 _____ UNIT

c-3-a _____ CAUSE NO. & DATE

c-3-b

c-3-c

This approval is contingent upon the ^{proper} installation and
pressure testing of 3000# pressure control equipment
prior to drilling surface casing plug and shoe.

RECONCILE WELL NAME AND LOCATION ON APD AGAINST SAME DATA ON PLAT MAP.

AUTHENTICATE LEASE AND OPERATOR INFORMATION

VERIFY ADEQUATE AND PROPER BONDING *state wide*

AUTHENTICATE IF SITE IS IN A NAMED FIELD, ETC.

APPLY SPACING CONSIDERATION

ORDER NO

UNIT NO

c-3-b

c-3-c

OUTSTANDING OR OVERDUE REPORTS FOR OTHER WELLS OF THE OPERATOR.

IF POTASH DESIGNATED AREA, SPECIAL LANGUAGE ON APPROVAL LETTER

March 8, 1983

Lomax Exploration Company
P. O. Box 4503
Houston, Texas 77210

RE: Well No. State 6-32
SENW Sec. 32, T. 8S, R. 17E
1911 FNL, 1904 FWL
Duchesne County, Utah

Gentlemen:

Insofar as this office is concerned, approval to drill the above referred to oil well is hereby granted in accordance with Rule C-3(b), General Rules and Regulations and Rules of Practice and Procedure. This approval is contingent upon the proper installation and pressure testing of 3000# pressure control equipment prior to drilling surface casing plug and shoe.

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

RONALD J. FIRTH - Chief Petroleum Engineer
Office: 533-5771
Home: 571-6068

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

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

The API number assigned to this well is 43-013-30748.

Sincerely,



Norman C. Stout
Administrative Assistant

NCS/as
cc: State Lands
Enclosure

DIVISION OF OIL, GAS AND MINING

SPUDDING INFORMATION

NAME OF COMPANY: Lomax Exploration

WELL NAME: State 6-32

SECTION SENEW 32 TOWNSHIP 8S RANGE 17E COUNTY Duchesne

DRILLING CONTRACTOR Orion

RIG # 1

SPUDDED: DATE 6-19-83

TIME 11:00 AM

HOW Rotary

DRILLING WILL COMMENCE _____

REPORTED BY Michelle

TELEPHONE # 713-931-9276

DATE 6-20-83 SIGNED AS

June 21, 1983

State of Utah
Division of Oil and Gas
4241 State Office Building
Salt Lake City, Utah 84114

State #6-32
SE/NW Section 32, T8S, R17E
Duchesne County, Utah

Gentlemen:

Enclosed are three copies of the Sundry Notice for spud notification on the subject well.

Please advise if you need additional information.

Very truly yours,



Michele Tisdel
Sec. Drilling & Production

MT
Enclosures (3)

JUN 23 1983

DIVISION OF
OIL AND GAS

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. ML - 22060	
2. NAME OF OPERATOR Lomax Exploration Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 4503, Houston, TX 77210		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 1904' FWL & 1911' FNL SE/NW		8. FARM OR LEASE NAME State	
14. PERMIT NO. 43-013-30748		9. WELL NO. 6-32	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5252 GR		10. FIELD AND POOL, OR WILDCAT Monument Butte	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 32, T8S, R17E	
		12. COUNTY OR PARISH Duchesne	13. STATE Utah

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

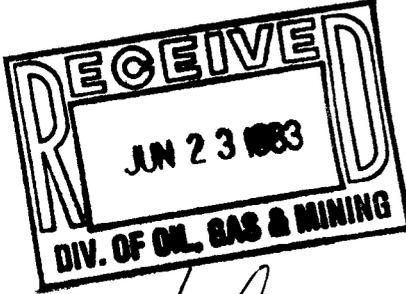
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	FULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	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) _____	SPUD <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.) *

Drill 12 1/4" hole w/dryhole digger to 300'. Set 8 5/8" 24# J-55 ST&C casing @ 293'. Cemented w/210 sx class "G" cmt + 2% CaCl + 1/4#/sx flocele. Had cement returns to surface. Float did not hold. Shut casing in.

Spud @ 11:00 A.M. June 19, 1983 with Orion Rig #1.



18. I hereby certify that the foregoing is true and correct
SIGNED G.L. Pruitt TITLE V.P. Drilling & Production DATE June 21, 1983

(This space for Federal or State office use)

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

SUBMIT IN DUPLICATE*

(See other instructions on reverse side)

STATE OF UTAH
OIL & GAS CONSERVATION COMMISSION

6

5. LEASE DESIGNATION AND SERIAL NO.
ML-22060

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Gilsonite State

9. WELL NO.

6-32

10. FIELD AND POOL, OR WILDCAT

Monument Butte

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

Section 32, T8S, R17E

12. COUNTY OR PARISH
Duchesne

13. STATE
Utah

AUG 30 1983

DIVISION OF OIL, GAS & MINING

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
Lomax Exploration Company

3. ADDRESS OF OPERATOR
P.O. Box 4503, Houston, TX 77210

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)
At surface 1911' FNL & 1904' FWL SE/NW
At top prod. interval reported below
At total depth

14. PERMIT NO. 43-013-30748 DATE ISSUED 3/8/83

15. DATE SPUDDED 6/19/83 16. DATE T.D. REACHED 6/27/83 17. DATE COMPL. (Ready to prod.) 8/2/83 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 5252' GR 19. ELEV. CASINGHEAD 5252'

20. TOTAL DEPTH, MD & TVD 5625 21. PLUG, BACK T.D., MD & TVD 5562 22. IF MULTIPLE COMPL., HOW MANY? N/A 23. INTERVALS DRILLED BY → XX ROTARY TOOLS CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*
Green River 5033-38, 5043-48 25. WAS DIRECTIONAL SURVEY MADE No

26. TYPE ELECTRIC AND OTHER LOGS RUN
GDL-CNL, DLL-MSE, CBL 27. WAS WELL CORED Yes

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

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8 5/8	24	293	12 1/4	210 sx cl "G" + 2% CaCl + 1/4#/sx flocele	
5 1/2	17	5612	7 7/8	275 sx Ideal cl "G" + 10% A-10	

29. LINER RECORD 30. TUBING RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2 7/8	5133	

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

INTERVAL	SIZE	NUMBER	DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
5033-38	-	14 holes	5033-48	24,800 gals gelled KCl water & 61,400# 20/40 sand

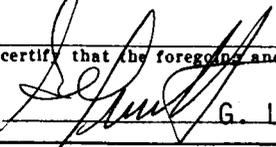
33.* PRODUCTION

DATE FIRST PRODUCTION	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)	WELL STATUS (Producing or shut-in)					
8/2/83	Pumping	Producing					
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
8/14/83	24	Open	→	107	NM	NM	NM
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
0	0	→	107	NM	NM	34	

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

35. LIST OF ATTACHMENTS

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

SIGNED  G. L. Pruitt TITLE V.P. Drilling & Production DATE 8/25/83

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

INSTRUCTIONS

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

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

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

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

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

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

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

37. SUMMARY OF POROUS ZONES:

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

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.
Green River	1650		
Garden Gulch	3880		
Douglas Creek	4851		
D ₂	4926		
C	5024		
B	5192		
Lower Doug. Creek	5402		
Black Shale Facies	5548		
Core Interval	5042-5052.9		

38.

GEOLOGIC MARKERS

NAME	TOP	
	MEAS. DEPTH	TRUE VERT. DEPTH

September 26, 1984

State of Utah
Division of Oil & Gas
4241 State Office Building
Salt Lake City, Utah 84114

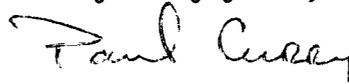
RE: ✓ Recompletion Report
Gilsonite State #6-32
SE/NW Sec. 32, T8S, R17E
API #43-013-30748

Gentlemen:

Please find enclosed 2 copies of the well Recompletion Report for the subject well.

If you have any questions, please call.

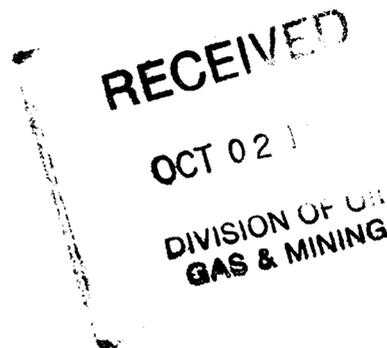
Very truly yours,



Paul Curry
Engineering Assistant

PC/nkm

Enclosure



333 North Belt East • Suite 880 • Houston, Texas 77060 • 713/931-9276
Mailing Address: P.O. Box 4503 • Houston, Texas 77210-4503

 District Office: 248 North Union • Roosevelt, Utah 84066
Mailing Address: P.O. Box 1446 • Roosevelt, Utah 84066

SUBMIT IN DUPLICATE*

STATE OF UTAH

(See other instructions on reverse side)

OIL & GAS CONSERVATION COMMISSION **6**

6

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
Lomax Exploration Co. **110580**

3. ADDRESS OF OPERATOR
P.O. Box 4503, Houston, Texas 77210

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface **1911' FNL & 1904' FWL SE/NW**
At top prod. interval reported below
At total depth

14. PERMIT NO. **43-013-30748** DATE ISSUED **3-8-83**

5. LEASE DESIGNATION AND SERIAL NO.
ML-22060

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
GILSONITE STATE

9. WELL NO.
#6-32

10. FIELD AND POOL, OR WILDCAT
MONUMENT BUTTE

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

SEC. 32, T8S, R17E
12. COUNTY OR PARISH **DUCHESNE** 13. STATE **UTAH**

15. DATE SPUDDED **6-19-83** 16. DATE T.D. REACHED **6-27-83** 17. DATE COMPL. (Ready to prod.) **8-2-83** 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* **5252' GR** 19. ELEV. CASINGHEAD **5252'**

20. TOTAL DEPTH, MD & TVD **5625'** 21. PLUG, BACK T.D., MD & TVD **4650'** 22. IF MULTIPLE COMPL., HOW MANY* **NA** 23. INTERVALS DRILLED BY **→** ROTARY TOOLS **--** CABLE TOOLS **--**

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*
GREEN RIVER -4364-92 25. WAS DIRECTIONAL SURVEY MADE
NO

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

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

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8-5/8"	24#	293'	12-1/4"	210 SX Class "G" + 2% CaCl	+ 1/4#/SK
5-1/2"	17#	5612'	7-7/8"	275 SX IDEAL CLASS "G" +	FLOCELE 10% A-10

29. LINER RECORD

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

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
2-7/8"	4185'	

31. PERFORATION RECORD (Interval, size and number)
4364-92 (ISPF)

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
4364'-92'	45,000 GALS. KCl Water & 159,000# 20/40 Sand

33. PRODUCTION

DATE FIRST PRODUCTION	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)	WELL STATUS (Producing or shut-in)
8-8-84	PUMPING	PRODUCING

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
8/29-8/31/84	72	OPEN	→	159	228	3	1434

FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)
0	0	→	53	76		NM

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

35. LIST OF ATTACHMENTS

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

SIGNED Paul Curry TITLE Engineering Assistant DATE 9-24-84

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

Scott M. Matheson
Governor



STATE OF UTAH
DEPARTMENT OF HEALTH
DIVISION OF ENVIRONMENTAL HEALTH
Utah Water Pollution Control Committee

150 West North Temple, P.O. Box 2500, Salt Lake City, Utah 84110-2500

March 21, 1985

Calvin K. Sudweeks
Executive Secretary
Rm 410 (801) 533-6146

James O. Mason, M.D., Dr.P.H.
Executive Director
Department of Health
801-533-6111

Kenneth L. Alkema
Director

Division of Environmental Health
801-533-6121

MEMBERS

Grant K. Borg, Chairman
W. Lynn Cottrell
Harold B. Lamb
Kenneth L. Alkema
Franklin N. Davis
Dale P. Bateman
Joseph A. Urbanik
C. Arthur Zeldin
Mrs. Lloyd G. Bliss

Lomax Exploration Company
P. O. Box 4503
Houston, Texas 77210-4503

ATTENTION: Paul Curry,
Engineering Assistant

Gentlemen:

We acknowledge receipt of your letter dated May 30, 1984 notifying us of the location of the ponds for the wells described below and sources of produced water in accordance with Part VI, Utah Wastewater Disposal Regulations, Section 6.5.1.b. The regulations require that the disposal ponds...."shall be constructed such that no surface discharge or significant migration to subsurface will result."

As time and weather allows, a brief inspection of these ponds will be made by members of our staff during this next month. The wells are:

Well Number	Location			Average Quantity(BWPD) Produced Water
	Section	Township	Range	
Monument Butte St. #1-2	2	9S	16E	0.5
Monument Butte St. #3-2	2	9S	16E	0.1
Gilsonite State #1-32	32	8S	17E	1.6
Gilsonite State #1A-32	32	8S	17E	1.1
Gilsonite State #2-32	32	8S	17E	0.1
Gilsonite State #4-32	32	8S	17E	0.3
Gilsonite State #5-32	32	8S	17E	0.2
Gilsonite State #6-32	32	8S	17E	4.0
Gilsonite State #7-32	32	8S	17E	1.3
Gilsonite State #9-32	32	8S	17E	0.1
Gilsonite State #11-32	32	8S	17E	0.4
Gilsonite State #12-32	32	8S	17E	0.3
Monument Butte St. #1-36	36	8S	16E	0.1
Monument Butte St. #5-36	36	8S	16E	0.1
Monument Butte St. #12-36	36	8S	16E	0.1
Monument Butte St. #13-36	36	8S	16E	0.9

If you have any questions regarding this matter, please contact us.

Sincerely,
UTAH WATER POLLUTION CONTROL COMMITTEE


Calvin K. Sudweeks
Executive Secretary

RECEIVED

MAR 22 1985

BLN:ga
cc: Division of Oil, Gas and Mining
 Uintah Basin District Health Department
 BLM/Oil and Gas Operation - Vernal District
272-10

DIVISION OF OIL
GAS & MINING

ACTION CODE	CURRENT ENTITY NO.	NEW ENTITY NO.	API NUMBER	WELL NAME	WELL LOCATION					SPUD DATE	EFFECTIVE DATE
					QQ	SC	TP	RG	COUNTY		
D	9004	11486	43-013-30713	STATE 9-32	NESE	32	8S	17E	DUCHESNE	11-30-82	5-1-93
WELL 1 COMMENTS: *GILSONITE UNIT EFF 4-12-93, PER OPERATOR REQUEST MAKE ENTITY EFFECTIVE 5-1-93.											
D	9006	11486	43-013-30748	STATE 6-32	SENE	32	8S	17E	DUCHESNE	6-19-83	5-1-93
WELL 2 COMMENTS:											
D	9007	11486	43-013-30787	GILSONITE ST 12-32	NWSW	32	8S	17E	DUCHESNE	11-2-83	5-1-93
WELL 3 COMMENTS:											
D	9008	11486	43-013-30800	STATE 4-32	NWNW	32	8S	17E	DUCHESNE	10-7-83	5-1-93
WELL 4 COMMENTS:											
D	9009	11486	43-013-30714	STATE 5-32	SWNW	32	8S	17E	DUCHESNE	12-12-82	5-1-93
WELL 5 COMMENTS:											

ACTION CODES (See instructions on back of form)

- A - Establish new entity for new well (single well only)
- B - Add new well to existing entity (group or unit well)
- C - Re-assign well from one existing entity to another existing entity
- D - Re-assign well from one existing entity to a new entity
- E - Other (explain in comments section)

NOTE: Use COMMENT section to explain why each Action Code was selected.

(3/89)

L. CORDOVA (DOGM)
Signature
ADMIN. ANALYST
Title
6-16-93
Date
Phone No. ()

STATE OF UTAH
DIVISION OF OIL, GAS AND MINING
 355 West North Temple, 3 Triad, Suite 350, Salt Lake City, UT 84180-1203

MONTHLY OIL AND GAS PRODUCTION REPORT

OPERATOR NAME AND ADDRESS:

KEBBIE JONES
 LOMAX EXPLORATION COMPANY
 PO BOX 1446
 ROOSEVELT UT 84066

UTAH ACCOUNT NUMBER: N0580

REPORT PERIOD (MONTH/YEAR): 6 / 95

AMENDED REPORT (Highlight Changes)

Well Name			Producing Zone	Well Status	Days Oper	Production Volumes		
API Number	Entity	Location				OIL(BBL)	GAS(MCF)	WATER(BBL)
✓	STATE 9-32							
4301330713	11486	08S 17E 32	GRRV			ML 22060		
✓	STATE 5-32					"		
4301330714	11486	08S 17E 32	GRRV			"		
✓	STATE 6-32					"		
4301330748	11486	08S 17E 32	GRRV			"		
✓	STATE 4-32							
4301330800	11486	08S 17E 32	GRRV			ML 22060		
✓	GILSONITE STATE 14-32							
4301331480	11486	08S 17E 32	GRRV			ML 22061		
✓	BOUNDARY FEDERAL 12-21							
4301331440	11709	08S 17E 21	GRRV			UT 450376	UL-50376	
✓	NUMENT BUTTE FEDERAL 6-34							
4301331504	11743	08S 16E 34	GRRV			U62848		
TOTALS								

COMMENTS: _____

I hereby certify that this report is true and complete to the best of my knowledge. Date: _____
 Name and Signature: _____ Telephone Number: _____

Lomax Exploration Company

A subsidiary of Inland Resources Inc.



July 13, 1995

State of Utah Department of Natural Resources
Attention: Ms Becky Pritchett
355 W. North Temple
3 Triad Center, Suite 400
Salt Lake City, Utah 84180-1204

RE: **Corporate Name Change**

Dear Sir or Madame:

Effective July 1, 1995, Lomax Exploration Company will have taken the steps necessary to change its name to **Inland Production Company**. A Certificate issued by the Texas Secretary of State evidencing the name change is attached for your files. We have also attached to this letter those Utah State leases (Exhibit "B") and wells (Exhibit "A") affected by this name change. We have attempted to provide a complete list from the records we have. The intent is to include all leases and wells that Lomax Exploration Company operates or has an interest in.

Riders changing the Principal from Lomax Exploration Company to Inland Production Company under Nationwide Oil and Gas Bond # 4488944 for Lomax Exploration Company will be furnished to the State of Utah in the very near future.

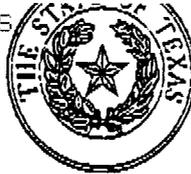
Please amend your records by substituting Inland Production Company in place of Lomax Exploration Company on the leases and wells listed on the attached exhibits. In the future we will begin submitting notices and permits for new operations after July 1, 1995 in the name of Inland Production Company.

Should a fee be required or should you need further information or documents relating to our name change please contact the undersigned at your convenience at the following number: (303) 292-0900 or Cheryl Cameron at our Roosevelt, Utah office (801) 722-5103.

Sincerely yours,

A handwritten signature in cursive script, appearing to read "Chris A Potter".

Chris A Potter, CPL
Manager of Land



The State of Texas

Secretary of State
JUNE 30, 1995

MIKE PARSONS...GLAST, PHILLIPS & MURRAY
2200 ONE GALLERIA TWR, 13355 NOEL RD, LB48
DALLAS ,TX 75240-6657

RE:
INLAND PRODUCTION COMPANY
CHARTER NUMBER 00415304-00

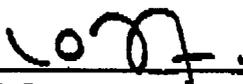
IT HAS BEEN OUR PLEASURE TO APPROVE AND PLACE ON RECORD YOUR ARTICLES OF AMENDMENT. A COPY OF THE INSTRUMENT FILED IN THIS OFFICE IS ATTACHED FOR YOUR RECORDS.

THIS LETTER WILL ACKNOWLEDGE PAYMENT OF THE FILING FEE.

IF WE CAN BE OF FURTHER SERVICE AT ANY TIME, PLEASE LET US KNOW.

VERY TRULY YOURS,




Antonio O. Garza, Jr., Secretary of State



The State of Texas

Secretary of State

CERTIFICATE OF AMENDMENT

FOR

INLAND PRODUCTION COMPANY

FORMERLY

LOMAX EXPLORATION COMPANY
CHARTER NUMBER 00415304

THE UNDERSIGNED, AS SECRETARY OF STATE OF THE STATE OF TEXAS,
HEREBY CERTIFIES THAT THE ATTACHED ARTICLES OF AMENDMENT FOR THE ABOVE
NAMED ENTITY HAVE BEEN RECEIVED IN THIS OFFICE AND ARE FOUND TO
CONFORM TO LAW.

ACCORDINGLY THE UNDERSIGNED, AS SECRETARY OF STATE, AND BY VIRTUE
OF THE AUTHORITY VESTED IN THE SECRETARY BY LAW, HEREBY ISSUES THIS
CERTIFICATE OF AMENDMENT.

DATED JUNE 29, 1995

EFFECTIVE JUNE 29, 1995




Antonio O. Garza, Jr., Secretary of State

ARTICLES OF AMENDMENT
TO THE
ARTICLES OF INCORPORATION
OF
LOMAX EXPLORATION COMPANY

FILED
In the Office of the
Secretary of State of Texas

JUN 29 1995

Corporations Section

Pursuant to the provisions of Part Four of the Texas Business Corporation Act, the undersigned corporation adopts the following articles of amendment to its Articles of Incorporation:

1. **Name.** The name of the corporation is LOMAX EXPLORATION COMPANY.
2. **Statement of Amendment.** The amendment alters or changes Article One of the original Articles of Incorporation to read in full as follows:

"Article One. The name of the corporation is INLAND PRODUCTION COMPANY."

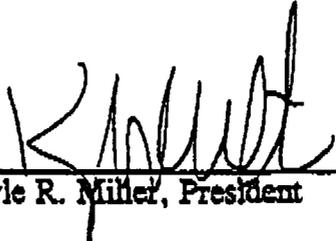
3. **Shareholders.** The number of shares of the corporation outstanding at the time of such adoption was 205,315, there being 107,546 Common Shares and 97,769 Non-voting Preferred Shares; and the number of shares entitled to vote thereon was 107,546.

4. **Adoption by Shareholders.** Only the holders of Common Shares of the corporation are entitled to vote on the amendment. The shareholders adopted the foregoing amendment by unanimous written consent dated June 23, 1995, pursuant to the provisions of Article 9.10 of the Texas Business Corporation Act and, therefore, no notice was required to be delivered under said Article 9.10.

5. **Adoption by Board of Directors.** The Board of Directors adopted said amendment by a consent in writing signed by all Directors.

6. **Future Effective Date.** This amendment will become effective on July 1, 1995, at 12:01 a.m.

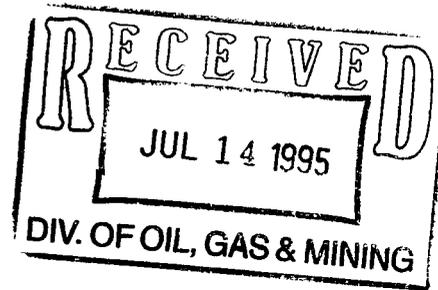
EXECUTED June 26, 1995.



Kyle R. Miller, President

Lomax Exploration Company

A subsidiary of Inland Resources Inc.



Announcing
Our Name Change

From

Lomax Exploration Company

To

**Inland Production
Company**

** N 5160 assigned 7/26/95. Lee*

Field And Corporate Office Locations Remain The Same:

Corporate Office:

Inland Resources Inc.
475 Seventeenth Street, Suite 1500
Denver, CO 80202

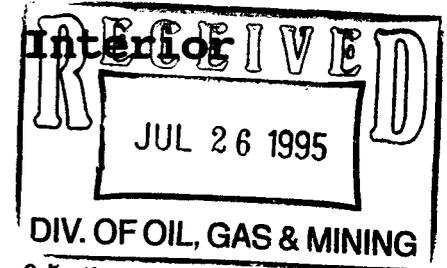
Field Office:

W. Pole Line Road
P.O. Box 1446
Roosevelt, Utah 84066

United States Department of the Interior

BUREAU OF LAND MANAGEMENT

Utah State Office
P.O. Box 45155
Salt Lake City, Utah 84145-0155



JUL 25 1995

IN REPLY REFER TO:
3100
SL-065914 et al
(UT-923)

NOTICE

Inland Production Company : Oil and Gas Leases
475 Seventeenth St., Ste. 1500 : SL-065914 et al
Denver, Colorado 80202 :

Name Change Recognized

Acceptable evidence has been received in this office concerning the change of name of Lomax Exploration Company to Inland Production Company on Federal oil and gas leases.

The oil and gas lease files identified on the enclosed exhibit have been noted as to the name change. We are notifying the Minerals Management Service and all applicable Bureau of Land Management offices of the name change by a copy of this notice. If additional documentation for changes of operator are required by our Field Offices, you will be contacted by them.

For our purposes, the name change is recognized effective June 29, 1995 (Secretary of State's approval date).

Due to the name change, the name of the principal/obligor on the bond is required to be changed from Lomax Exploration Company to Inland Production Company on Bond No. 4488944 (BLM Bond No. UT0056). You may accomplish this name change either by consent of the surety on the original bond or by a rider to the original bond. Otherwise, a replacement bond with the new name should be furnished to this office. BLM Bond Nos. MT0771 and WY0821 should also be changed for the bonds held by Montana and Wyoming respectively.

/s/ ROBERT LOPEZ

Chief, Branch of Mineral
Leasing Adjudication

Enclosure
1-Exhibit (1 p)

cc: Hartford Accident & Indemnity Co.
Hartford Plaza
Hartford, CT 06115

bc: Moab District Office
Vernal District Office
Montana State Office
Wyoming State Office
Eastern States Office
MMS--Data Management Division, MS 3113, P.O. Box 5860, Denver, CO 80217
State of Utah, Attn: Lisha Cordova, Division of Oil, Gas & Mining,
355 West North Temple, 3 Triad Center, Suite 350, SLC, UT 84180
Teresa Thompson (UT-922)
Dianne Wright (UT-923)

EXHIBIT

SL-065914	U-36846	UTU-66185
SL-071572A	U-38428	UTU-67170
U-02458	U-45431	UTU-68548
U-15855	U-47171	UTU-69060
U-16535	U-50376	UTU-69061
U-26026	U-62848	UTU-72103
U-34173	UTU-65965	UTU-72104
U-36442	UTU-66184	UTU-73088

FAX COVER SHEET



RESOURCES INC.
475 17th Street, Suite 1500
Denver, CO 80202
303-292-0900, Fax #303-296-4070

DATE: August 8, 1995

TO: Lisha Cordova

COMPANY: State of Utah - Division of Oil, Gas and Mining

FAX NUMBER: 801 359 3940

FROM: Chris A Potter

NUMBER OF PAGES: 1 (INCLUDING COVER SHEET):

RE: Transfer of Authority to Inject
Lomax Exploration Company to Inland Production Company

I hope the info I sent to you August 1st was acceptable regarding our name change and your phone call to me last week.....

If there is anything missing or you need additional info, please let me know. I am located in our Denver office.....

Division of Oil, Gas and Mining
OPERATOR CHANGE WORKSHEET

Routing: (GIL) ✓

1-DEC 7-PL	✓
2-LWP 8-SJ	✓
3-DTS 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

(MERGER)

The operator of the well(s) listed below has changed (EFFECTIVE DATE: 6-29-95)

TO (new operator)	<u>INLAND PRODUCTION COMPANY</u>	FROM (former operator)	<u>LOMAX EXPLORATION COMPANY</u>
(address)	<u>PO BOX 1446</u>	(address)	<u>PO BOX 1446</u>
	<u>ROOSEVELT UT 84066</u>		<u>ROOSEVELT UT 84066</u>
	<u>KEBBIE JONES</u>		<u>KEBBIE JONES</u>
	phone (<u>801</u>) <u>722-5103</u>		phone (<u>801</u>) <u>722-5103</u>
	account no. <u>N 5160</u>		account no. <u>N 0580</u>

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

Name: **SEE ATTACHED**	API: <u>013-30748</u>	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: _____
Name: _____	API: _____	Entity: _____	Sec _____	Twp _____	Rng _____	Lease Type: _____
Name: _____	API: _____	Entity: _____	Sec _____	Twp _____	Rng _____	Lease Type: _____

OPERATOR CHANGE DOCUMENTATION

- 1 1. (Rule R615-8-10) Sundry or other legal documentation has been received from former operator (Attach to this form). (Rec'd 7-14-95)
- N/A 2. (Rule R615-8-10) Sundry or other legal documentation has been received from new operator (Attach to this form).
- 1 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) no. If yes, show company file number: _____ (7-28-95)
- 1 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.
- 1 5. Changes have been entered in the Oil and Gas Information System (Wang/IBM) for each well listed above. (7-31-95)
- 1 6. Cardex file has been updated for each well listed above. 8-16-95
- 1 7. Well file labels have been updated for each well listed above. 8-22-95
- 1 8. Changes have been included on the monthly "Operator, Address, and Account Changes" memo for distribution to State Lands and the Tax Commission. (7-31-95)
- 1 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~~) *Trust Lands Admin. / Rider or Repl. in Progress.*

- 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.
- 2. *OTIS* Copy of documents have been sent to State Lands for changes involving State leases. *8/23/95 sent to Ed Bonner*

FILMING

- 1. All attachments to this form have been microfilmed. Date: August 30 1995.

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

950726 Blm/SL Aprv. eff. 6-29-95.

WELL NAME	API	ENTITY	LOCATION	LEASE
GILSONITE STATE 10-32	43-013-31485	99999	32-8S-17E	ML22061
GILSONITE STATE 8-32	43-013-31498	99999	32-8S-17E	ML22061
MONUMENT BUTTE STATE 16-2	43-013-31510	99999	2-9S-16E	ML21839
MONUMENT BUTTE STATE 8-2	43-013-31509	99999	2-9S-16E	ML21839
SUNDANCE STATE 5-32	43-047-32685	11781	32-8S-18E	ML22058
MONUMENT BUTTE STATE 14-36	43-013-31508	11774	36-8S-16E	ML22061
GILSONITE STATE 14I-32	43-013-31523	11788	32-8S-17E	ML21839
MONUMENT BUTTE STATE 16-36R	43-013-10159	99999	36-8S-16E	ML22061
STATE 5-36	43-013-30624	10835	36-8S-16E	ML22061
STATE 1-36	43-013-30592	10835	36-8S-16E	ML22061
12-32	43-013-30787	11486	32-8S-17E	ML22060
GILSONITE STATE 13-32	43-013-31403	99990	32-8S-17E	ML22060
GILSONITE STATE 7-32	43-013-30658	11486	32-8S-17E	ML22060
WELLS DRAW STATE 7-36	43-013-30934	09730	36-8S-15E	ML21835
STATE 1-2	43-013-30596	10835	2-9S-16E	ML21839
STATE 13-36	43-013-30623	10835	36-8S-16E	ML22061
STATE 3-2	43-013-30627	10835	2-9S-16E	ML21839
STATE 12-36	43-013-30746	10835	36-8S-16E	ML22061
STATE 1-32	43-013-30599	11486	32-8S-17E	ML22060
GILSONITE STATE 2-32	43-013-30604	11486	32-8S-17E	ML22060
STATE 11-32	43-013-30685	11486	32-8S-17E	ML22060
STATE 1A-32	43-013-30691	11486	32-8S-17E	ML22060
STATE 9-32	43-013-30713	11486	32-8S-17E	ML22060
STATE 5-32	43-013-30714	11486	32-8S-17E	ML22060
STATE 6-32	43-013-30748	11486	32-8S-17E	ML22060
STATE 4-32	43-013-30800	11486	32-8S-17E	ML22060
GILSONITE STATE 14-32	43-013-31480	11486	32-8S-17E	ML22061

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

SUNDRY NOTICES AND REPORTS ON WELLS

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

5. Lease Designation and Serial No.

ML-22060

6. If Indian, Allottee or Tribe Name

NA

7. If Unit or CA, Agreement Designation

NA

8. Well Name and No.

STATE 6-32

9. API Well No.

43-013-30748

10. Field and Pool, or Exploratory Area

MONUMENT BUTTE

11. County or Parish, State

DUCHESNE COUNTY, UTAH

SUBMIT IN TRIPLICATE

1. Type of Well

Oil Well Gas Well Other

2. Name of Operator

INLAND PRODUCTION COMPANY

3. Address and Telephone No.

475 17TH STREET, SUITE 1500, DENVER, COLORADO 80202 (303) 292-0900

4. Location of Well (Footage, Sec., T., R., m., or Survey Description)

1911 FNL 1904 FWL SE/NW Section 32, T08S R17E

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

TYPE OF SUBMISSION

TYPE OF ACTION

Notice of Intent
 Subsequent Report
 Final Abandonment Notice

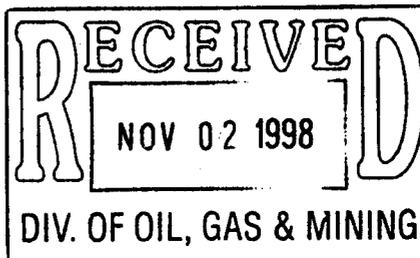
Abandonment
 Recompletion
 Plugging Back
 Casing Repair
 Altering Casing
 Other **Site Security**

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

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

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Attached please find the site security diagram for the above referenced well.



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

Signed

Debbie E. Knight Title

Manager, Regulatory Compliance

Date

10/30/98

(This space for Federal or State office use)

Approved by _____

Title _____

Date _____

Conditions of approval, if any:

CC: UTAH DOGM

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

FORM 9

SUNDRY NOTICES AND REPORTS ON WELLS		5. LEASE DESIGNATION AND SERIAL NUMBER:
Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME:
1. TYPE OF WELL OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Pipeline Work</u>		7. UNIT OR CA AGREEMENT NAME: Gilsonite Unit
2. NAME OF OPERATOR: Inland Production Company		8. WELL NAME and NUMBER: State Wells in Unit
3. ADDRESS OF OPERATOR: 1401 17th St #1000 CITY Denver STATE CO ZIP 80211		9. API NUMBER: 43-013-30748
PHONE NUMBER: (303) 893-0102		10. FIELD AND POOL, OR WILDCAT:
4. LOCATION OF WELL FOOTAGES AT SURFACE:		COUNTY: Duchesne
QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: SENW 5-32 T08S R14E		STATE: UTAH

11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA			
TYPE OF SUBMISSION	TYPE OF ACTION		
<input checked="" type="checkbox"/> NOTICE OF INTENT (Submit in Duplicate) Approximate date work will start: <u>5/1/2004</u>	<input type="checkbox"/> ACIDIZE <input type="checkbox"/> ALTER CASING <input type="checkbox"/> CASING REPAIR <input checked="" type="checkbox"/> CHANGE TO PREVIOUS PLANS <input type="checkbox"/> CHANGE TUBING <input type="checkbox"/> CHANGE WELL NAME <input type="checkbox"/> CHANGE WELL STATUS <input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS <input type="checkbox"/> CONVERT WELL TYPE	<input type="checkbox"/> DEEPEN <input type="checkbox"/> FRACTURE TREAT <input checked="" type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> OPERATOR CHANGE <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> PLUG BACK <input type="checkbox"/> PRODUCTION (START/RESUME) <input type="checkbox"/> RECLAMATION OF WELL SITE <input type="checkbox"/> RECOMPLETE - DIFFERENT FORMATION	<input type="checkbox"/> REPERFORATE CURRENT FORMATION <input type="checkbox"/> SIDETRACK TO REPAIR WELL <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> TUBING REPAIR <input type="checkbox"/> VENT OR FLARE <input type="checkbox"/> WATER DISPOSAL <input type="checkbox"/> WATER SHUT-OFF <input type="checkbox"/> OTHER: <u>Comingle Production w common tank</u>
<input type="checkbox"/> SUBSEQUENT REPORT (Submit Original Form Only) Date of work completion:			

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

Inland Production requests permission to add the following wells to a common tank battery system; Gilsonite St 2-32, State 4-32, State 6-32, State 7-32, Gilsonite St 8-32, Gilsonite St 10-32, Gilsonite St 12-32, Gilsonite St 14-32. Each well will have a pumping unit and line heater. The Common tank battery will consist of 2 400 Bbl oil tanks, 1 200 Bbl water tank, a heater treater and a line heater all located at the Gilsonite 7-32. There will be a test facility located at the Gilsonite 7-32 that will consist of a heater treater, 1 400 Bbl tank and 1 400 Bbl water tank. Each well will have a production test once every 2 months. The Gilsonite 7-32 location will be expanded by 75' to the south and 50' to the west to allow for transportation at the central gathering point. The flow bundles will consist of 4 2" flow lines that will be wrapped and insulated. 2 lines will have glycol for a trace system, 1 line will be the production line, and 1 line will be the well test line. There will be approximately 2.4 miles of the production bundle installed.

COPY SENT TO OPERATOR
 Date: 4-21-04
 Initials: CHD

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

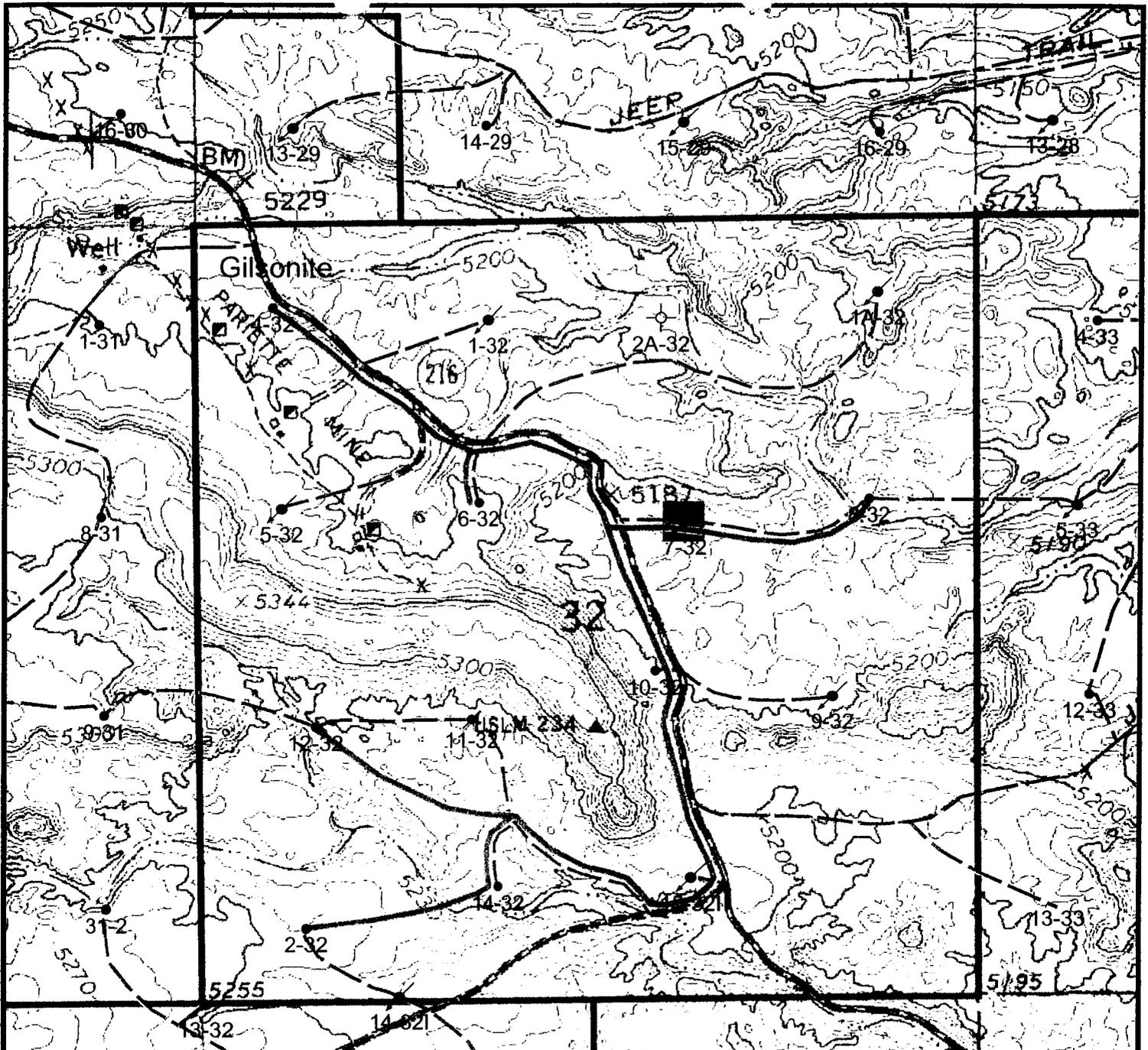
DATE: 4/20/04
 BY: [Signature]
Production Allocation for each well should be based on actual days produced

NAME (PLEASE PRINT) <u>David Gerbig</u>	TITLE <u>Operations Engineer</u>
SIGNATURE <u>[Signature]</u>	DATE <u>3/22/2004</u>

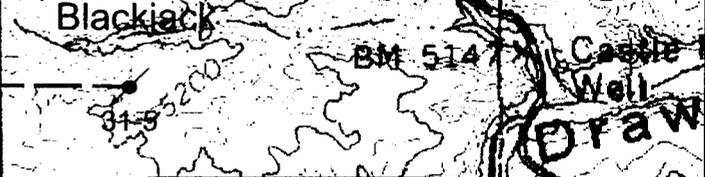
(This space for State use only)

RECEIVED
MAR 24 2004

DIV. OF OIL, GAS & MINING



Inland Wells	Roads
○ Location	— Paved
⊕ Surface Spud	— Dirt
⊙ Drilling	— Private
⊖ Waiting on Completion	— Proposed
● Producing Oil Well	— Two Track
⊙ Producing Gas Well	— Proposed gathering lines Total Length = 2.42 miles
⊙ Water Injection Well	■ Battery
○ Dry Hole	
⊖ Temporarily Abandoned	
⊙ Plugged & Abandoned	
⊙ Shut In	
⊙ Water Source Well	
⊙ Water Disposal Well	





Inland
RESOURCES INC.

Proposed Flow Lines +
Gilsonite Central Battery
Uinta Basin, Utah
Duchesne & Uintah Counties

Alamo Plaza Building
1401 17th Street Suite 1000
Denver CO 80202-1247
Phone: (303) 893-0102

January 16, 2004

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

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

SUNDRY NOTICES AND REPORTS ON WELLS

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

5. Lease Designation and Serial No.

ML-22060

6. If Indian, Allottee or Tribe Name

NA

7. If Unit or CA, Agreement Designation

GILSONITE

8. Well Name and No.

STATE 6-32

9. API Well No.

43-013-30748

10. Field and Pool, or Exploratory Area

MONUMENT BUTTE

11. County or Parish, State

DUCHESNE COUNTY, UTA

SUBMIT IN TRIPLICATE

1. Type of Well

Oil Well Gas Well Other

2. Name of Operator

INLAND PRODUCTION COMPANY

3. Address and Telephone No.

Rt. 3 Box 3630, Myton Utah, 84052 435-646-3721

4. Location of Well (Footage, Sec., T., R., m., or Survey Description)

1911 FNL 1904 FWL SE/NW Section 32, T8S R17E

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

TYPE OF SUBMISSION

TYPE OF ACTION

Notice of Intent
 Subsequent Report
 Final Abandonment Notice

Abandonment
 Recompletion
 Plugging Back
 Casing Repair
 Altering Casing
 Other

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

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

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Recompletion procedures were initiated on subject well in the Green River formation on 5/1/02. Existing production equipment was pulled from well. Well was cleaned out to PBDT @ 5562'. Five new Green River intervals were perforated and hydraulically fracture treated down 2 7/8 N-80 tbg as follows: Stage 1-LODC sands @ 5514'-5518', 5446'-5455', 5431'-5433', 5425'-5428', 5418'-5422' & 5403'-5414' (4 JSPF) fraced W/ 66,700# 20/40 mesh sand in 491 bbls Viking I-25 fluid (screened out W/ approx. 61,816# sand in formation). Stage 2: B2 sands @ 5195'-5201' (4 JSPF) fraced W/ 21,184# 20/40 mesh sand in 160 bbls Viking I-25 fluid. Stage 3: D2 sds @ 4929'-4934' (4 JSPF) fraced W/ 13,100# 20/40 mesh sand in 106 bbls Viking I-25 fluid (screened out W/ approx. 6,972# sand in formation). Stage 4: DS1 sds @ 4769'-4774' (4 JSPF) fraced W/ 18,000# 20/40 sand in 121 bbls Viking I-25 fluid (screened out W/ approx. 12,513# sand in formation). Stage 5: PB10 sands @ 4618'-4622' & 4626'-4630' (4 JSPF) fraced W/ 10,735# 20/40 mesh sand in 117 bbls Viking I-25 fluid (screened out W/ approx. 8,505# sand in formation). Frac tbg & tools were pulled from well. All intervals (new & existing) were swab tested for sand cleanup. Ran & anchored revised BHA & production tbg back in well W/ tubing anchor @ 5389', pump seating nipple @ 5424' & end of tubing string @ 5458'. Ran a repaired rod pump and rod string in well. Well was returned to production via rod pump on 5/13/02.

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

Signed Gary Dietz Title Completion Foreman Date 5/15/2002

CC: UTAH DOGM

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____

Conditions of approval, if any:

RECEIVED

MAY 16 2002

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Geoffrey S. Connor
Secretary of State

Office of the Secretary of State

The undersigned, as Secretary of State of Texas, does hereby certify that the attached is a true and correct copy of each document on file in this office as described below:

Newfield Production Company
Filing Number: 41530400

Articles of Amendment

September 02, 2004

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on September 10, 2004.



A handwritten signature in black ink, appearing to read "G. Connor".

Secretary of State

ARTICLES OF AMENDMENT
TO THE
ARTICLES OF INCORPORATION
OF
INLAND PRODUCTION COMPANY

FILED
In the Office of the
Secretary of State of Texas
SEP 02 2004
Corporations Section

Pursuant to the provisions of Article 4.04 of the Texas Business Corporation Act (the "TBCA"), the undersigned corporation adopts the following articles of amendment to the articles of incorporation:

ARTICLE 1 – Name

The name of the corporation is Inland Production Company.

ARTICLE 2 – Amended Name

The following amendment to the Articles of Incorporation was approved by the Board of Directors and adopted by the shareholders of the corporation on August 27, 2004.

The amendment alters or changes Article One of the Articles of Incorporation to change the name of the corporation so that, as amended, Article One shall read in its entirety as follows:

"ARTICLE ONE – The name of the corporation is Newfield Production Company."

ARTICLE 3 – Effective Date of Filing

This document will become effective upon filing.

The holder of all of the shares outstanding and entitled to vote on said amendment has signed a consent in writing pursuant to Article 9.10 of the TBCA, adopting said amendment, and any written notice required has been given.

IN WITNESS WHEREOF, the undersigned corporation has executed these Articles of Amendment as of the 1st day of September, 2004.

INLAND RESOURCES INC.

By: Susan G. Riggs
Susan G. Riggs, Treasurer

6a. (R649-9-2)Waste Management Plan has been received on: IN PLACE

6b. Inspections of LA PA state/fee well sites complete on: waived

7. **Federal and Indian Lease Wells:** The BLM and or the BIA has approved the merger, name change, or operator change for all wells listed on Federal or Indian leases on: BLM BIA

8. **Federal and Indian Units:**

The BLM or BIA has approved the successor of unit operator for wells listed on: n/a

9. **Federal and Indian Communization Agreements ("CA"):**

The BLM or BIA has approved the operator for all wells listed within a CA on: na/

10. **Underground Injection Control ("UIC")** The Division has approved UIC Form 5, **Transfer of Authority to Inject**, for the enhanced/secondary recovery unit/project for the water disposal well(s) listed on: 2/23/2005

DATA ENTRY:

1. Changes entered in the **Oil and Gas Database** on: 2/28/2005

2. Changes have been entered on the **Monthly Operator Change Spread Sheet** on: 2/28/2005

3. Bond information entered in RBDMS on: 2/28/2005

4. Fee/State wells attached to bond in RBDMS on: 2/28/2005

5. Injection Projects to new operator in RBDMS on: 2/28/2005

6. Receipt of Acceptance of Drilling Procedures for APD/New on: waived

FEDERAL WELL(S) BOND VERIFICATION:

1. Federal well(s) covered by Bond Number: UT 0056

INDIAN WELL(S) BOND VERIFICATION:

1. Indian well(s) covered by Bond Number: 61BSBDH2912

FEE & STATE WELL(S) BOND VERIFICATION:

1. (R649-3-1) The **NEW** operator of any fee well(s) listed covered by Bond Number 61BSBDH2919

2. The **FORMER** operator has requested a release of liability from their bond on: n/a*

The Division sent response by letter on: n/a

LEASE INTEREST OWNER NOTIFICATION:

3. (R649-2-10) The **FORMER** operator of the fee wells has been contacted and informed by a letter from the Division of their responsibility to notify all interest owners of this change on: n/a

COMMENTS:

*Bond rider changed operator name from Inland Production Company to Newfield Production Company - received 2/23/05



**UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 8**

**1595 Wynkoop Street
DENVER, CO 80202-1129
Phone 800-227-8917
<http://www.epa.gov/region08>**

MAY 07 2008

Ref: 8P-W-GW

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Mr. Eric Sundberg
Regulatory Analyst
Newfield Production Company
1401 Seventeenth Street – Suite 1000
Denver, CO 80202

RE: Additional Well: Gilsonite Unit Permit
UIC Permit No. UT20633-00000
Well ID: UT20633-07421
Gilsonite State #6-32-8-17
1904 ft. FWL & 1911 ft. FNL
SE NW Section 32-T8S-R17E
Duchesne County, Utah
API # 43-013-30748

Dear Mr. Sundberg:

The Newfield Production Company request to convert the former Green River Formation oil well Gilsonite State #6-32-8-17 to an enhanced recovery injection well in the Gilsonite Unit Area Permit is hereby authorized by the Environmental Protection Agency (EPA) under the terms and conditions of the Authorization For Additional Well.

The addition of the proposed injection well, within the exterior boundary of the Uintah & Ouray Indian Reservation, is being made under the authority of 40 CFR §144.33 (c) and terms of the Gilsonite Unit Area Permit No. UT20633-00000, and subsequent modifications.

Please be aware that Newfield does not have authorization to begin injection operations into the well until all Prior to Commencing Injection requirements have been submitted and evaluated by the EPA, and has received written authorization from the Director to begin injection. Please note that the Permit limits injection to the gross interval within the Green River Formation between the depths of 3877 feet and the top of the Wasatch Formation estimated to be at 6289 feet.

Prior to receiving authorization to inject, the EPA requires that Newfield submit for review and approval: (1) the results of a **Part 1 (Internal) mechanical integrity test (MIT)**, (2) a **pore pressure** calculation of the injection interval, (3) a complete **EPA Form No. 7520-12** (Well Rework Record) with a new schematic diagram and (4) run a new **Cement Bond-Gamma Ray log**, from surface to total depth, because 80% cement bond cannot be determined from the old Cement Bond log.

The initial Maximum Allowable Injection Pressure (MAIP) for the Gilsonite State is determined to be **1255 psig**. UIC Area Permit UT20633-00000 also provides the opportunity for the permittee to request a change in the MAIP based upon results of a step rate test that demonstrates that the formation breakdown pressure will not be exceeded.

If you have any questions, please call Mr. Bob Near at (303) 312-6278 or 1-(800)-227-8917 (Ext. 312-6278). Please submit the required data to **ATTENTION: Bob Near**, at the letterhead address, citing **MAIL CODE: 8P-W-GW** very prominently.

Sincerely,



Stephen S. Tuber
Assistant Regional Administrator
Office of Partnerships and Regulatory Assistance

Encl: Authorization For Conversion of An Additional Well
EPA Form No. 7520-12 (Well Rework Record). Proposed Wellbore and P&A Wellbore
Schematics for Gilsonite State 6-32-8-17

cc: Letter Only

Curtis Cesspooch, Chairman
Uintah & Ouray Business Committee
Ute Indian Tribe

Irene Cuch, Vice Chairwoman
Uintah & Ouray Business Committee
Ute Indian Tribe

Ronald Groves, Councilman
Uintah & Ouray Business Committee
Ute Indian Tribe

Steven Cesspooch, Councilman
Uintah & Ouray Business Committee
Ute Indian Tribe

Phillip Chimburas, Councilman
Uintah & Ouray Business Committee
Ute Indian Tribe

Frances Poowegup, Councilwoman
Uintah & Ouray Business Committee
Ute Indian Tribe

Chester Mills, Superintendent
U.S. Bureau of Indian Affairs
Uintah & Ouray Indian Agency

Francis Myore, Acting Director
Energy and Minerals Department
Ute Indian Tribe

All enclosures:

Michael Guinn, District Manager
Newfield Production Company
Myton, Utah

Shaun Chapoose, Director
Land Use Dept.
Ute Indian Tribe

Gilbert Hunt, Associate Director
Utah Division of Oil, Gas and Mining

Fluid Minerals Engineering Office
U.S. Bureau of Land Management
Vernal, Utah

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

5. LEASE DESIGNATION AND SERIAL NUMBER:
UTAH STATE ML-22060

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

7. UNIT or CA AGREEMENT NAME:
GILSONITE UNIT

1. TYPE OF WELL: OIL WELL GAS WELL OTHER

8. WELL NAME and NUMBER:
STATE 6-32

2. NAME OF OPERATOR:
NEWFIELD PRODUCTION COMPANY

9. API NUMBER:
4301330748

3. ADDRESS OF OPERATOR: PHONE NUMBER
Route 3 Box 3630 CITY Myton STATE UT ZIP 84052 435.646.3721

10. FIELD AND POOL, OR WILDCAT:
MONUMENT BUTTE

4. LOCATION OF WELL:
FOOTAGES AT SURFACE: **1911 FNL 1904 FWL**

COUNTY: **DUCHESNE**

OTR/OTR. SECTION. TOWNSHIP. RANGE. MERIDIAN: **SENW, 32, T8S, R17E**

STATE: **UT**

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

TYPE OF SUBMISSION	TYPE OF ACTION		
<input type="checkbox"/> NOTICE OF INTENT (Submit in Duplicate) Approximate date work will _____	<input type="checkbox"/> ACIDIZE	<input type="checkbox"/> DEEPEN	<input type="checkbox"/> REPERFORATE CURRENT FORMATION
	<input type="checkbox"/> ALTER CASING	<input type="checkbox"/> FRACTURE TREAT	<input type="checkbox"/> SIDETRACK TO REPAIR WELL
	<input type="checkbox"/> CASING REPAIR	<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> TEMPORARILY ABANDON
	<input type="checkbox"/> CHANGE TO PREVIOUS PLANS	<input type="checkbox"/> OPERATOR CHANGE	<input type="checkbox"/> TUBING REPAIR
	<input type="checkbox"/> CHANGE TUBING	<input type="checkbox"/> PLUG AND ABANDON	<input type="checkbox"/> VENT OR FLAIR
<input checked="" type="checkbox"/> SUBSEQUENT REPORT (Submit Original Form Only) Date of Work Completion: 05/11/2009	<input type="checkbox"/> CHANGE WELL NAME	<input type="checkbox"/> PLUG BACK	<input type="checkbox"/> WATER DISPOSAL
	<input checked="" type="checkbox"/> CHANGE WELL STATUS	<input type="checkbox"/> PRODUCTION (START/STOP)	<input type="checkbox"/> WATER SHUT-OFF
	<input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS	<input type="checkbox"/> RECLAMATION OF WELL SITE	<input type="checkbox"/> OTHER: -
	<input checked="" type="checkbox"/> CONVERT WELL TYPE	<input type="checkbox"/> RECOMPLETE - DIFFERENT FORMATION	

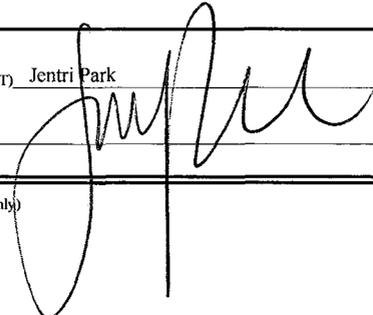
12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.

The subject well has been converted from a producing oil well to an injection well on 04/17/09. On 04/27/09 Margo Smeith with the EPA was contacted concerning the initial MIT on the above listed well. Permission was given at that time to perform the test on 04/29/09. On 05/07/09 the casing was pressured up to 1230 psig and charted for 30 minutes with no pressure loss. The well was not injecting during the test. The tubing pressure was 20 psig during the test. There was not an EPA representative available to witness the test. EPA# UT20633-07421 API# 43-013-30748

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

NAME (PLEASE PRINT) **Jentri Park**

TITLE **Production Tech**

SIGNATURE 

DATE **05/11/2009**

(This space for State use only)

RECEIVED

MAY 18 2009

DIV. OF OIL, GAS & MINING

Daily Activity Report

Format For Sundry

STATE 6-32-8-17**3/1/2009 To 7/30/2009****3/28/2009 Day: 1****Conversion**

Nabors #1111 on 3/27/2009 - MIRU Nabors #1111. Hot oiler had pumped 60 BW down csg @ 250°. RD pumping unit. Unseat rod pump. Flus tbg & rods w/ 30 BW @ 250°. Soft seat pump. Fill tbg & pressure test tbg to 3000 psi. LD rods as follows: 1 1/2" X 22' polished rod, 1-2', 4' X 3/4" pony rods, 101- 3/4" guided rods, 89- 3/4" plain rods, 20- 3/4" guided rods, 6- 1 1/2" weight rods & 2 1/2" X 1 1/2" X 14 1/2' RHAC rod pump. X-over for tbg. ND wellhead. NU BOPs. RU rig floor. SWIFN.

3/30/2009 Day: 2**Conversion**

Nabors #1111 on 3/29/2009 - RU tbg equip. TOOH w/ 135- jts 2 7/8" J-55 tbg (talleying, breaking collars & applying Liquid O-ring to threads). LD 32- jts tbg, TA, 1 jt tbg, SN, 1- jt tbg & NC. PU Arrowset 1-X packer. Could not get in hole. TIH w/ 40 jts tbg. Circulate well w/ 20 BW @ 250. TOOH w/ tbg. MU packer & TIH w/ 135- jts 2 7/8" J-55 tbg. SWIFN.

3/31/2009 Day: 3**Conversion**

Nabors #1111 on 3/30/2009 - Flush tbg w/ 30 BW @ 250°. Drop standing valve & fill tbg. Pressure test to 3000 psi, pressure bled off. TOOH w/ 60- jts tbg & pressure test. Pressure test did not hold. TOOH w/ 20- jts tbg & pressure test. Pressure did not hold. TOOH to packer. Could not get packer out of wellhead. Pump 10 BW down csg. TOOH w/ packer. Pressure test 1- jt tbg, SN & standing valve. TIH w/ 20- jts tbg & pressure test to 3000 psi (good test). TIH w/ 30- jts tbg & pressure test tbg (good test). TIH w/ 55- jts tbg & pressure to 3000 psi. SWIFN.

4/2/2009 Day: 4**Conversion**

Nabors #1111 on 4/1/2009 - Pressure tbg to 3000 psi, no test. TOOH w/ 20- jts tbg & attempt pressure test, blew hole in tbg. TOOH w/ tbg & found hole in jt 134. LD & replace jt w/ hole. TIH w/ 105- jts 2 7/8" J-55 tbg, pressure 3 times during TIH. Final pressure test of 3000 psi held for 30 min w/ 0 psi loss. RU sandline. RIH w/ fishing tool on sandline & retrieve standing vavle. RD rig floor. ND BOPs. Pump 60 bbls packer fluid down tbg-csg annulus. Set Arrowset 1-X packer w/ CE @ 4343' w/ 15,000# tension. Fill annulus w/ packer fluid & pressure annulus to 1400 psi. Pressure dropped 200 psi in 30 min. Pressure to 1400 psi. SWIFN.

4/3/2009 Day: 5**Conversion**

Nabors #1111 on 4/2/2009 - Pressure on annulus had dropped from 1400 psi to 350 psi overnight. Pressure annulus to 1400 psi & watch test for 30 min, lost 300 psi. Pump 20 BW down tbg & drop standing valve. Pressure tbg to 3000 psi, hold test for 30 min w/ 0 psi loss. RU sandline. RIH w/ fishing tool on sandline & retrieve standing valve. Pressure test annulus to 1400 psi. Lost 300 psi in 30 min. Release packer. LD 1- jt tbg & re-set packer w/ 15,000# tension. Fill annulus w/ 2 bbls packer fluid & pressure to 1400 psi. Pressure dropped 300 psi in 30 minutes. ND wellhead. NU BOPs. RU rig floor. TOOH w/ 134- jts tbg & Arrowset 1-X packer. PU new Arrowset 1-X packer & TIH w/ 134- jts 2 7/8" J-55 tbg. Flush tbg w/ 15 BW & drop standing valve. Fill tbg & pressure tbg to 3000 psi. SWIFN.

4/4/2009 Day: 6**Conversion**

Nabors #1111 on 4/3/2009 - Check pressure on well, 50 psi csg, 2400 psi tbg. Bleed off air from tbg & pressure to 3000 psi. Held pressure for 30 min w/ 0 psi loss. Set packer & test annulus to 1400 psi, lost 250 psi in 15 min. Pressure 3 times w/ same loss. TOOH w/ 68- jts tbg & set packer. Fill annulus & test to 1400 psi. Lost 250 psi in 15 min (3 times). TOOH w/ 34- jts tbg & set packer. Pressure annulus to 1400 psi, lost 250 psi in 15 min (3 times). TOOH w/ 18- jts tbg & set packer. Pressure annulus to 1400 psi, lost 750 psi in 5 minutes (3 times). TOOH w/ 8- jts tbg & set packer. Pressure annulus to 1400 psi, lost 750 psi in 5 minutes (3 times). TOOH w/ 5- jts tbg (1- jt in hole) & set packer. Pressure annulus to 1400 psi, lost 900 psi in 5 min. LD 1- jt tbg & packer. SWIFN.

4/7/2009 Day: 7**Conversion**

Nabors #1111 on 4/6/2009 - Pressure test wellhead w/ Wood group (no test). ND BOPs & wellhead. Found 5 1/2" csg to have fallen out of slips. NU BOPs & TIH w/ 10- jts tbg & circulate oil from wellbore w/ 20 BW @ 250°. TOOH w/ 10- jts tbg. PU & TIH w/ TS RBP & 20- jts 2 7/8" tbg. Set plug @ 606'. Circulate well clean. TOOH w/ tbg. Cut off old surface csg wellhead. Weld on new surface csg wellhead. PU 5 1/2" csg spear. Spear into 5 1/2" csg, pull up 80,000# on csg & set slips. Weld 5 1/2" bell nipple onto csg. NU wellhead & B-1 adapter. Pressure csg to 1400 psi. Lost 100 psi in 10 min. Pressure csg to 1400 psi. SWIFN.

4/8/2009 Day: 8**Conversion**

Nabors #1111 on 4/7/2009 - 0 psi on well. ND wellhead. NU BOPs. RU rig floor. PU & TIH w/ Arrowset 1-X packer & 19- jts tbg. Set packer. Fill tbg & test between packer & plug to 1400 psi, lost 500 psi in 1 min. Pressure test tbg- csg annulus to 1400 psi, good test. TOOH w/ tbg & packer. MU RBP retrieving head. TIH w/ 20- jts & latch onto RBP. Release plug & TOOH w/ tbg & plug. PU & TIH w/ new Arrowset 1-X packer, SN, 134- jts 2 7/8" J-55 tbg. Flush tbg w/ 30 BW & drop standing valve. Pressure test tbg to 3000 psi, held test for 30 min w/ 0 psi loss. RU sandline. RIH w/ fishing tool on sandline & retrieve standing valve. RD rig floor. ND BOPs. NU wellhead. Pump 70 bbls packer fluid down tbg-csg annulus. ND wellhead. Set Arrowset 1-X packer w/ CE @ 4313' w/ 15,000# tension. Fill annulus & pressure to 1400 psi. SWIFN.

4/9/2009 Day: 9**Conversion**

Nabors #1111 on 4/8/2009 - Check pressure on annulus, pressure had fallen from 1400 psi to 100 psi overnight. Pressure annulus to 1200 psi, held test for 30 min w/ 120 psi loss. Flush tbg w/ 10 BW & drop standing valve. Fill tbg & pressure to 3000 psi, held test for 30 min w/ 0 psi loss. Pressure annulus to 1200 psi & held test for 30 min w/ 100 psi loss. RU sandline. RIH w/ fishing tool on sandline. Could not get into standing valve. POOH w/ sandline. Bleed pressure off of annulus. ND wellhead. NU BOPs. RU rig floor. TOOH w/ 66- jts tbg. Set AS-1X packer. Fill annulus & pressure to 1200 psi (no test). Release pkr & TOOH to 1028'. Set packer & pressure annulus to 1200 psi (no test). Release pkr & TOOH to 519'. Set pkr & pressure to 1200 psi (no test). Release pkr & TOOH until 1- jt left. Set pkr @ 35' & pressure annulus to 1200 psi (good test). Release pkr & TIH to 228'. Set pkr & pressure annulus to 1200 psi (no test). Release pkr & TOOH to 128'. Set pkr & pressure annulus to 1200 psi (no test). Release pkr & TOOH to 68'. Set pkr & pressure annulus to 1200 psi (good test). Release pkr & TIH to 100'. Set pkr & pressure annulus to 1200 psi (no test). Release pkr & TOOH w/ 3- jts tbg & LD AS-1X pkr. SWIFN.

4/10/2009 Day: 10**Conversion**

Nabors #1111 on 4/9/2009 - PU Weatherford TS RBP & AS-1X packer. TIH w/ 134- jts tbg & set RBP @ 4311'. TOOH w/ 2- jts tbg. RU hot oiler & pump 50 bbls condensate down tbg. Circulate well w/ 200 BW @ 250°. Set pkr @ 4250' & pressure test tools to 1500 psi. TOOH & set pkr @ 2402'. Pressure tbg & annulus to 1500 psi. Tbg held test, annulus lost 25 psi in 10

min. TOOH & set pkr @ 1230'. Pressure tbg & annulus to 1500 psi. Tbg lost 25 psi in 15 min & csg lost 250 psi in 15 min. TOOH & set pkr @ 254'. Pressure tbg & annulus to 1500 psi. Tbg lost 250 psi in 15 min & csg held test. TIH & set pkr @ 709'. Pressure tbg & annulus to 1500 psi. Tbg lost 75 psi in 15 min & csg lost 450 psi in 30 min. TOOH & LD pkr. SWIFN.

4/11/2009 Day: 11
Conversion

Nabors #1111 on 4/10/2009 - RD rig floor. ND BOPs. ND wellhead. RU Westates csg crew. PU on 5 1/2" csg & pull slips. Work 4 3/4 rounds of torque into csg while working csg up & down. RD Westates csg crew. Land 5 1/2" csg back in slips w/ 80,000#s. NU wellhead. Fill csg & pressure test to 1500 psi for 30 min w/ 150 psi loss. Pressure test csg to 1200 psi for 30 min w/ 125 psi loss. Bleed off pressure & NU BOPs. RU rig floor. PU Weatherford AS-1X packer TIH to 1230'. Pressure test down tbg to 1500 psi, lost 100 psi in 30 min. Release pkr & TIH to 2402'. Pressure test down tbg to 1500 psi, lost 100 psi in 30 min. Release pkr & TIH to 4242'. Pressure test plug & pkr to 1500 psi, 0 psi loss in 30 min. PUH & set pkr @ 3378', pressure test down tbg to 1500 psi, 0 psi loss in 30 min. PUH & set pkr @ 2922', pressure test down tbg to 1500 psi w/ 0 psi loss in 30 min. PUH & set pkr @ 2661', pressure down tbg to 1500 psi, lost 50 psi in 15 min. Pressure down csg to 1500 psi, lost 50 psi in 30 min. TIH & set pkr @ 2791', pressure down tbg to 1500 psi, 0 psi loss in 30 min. Release pkr. SWIFN.

4/14/2009 Day: 12
Conversion

Nabors #1111 on 4/13/2009 - TIH to 4311', latch onto & release TS plug. TOOH w/ tbg & LD plug & packer. PU Arrowset 1-X packer, TIH w/ packer, SN & 134- jts 2 7/8" J-55 6.5# tbg. Flush tbg w/ 30 BW & drop standing valve. Pump standing valve down & pressure test tbg to 3000 psi. Held pressure test for 30 min w/ 0 psi loss. RU sandline. RIH w/ fishing tool on sandline & retrieve standing valve. RD sandline. RD rig floor. ND BOPs. NU wellhead. RU Halliburton pump trucks. Angard chemicals mixed improper due to leaky valve in blender & set up in truck. SDFN.

4/15/2009 Day: 13
Conversion

Nabors #1111 on 4/14/2009 - RU Halliburton pump truck. Pump 30 bbls packer fluid down tbg-csg annulus. Mix Angard in Halliburton blender. When adding solids to Angard it set up prematurely in blender due to contamination in solids. RD Halliburton. RD Nabors #1111.

4/18/2009 Day: 14
Conversion

Rigless on 4/17/2009 - MIRU Nabors #1111. RU Halliburton services. Fill wellbore w/ 53 bbls fresh water, pump 5 bbls 2% KCL, 30 bbls packer fluid, 45 bbls Angard & 3 bbls packer fluid down tbg-csg annulus. ND wellhead. Set Arrowset 1-X packer w/ CE @ 4311' & EOT @ 4315' w/ 15,000# tension. Fill annulus w/ 1/2 BW & pressure to 1200 psi, held pressure test for 30 minutes w/ 0 psi loss. RD Halliburton services. RDMOSU. Ready for MIT!

5/8/2009 Day: 15
Conversion

Rigless on 5/7/2009 - On 4/27/09 Margo Smith with the EPA was contacted concerning the initial MIT on the above listed well (Gilsonite State 6-32-8-17). Permission was given at that time to perform the test on 4/29/09. On 5/7/09 the csg was pressured up to 1230 psig and charted for 30 minutes with no pressure loss. The well was not injecting during the test. The tbg pressure was 20 psig during the test. There was not an EPA representative available to witness the test. Final Report! EPA# UT20633-07421 API# 43-013-30748

Pertinent Files: Go to File List

Mechanical Integrity Test

Casing or Annulus Pressure Mechanical Integrity Test

U.S. Environmental Protection Agency
Underground Injection Control Program
999 18th Street, Suite 500 Denver, CO 80202-2466

EPA Witness: _____ Date: 5/7/09
 Test conducted by: Chris Wilkerson
 Others present: _____

Well Name: <u>State 60-32-8-17</u>	Type: ER SWD	Status: AC TA UC
Field: <u>Mon Butte</u>		
Location: <u>S2/NW</u> Sec: <u>32</u> T <u>8</u> N <u>(S)</u> R <u>17</u> <u>(E)</u> W	County: <u>Duchesne</u>	State: <u>UT</u>
Operator: <u>Newfield</u>		
Last MIT: <u>/</u> / <u>/</u>	Maximum Allowable Pressure: _____	PSIG

Is this a regularly scheduled test? Yes No
 Initial test for permit? Yes No
 Test after well rework? Yes No
 Well injecting during test? Yes No If Yes, rate: _____ bpd

Pre-test casing/tubing annulus pressure: 0 psig

MIT DATA TABLE	Test #1	Test #2	Test #3
TUBING PRESSURE			
Initial Pressure	<u>20</u> psig	psig	psig
End of test pressure	<u>20</u> psig	psig	psig
CASING / TUBING ANNULUS PRESSURE			
0 minutes	<u>1230</u> psig	psig	psig
5 minutes	<u>1230</u> psig	psig	psig
10 minutes	<u>1230</u> psig	psig	psig
15 minutes	<u>1230</u> psig	psig	psig
20 minutes	<u>1230</u> psig	psig	psig
25 minutes	<u>1230</u> psig	psig	psig
30 minutes	<u>1230</u> psig	psig	psig
_____ minutes	psig	psig	psig
_____ minutes	psig	psig	psig
RESULT	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Does the annulus pressure build back up after the test? Yes No

MECHANICAL INTEGRITY PRESSURE TEST

Additional comments for mechanical integrity pressure test, such as volume of fluid added to annulus and bled back at end of test, reason for failing test (casing head leak, tubing leak, other), etc.:

Signature of Witness: _____

6 AM
5
4
3
2
MIDNIGHT

NOON

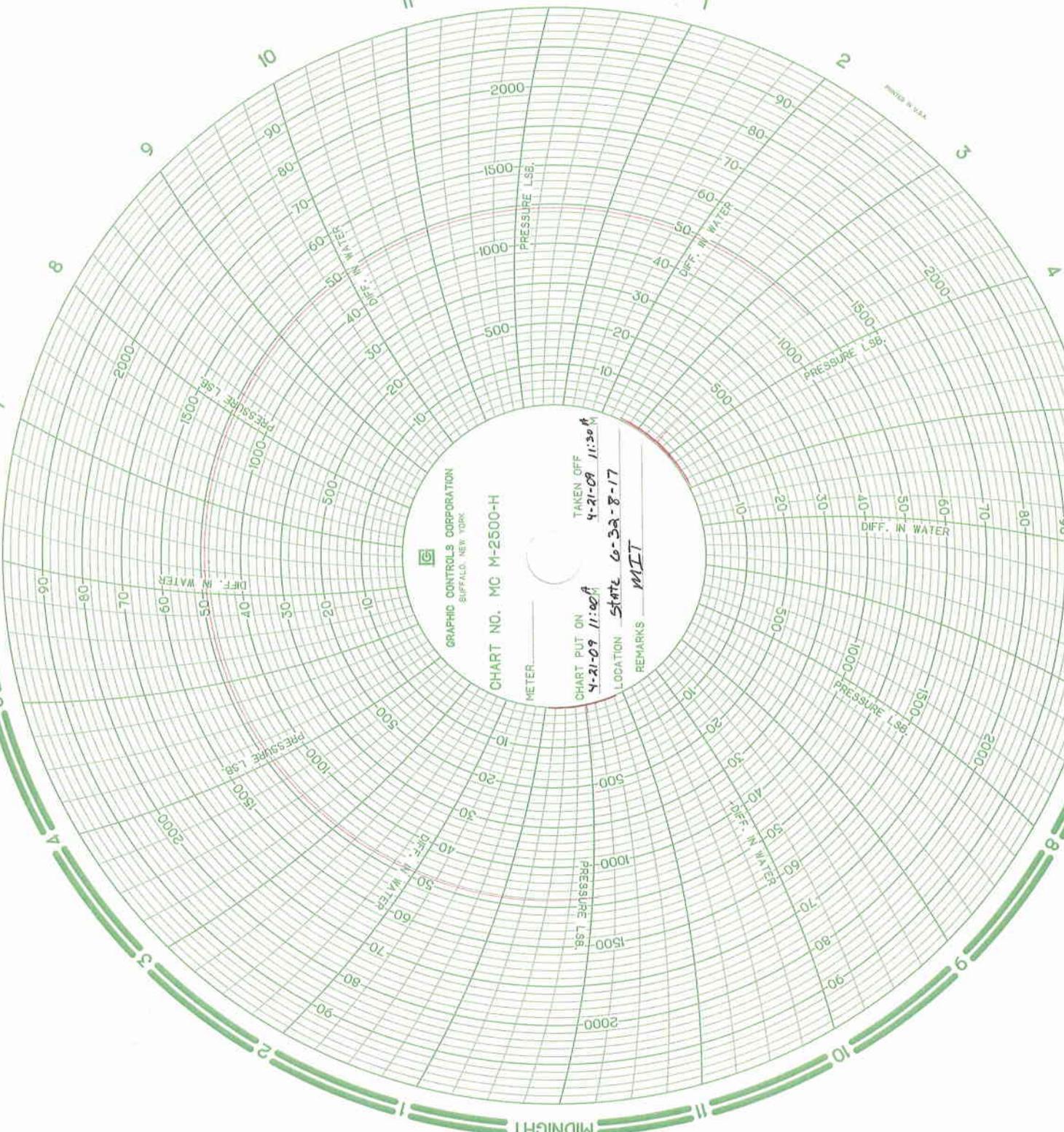
GRAPHIC CONTROLS CORPORATION
SUFFALO, NEW YORK

CHART NO. MC M-2500-H

METER _____

CHART PUT ON 4-21-09 11:00 AM
TAKEN OFF 4-21-09 11:30 AM

LOCATION Start 6-32-8-17
REMARKS MIT



MODEL N-1224



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 8

1595 Wynkoop Street
DENVER, CO 80202-1129
Phone 800-227-8917
<http://www.epa.gov/region08>

AUG 19 2009

Ref: 8P-W-GW

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Accepted by the
Utah Division of
Oil, Gas and Mining
FOR RECORD ONLY

Mike Guinn, District Manager
Newfield Production Company
Route 3, P.O. Box 3630
Myton, Utah 84052

Re: Underground Injection Control (UIC)
180-Day Limited Authorization to Inject and
Minor Modification No. 1 – Establish Annual Part I
MIT and One-Time RTS Requirements
EPA Permit #UT20633-07421
Well: Gilsonite State 6-32-8-17
Duchesne County, Utah
API # 43-013-30748

8S 17E 32

Dear Mr. Guinn:

The Newfield Production Company (Newfield) letter and attached well conversion information was received by the Environmental Protection Agency (EPA) Region 8 on May 19, 2009. The submittal satisfactorily completed three of the four Prior to Commencing Injection requirements for Final Permit UT20633-07421, effective May 7, 2008. The Part I (Internal) Mechanical Integrity Test (MIT), Well Rework Record (EPA Form No. 7520-12), schematic diagram, and calculated pore pressure were reviewed and approved by EPA on July 31, 2009.

With the well conversion package, EPA received information from Newfield Production Company on the above referenced well concerning the workover to address one or more casing leaks found in the well from 254 to 2,793 feet, and the follow-up mechanical integrity test (MIT) conducted on May 7, 2009. At the conclusion of the workover, 45 barrels of Angard was placed in the annulus, spanning the location of the leaking casing. The data submitted shows that the well passed the required MIT after using the additive. Pursuant to Title 40 of the Code of Federal Regulations Section 144.51(q)(2) (40 C.F.R. §144.51(q)(2)), authorization to inject is granted for a limited period of time.

Because the well has a known casing leak, and this leak was addressed using an annulus additive, EPA hereby modifies the permitted frequency of mechanical integrity testing. This is

because the use of the annulus additive did not fix the casing leak, but rather raised the viscosity of the fluid in the annulus such that it did not significantly flow through the casing leak during the MIT. To ensure the well's mechanical integrity is maintained and demonstrated frequently, pursuant to 40 C.F.R. § 144.41(b), this permit is modified to require annual standard annulus pressure tests to demonstrate internal mechanical integrity (known as Part I) as defined at 40 C.F.R. § 146.8(a)(1). Under continuous service, the next such MIT will be due on or before May 7, 2010.

The original Authorization for an Additional Well also required a CBL prior to commencing injection. However, since the well was converted before a CBL was run, EPA is modifying the prior to injection requirements to require a Radioactive Tracer Survey (RTS) in lieu of a CBL. The RTS will supplement the cementing records, which show an insufficient interval of 80 percent cement bond index or greater through the confining zone, by demonstrating the presence or absence of adequate cement to prevent fluid movement behind the casing above the uppermost perforation. It is intended that a maximum of 180 days of injection will allow the injection zone to achieve the Maximum Allowable Injection Pressure (MAIP) for the purpose of executing the RTS. If 180 days is not sufficient to achieve the MAIP specified in the permit, an extension of the period of Limited Authorization to Inject may be requested.

A successful RTS will be considered a valid confirmation that cementing records show adequate cement to prevent the upward migration of injection fluids from the injection zone at injection pressures up to the MAIP, until one of the following events occurs, at which time a subsequent RTS is required:

- a) If the submitted RTS is determined to be inconclusive or inadequate by EPA
- b) If the MAIP of the injection well is exceeded for any reason (*It is a violation to exceed the MAIP without prior EPA approval*)
- c) If new injection perforations are added to the injection well, either through the creation of new perforations or the adjustment of the packer depth to inject into a set of existing perforations that were previously inactive
- d) If the injection formation is acid-treated, hydraulically stimulated, or stimulated by any other method through the injection well, which may affect the cement integrity of the well
- e) If the Director requests that a RTS be run for any reason

A submitted RTS which indicates the movement of fluid behind casing from the injection zone will result in a requirement to demonstrate Part II Mechanical Integrity using an approved Part II demonstration method such as a temperature log, oxygen activation log, or noise log at a frequency no less than once every five years.

As of the date of this letter, Newfield is authorized to commence injection into Gilsonite State 6-32-8-17 at a maximum allowable injection pressure (MAIP) of 1,255 psig for a period of 180 days.

Please remember that it is Newfield's responsibility to be aware of and to comply with all conditions of Permit UT20633-07421 for the Gilsonite State 6-32-8-17 injection well.

If you have questions regarding the above action, please call Sarah Bahrman at 303-312-6243 or 1-800-227-8917, ext. 312-6243. Results from the RTS should be mailed directly to the attention of Sarah Bahrman, at the letterhead address citing Mail Code: 8P-W-GW very prominently.

Sincerely,



for Stephen S. Tuber
Assistant Regional Administrator
Office of Partnerships and Regulatory Assistance

cc:

Uintah & Ouray Business Committee:

Curtis Cesspooch, Chairman
Ronald Groves, Councilman
Irene Cuch, Vice-Chairwoman
Steven Cesspooch, Councilman
Phillip Chimburas, Councilman
Frances Poowegup, Councilwoman

Daniel Picard
BIA - Uintah & Ouray Indian Agency

Ferron Secakuku
Director, Natural Resources
Ute Indian Tribe

Larry Love
Director of Energy & Minerals Dept.
Ute Indian Tribe

Gil Hunt
Associate Director
Utah Division of Oil, Gas, and Mining

Fluid Minerals Engineering Office
BLM - Vernal Office

Eric Sundberg
Regulatory Analyst
Newfield Production Company

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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

SUBMIT IN TRIPLICATE - Other Instructions on page 2

1. Type of Well

Oil Well Gas Well Other

2. Name of Operator

NEWFIELD PRODUCTION COMPANY

3a. Address Route 3 Box 3630
Myton, UT 84052

3b. Phone (include area code)
435.646.3721

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
1911 FNL 1904 FWL

SENW Section 32 T8S R17E

5. Lease Serial No.

UTAH STATE ML-22060

6. If Indian, Allottee or Tribe Name.

7. If Unit or CA/Agreement, Name and/or

GILSONITE UNIT

8. Well Name and No.

STATE 6-32

9. API Well No.

4301330748

10. Field and Pool, or Exploratory Area

MONUMENT BUTTE

11. County or Parish, State

DUCHESNE, UT

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other _____
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug & Abandon	<input type="checkbox"/> Temporarily Abandon	Put well on injection _____
	<input checked="" type="checkbox"/> Convert to Injector	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	_____

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

The above reference well was put on injection at 1:50 PM on 9-2-09.

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

I hereby certify that the foregoing is true and correct (Printed/Typed)

Kathy Chapman

Signature



Title

Office Manager

Date

09/04/2009

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

Date

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

Office

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

(Instructions on page 2)

RECEIVED

SEP 08 2009

DIV. OF OIL, GAS & MINING



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 8

1595 Wynkoop Street
Denver, CO 80202-1129
Phone 800-227-8917
<http://www.epa.gov/region08>

FEB 24 2010

Ref: 8P-W-GW

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Mr. Michael Guinn
District Manager
Newfield Production Company
Route 3-Box 3630
Myton, UT 84502

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

RE: Authorization to Continue Injection
EPA UIC Permit UT20633-07421
Well: Gilsonite State 6-32-8-17
SE NW Sec. 32-T8S-R17E
Duchesne County, UT
API No.: 43-013-30748

Dear Mr. Guinn:

The Environmental Protection Agency (EPA) received the results from the January 29, 2010, Radioactive Tracer Survey (RTS) for the Gilsonite State 6-32-8-17 well. EPA has determined the test demonstrates there is adequate cement to prevent the upward migration of injection fluids from the injection zone at the MAIP of 1,255 psig. The results of the RTS were reviewed and approved by EPA on February 16, 2010.

As of the date of this letter, the EPA hereby authorizes injection into the Gilsonite State 6-32-8-17 well under the terms and conditions of EPA UIC Permit UT20633-07421 at an MAIP of 1,255 psig.

You may apply for a higher maximum allowable injection pressure at a later date. Your application should be accompanied by the interpreted results from a Step Rate Test (SRT) that measures the formation fracture pressure and the fracture gradient at this location. A current copy of EPA Guidelines for running and interpreting a SRT will be sent upon request. Should the SRT result in approval of a higher maximum allowable injection pressure, a new RTS must be run to show that the injected fluids will remain in the authorized injection interval at the higher pressure.

RECEIVED

MAR 03 2010

DIV. OF OIL, GAS & MINING

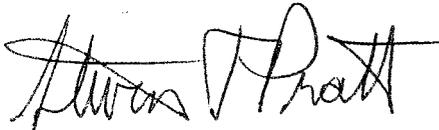
As of this approval, responsibility for Permit Compliance and Enforcement is transferred to EPA Region 8 UIC Technical Enforcement Program Office. Therefore, please direct all future notification, reporting, monitoring and compliance correspondence to the following address, referencing your well name and UIC Permit number on all correspondence regarding this well:

US EPA, Region 8
Attn: Nathan Wisner
MC: ENF-UFO
1595 Wynkoop Street
Denver, CO 80202

For questions regarding notification, testing, monitoring, reporting or other Permit requirements, Nathan Wisner of the UIC Technical Enforcement Program may be reached by calling 800-227-8917 (ext. 312-6211). Please be reminded that it is your responsibility to be aware of and to comply with all conditions of your Permit.

If you have any questions regarding this approval, please call Jason Deardorff at 800-227-8917 (ext. 312-6583).

Sincerely,



for Stephen S. Tuber

Assistant Regional Administrator
Office of Partnerships and Regulatory Assistance

cc:

Uintah & Ouray Business Committee:
Curtis Cesspooch, Chairman
Ronald Groves, Councilman
Irene Cuch, Vice-Chairwoman
Steven Cesspooch, Councilman
Phillip Chimburas, Councilman
Frances Poowegup, Councilwoman

Daniel Picard
BIA - Uintah & Ouray Indian Agency

Ferron Secakuku
Director, Natural Resources
Ute Indian Tribe

Larry Love
Director of Energy & Minerals Dept.
Ute Indian Tribe

Gil Hunt
Associate Director
Utah Division of Oil, Gas, and Mining

Fluid Minerals Engineering Office
BLM - Vernal Office

Eric Sundberg
Regulatory Analyst
Newfield Production Company

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

5. LEASE DESIGNATION AND SERIAL NUMBER: UTAH STATE ML-22060
6. IF INDIAN, ALLOTTEE OR TRIBE NAME:
7. UNIT or CA AGREEMENT NAME: GMBU
8. WELL NAME and NUMBER: STATE 6-32
9. API NUMBER: 4301330748
10. FIELD AND POOL, OR WILDCAT: GREATER MB UNIT

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.

1. TYPE OF WELL: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		8. WELL NAME and NUMBER: STATE 6-32
2. NAME OF OPERATOR: NEWFIELD PRODUCTION COMPANY		9. API NUMBER: 4301330748
3. ADDRESS OF OPERATOR: Route 3 Box 3630	CITY Myton STATE UT ZIP 84052	10. FIELD AND POOL, OR WILDCAT: GREATER MB UNIT
4. LOCATION OF WELL: FOOTAGES AT SURFACE: 1911 FNL 1904 FWL		COUNTY: DUCHESNE
OTR/OTR. SECTION. TOWNSHIP. RANGE. MERIDIAN: SENW, 32, T8S, R17E		STATE: UT

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

TYPE OF SUBMISSION	TYPE OF ACTION		
<input type="checkbox"/> NOTICE OF INTENT (Submit in Duplicate) Approximate date work will _____	<input type="checkbox"/> ACIDIZE	<input type="checkbox"/> DEEPEN	<input type="checkbox"/> REPERFORATE CURRENT FORMATION
	<input type="checkbox"/> ALTER CASING	<input type="checkbox"/> FRACTURE TREAT	<input type="checkbox"/> SIDETRACK TO REPAIR WELL
	<input type="checkbox"/> CASING REPAIR	<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> TEMPORARITLY ABANDON
	<input type="checkbox"/> CHANGE TO PREVIOUS PLANS	<input type="checkbox"/> OPERATOR CHANGE	<input type="checkbox"/> TUBING REPAIR
	<input type="checkbox"/> CHANGE TUBING	<input type="checkbox"/> PLUG AND ABANDON	<input type="checkbox"/> VENT OR FLAIR
<input checked="" type="checkbox"/> SUBSEQUENT REPORT (Submit Original Form Only) Date of Work Completion: 04/27/2010	<input type="checkbox"/> CHANGE WELL NAME	<input type="checkbox"/> PLUG BACK	<input type="checkbox"/> WATER DISPOSAL
	<input type="checkbox"/> CHANGE WELL STATUS	<input type="checkbox"/> PRODUCTION (START/STOP)	<input type="checkbox"/> WATER SHUT-OFF
	<input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS	<input type="checkbox"/> RECLAMATION OF WELL SITE	<input checked="" type="checkbox"/> OTHER: - 1-Year MIT
	<input type="checkbox"/> CONVERT WELL TYPE	<input type="checkbox"/> RECOMPLETE - DIFFERENT FORMATION	

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

On 04/20/2010 Nathan Wisler with the EPA was contacted concerning the 1-year MIT on the above listed well. On 04/27/2010 the csg was pressured up to 1480 psig and charted for 30 minute with no pressure loss. The well was injecting during the test. The tbg pressure was 1000 psig during the test. There was not an EPA representative available to witness the test.

EPA# UT20633-07421 API# 43-013-30748

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

NAME (PLEASE PRINT) Lucy Chavez-Naupoto	TITLE Administrative Assistant
SIGNATURE 	DATE 04/29/2010

(This space for State use only)

**RECEIVED
MAY 03 2010
DIV. OF OIL, GAS & MINING**

Mechanical Integrity Test

Casing or Annulus Pressure Mechanical Integrity Test

U.S. Environmental Protection Agency
Underground Injection Control Program
999 18th Street, Suite 500 Denver, CO 80202-2466

EPA Witness: _____ Date: 4, 27, 10
 Test conducted by: Scott W. Sims
 Others present: _____

Well Name: <u>STATE 6-32-8-17</u>	Type: ER SWD	Status: AC TA UC
Field: <u>MONUMENT BUTTE</u>		
Location: <u>6-32-8-17</u> Sec: <u>32 T 8 N (S) R 17 (E) W</u>	County: <u>DYKES</u>	State: <u>WY</u>
Operator: <u>NEWFIELD</u>		
Last MIT: <u> / / </u>	Maximum Allowable Pressure: <u>1255</u>	PSIG

Is this a regularly scheduled test? Yes No
 Initial test for permit? Yes No
 Test after well rework? Yes No
 Well injecting during test? Yes No If Yes, rate: 100 bpd

Pre-test casing/tubing annulus pressure: 0 psig

MIT DATA TABLE	Test #1	Test #2	Test #3
TUBING PRESSURE			
Initial Pressure	<u>1000</u> psig	psig	psig
End of test pressure	<u>1000</u> psig	psig	psig
CASING / TUBING ANNULUS PRESSURE			
0 minutes	<u>1490</u> psig	psig	psig
5 minutes	<u>1490</u> psig	psig	psig
10 minutes	<u>1490</u> psig	psig	psig
15 minutes	<u>1490</u> psig	psig	psig
20 minutes	<u>1490</u> psig	psig	psig
25 minutes	<u>1490</u> psig	psig	psig
30 minutes	<u>1490</u> psig	psig	psig
_____ minutes	psig	psig	psig
_____ minutes	psig	psig	psig
RESULT	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Does the annulus pressure build back up after the test? Yes No

MECHANICAL INTEGRITY PRESSURE TEST

Additional comments for mechanical integrity pressure test, such as volume of fluid added to annulus and bled back at end of test, reason for failing test (casing head leak, tubing leak, other), etc.:

Signature of Witness: _____

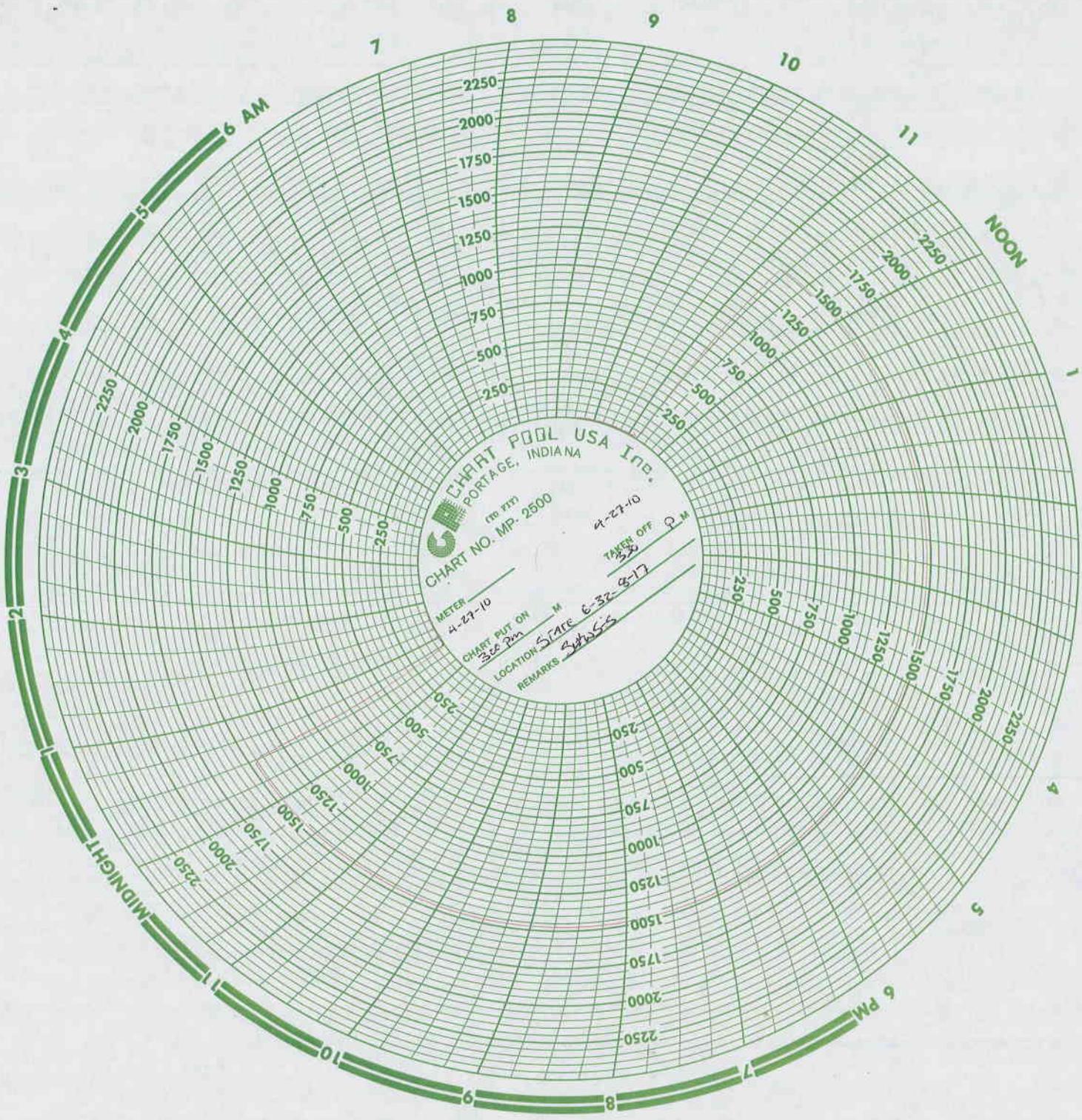


CHART POOL USA Inc.
PORTAGE, INDIANA
NO. 811
CHART NO. MP-2500
METER 4-27-10
CHART PUT ON 3-22-10
LOCATION STATE 6-32-8-17
REMARKS 2055
TAKEN OFF 4-27-10
P.M.

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

5. LEASE DESIGNATION AND SERIAL NUMBER:
UTAH STATE ML-22060

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

7. UNIT or CA AGREEMENT NAME:
GMBU

1. TYPE OF WELL: OIL WELL GAS WELL OTHER

8. WELL NAME and NUMBER:
STATE 6-32

2. NAME OF OPERATOR:
NEWFIELD PRODUCTION COMPANY

9. API NUMBER:
4301330748

3. ADDRESS OF OPERATOR: PHONE NUMBER
Route 3 Box 3630 CITY Myton STATE UT ZIP 84052 435.646.3721

10. FIELD AND POOL, OR WILDCAT:
GREATER MB UNIT

4. LOCATION OF WELL:
FOOTAGES AT SURFACE: 1911 FNL 1904 FWL COUNTY: DUCHESNE

OTR/OTR. SECTION, TOWNSHIP, RANGE, MERIDIAN: SENW, 32, T8S, R17E STATE: UT

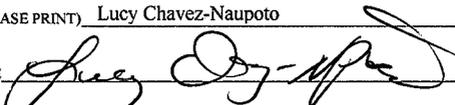
11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION		
<input type="checkbox"/> NOTICE OF INTENT (Submit in Duplicate) Approximate date work will _____	<input type="checkbox"/> ACIDIZE	<input type="checkbox"/> DEEPEN	<input type="checkbox"/> REPERFORATE CURRENT FORMATION
	<input type="checkbox"/> ALTER CASING	<input type="checkbox"/> FRACTURE TREAT	<input type="checkbox"/> SIDETRACK TO REPAIR WELL
	<input type="checkbox"/> CASING REPAIR	<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> TEMPORARITLY ABANDON
	<input type="checkbox"/> CHANGE TO PREVIOUS PLANS	<input type="checkbox"/> OPERATOR CHANGE	<input type="checkbox"/> TUBING REPAIR
	<input type="checkbox"/> CHANGE TUBING	<input type="checkbox"/> PLUG AND ABANDON	<input type="checkbox"/> VENT OR FLAIR
<input checked="" type="checkbox"/> SUBSEQUENT REPORT (Submit Original Form Only) Date of Work Completion: <u>05/22/2011</u>	<input type="checkbox"/> CHANGE WELL NAME	<input type="checkbox"/> PLUG BACK	<input type="checkbox"/> WATER DISPOSAL
	<input type="checkbox"/> CHANGE WELL STATUS	<input type="checkbox"/> PRODUCTION (START/STOP)	<input type="checkbox"/> WATER SHUT-OFF
	<input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS	<input type="checkbox"/> RECLAMATION OF WELL SITE	<input checked="" type="checkbox"/> OTHER: - 1 YR MIT
	<input type="checkbox"/> CONVERT WELL TYPE	<input type="checkbox"/> RECOMPLETE - DIFFERENT FORMATION	

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.
On 05/20/2011 Nathan Wiser with the EPA was contacted concerning the MIT on the above listed well. On 05/2/2011 the csg was pressured up to 1540 psig and charted for 30 minute with no pressure loss. The well was injecting during the test. The tbg pressure was 1255 psig during the test. There was not an EPA representative available to witness the test.

EPA #UT20633-07421 API# 43-013-30748

Accepted by the
Utah Division of
Oil, Gas and Mining
FOR RECORD ONLY

NAME (PLEASE PRINT) Lucy Chavez-Naupoto TITLE Water Services Technician
SIGNATURE  DATE 05/23/2011

(This space for State use only)

RECEIVED
MAY 25 2011
DIV. OF OIL, GAS & MINING

Mechanical Integrity Test

Casing or Annulus Pressure Mechanical Integrity Test

U.S. Environmental Protection Agency
Underground Injection Control Program
999 18th Street, Suite 500 Denver, CO 80202-2466

EPA Witness: _____ Date: 5 / 22 / 11
 Test conducted by: James Bird
 Others present: _____

Well Name: <u>State</u>	Type: ER SWD	Status: AC TA UC
Field: <u>Monument Butte</u>		
Location: <u>6-39-8-17</u> Sec: <u>38</u> T <u>8</u> N <u>10</u> R <u>17</u> <u>E</u> / W County: <u>Dachuse</u> State: <u>UT</u>		
Operator: <u>Newfield</u>		
Last MIT: _____ / _____ / _____	Maximum Allowable Pressure: <u>1255</u>	PSIG

Is this a regularly scheduled test? Yes No
 Initial test for permit? Yes No
 Test after well rework? Yes No
 Well injecting during test? Yes No If Yes, rate: 9 bpd

Pre-test casing/tubing annulus pressure: 0 psig

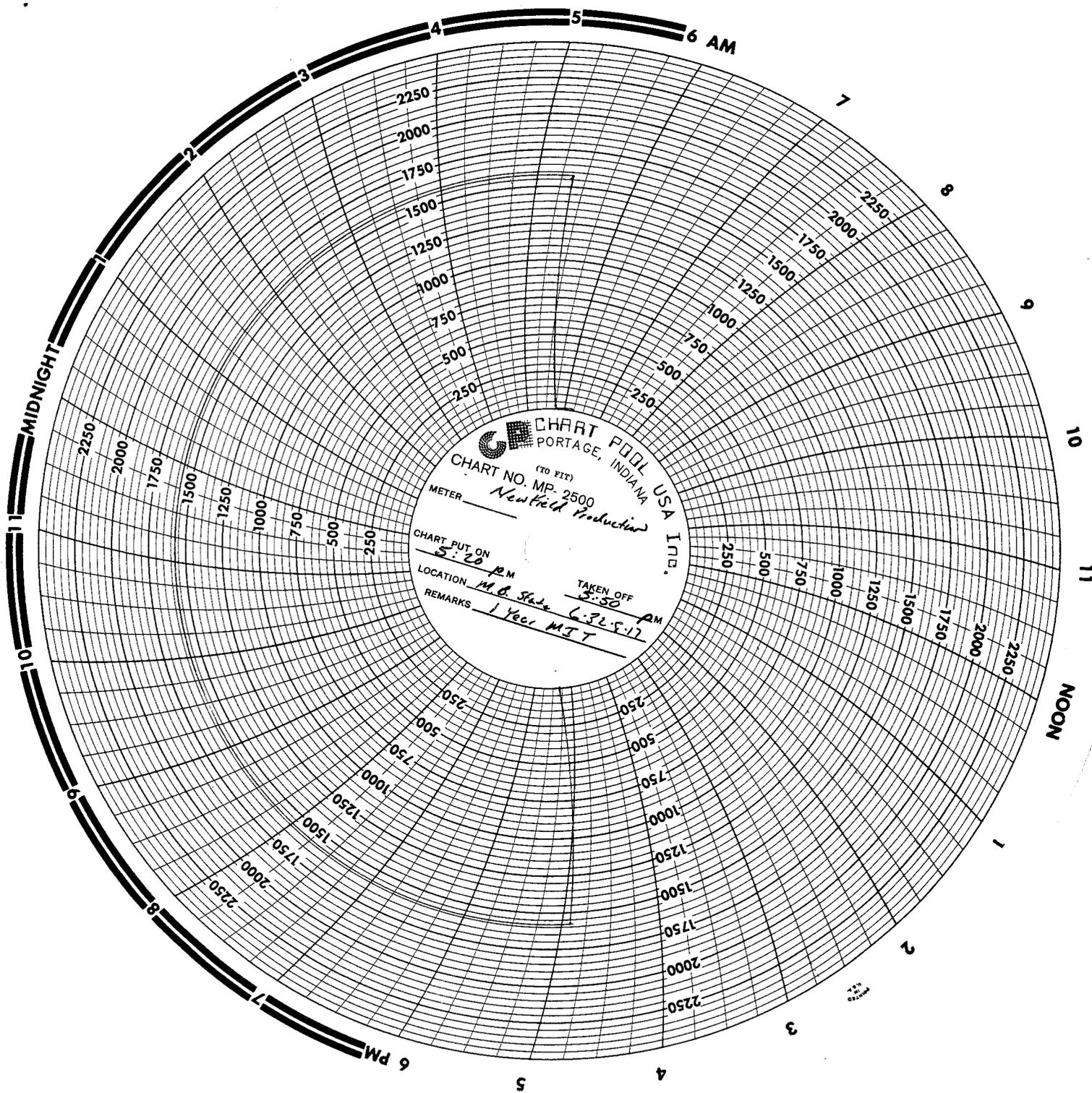
MIT DATA TABLE	Test #1	Test #2	Test #3
TUBING PRESSURE			
Initial Pressure	psig	psig	psig
End of test pressure	psig	psig	psig
CASING / TUBING ANNULUS PRESSURE			
0 minutes	<u>1540</u> psig	psig	psig
5 minutes	<u>1540</u> psig	psig	psig
10 minutes	<u>1540</u> psig	psig	psig
15 minutes	<u>1540</u> psig	psig	psig
20 minutes	<u>1540</u> psig	psig	psig
25 minutes	<u>1540</u> psig	psig	psig
30 minutes	<u>1540</u> psig	psig	psig
_____ minutes	psig	psig	psig
_____ minutes	psig	psig	psig
RESULT	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Does the annulus pressure build back up after the test? Yes No

MECHANICAL INTEGRITY PRESSURE TEST

Additional comments for mechanical integrity pressure test, such as volume of fluid added to annulus and bled back at end of test, reason for failing test (casing head leak, tubing leak, other), etc.:

Signature of Witness: James Bird



STATE OF UTAH DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS, AND MINING		FORM 9
SUNDRY NOTICES AND REPORTS ON WELLS		5. LEASE DESIGNATION AND SERIAL NUMBER: ML-22060
Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME:
		7. UNIT or CA AGREEMENT NAME: GMBU (GRRV)
1. TYPE OF WELL Water Injection Well	8. WELL NAME and NUMBER: STATE 6-32	
2. NAME OF OPERATOR: NEWFIELD PRODUCTION COMPANY	9. API NUMBER: 43013307480000	
3. ADDRESS OF OPERATOR: Rt 3 Box 3630 , Myton, UT, 84052	PHONE NUMBER: 435 646-4825 Ext	9. FIELD and POOL or WILDCAT: MONUMENT BUTTE
4. LOCATION OF WELL FOOTAGES AT SURFACE: 1911 FNL 1904 FWL QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: Qtr/Qtr: SENW Section: 32 Township: 08.0S Range: 17.0E Meridian: S	COUNTY: DUCHESNE	
	STATE: UTAH	
11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		
TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> NOTICE OF INTENT Approximate date work will start: <input checked="" type="checkbox"/> SUBSEQUENT REPORT Date of Work Completion: 4/10/2012 <input type="checkbox"/> SPUD REPORT Date of Spud: <input type="checkbox"/> DRILLING REPORT Report Date:	<input type="checkbox"/> ACIDIZE <input type="checkbox"/> ALTER CASING <input type="checkbox"/> CHANGE TO PREVIOUS PLANS <input type="checkbox"/> CHANGE TUBING <input type="checkbox"/> CHANGE WELL STATUS <input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS <input type="checkbox"/> DEEPEN <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> OPERATOR CHANGE <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> PRODUCTION START OR RESUME <input type="checkbox"/> RECLAMATION OF WELL SITE <input type="checkbox"/> REPERFORATE CURRENT FORMATION <input type="checkbox"/> SIDETRACK TO REPAIR WELL <input type="checkbox"/> TUBING REPAIR <input type="checkbox"/> VENT OR FLARE <input type="checkbox"/> WATER SHUTOFF <input type="checkbox"/> SI TA STATUS EXTENSION <input type="checkbox"/> WILDCAT WELL DETERMINATION <input checked="" type="checkbox"/> OTHER	
	<input type="checkbox"/> CASING REPAIR <input type="checkbox"/> CHANGE WELL NAME <input type="checkbox"/> CONVERT WELL TYPE <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> PLUG BACK <input type="checkbox"/> RECOMPLETE DIFFERENT FORMATION <input type="checkbox"/> TEMPORARY ABANDON <input type="checkbox"/> WATER DISPOSAL <input type="checkbox"/> APD EXTENSION OTHER: <input style="width: 50px;" type="text" value="1 YR MIT"/>	
12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.		
<p>On 03/27/2012 Nathan Wiser with the EPA was contacted concerning the 1 year MIT on the above listed well. On 04/10/2012 the casing was pressured up to 1490 psig and charted for 30 minutes with no pressure loss. The well was not injecting during the test. The tubing pressure was 1200 psig during the test. There was not an EPA representative available to witness the test. EPA# UT20633-07421</p>		<p>Accepted by the Utah Division of Oil, Gas and Mining FOR RECORD ONLY May 17, 2012</p>
NAME (PLEASE PRINT) Lucy Chavez-Naupoto	PHONE NUMBER 435 646-4874	TITLE Water Services Technician
SIGNATURE N/A	DATE 4/12/2012	

Mechanical Integrity Test

Casing or Annulus Pressure Mechanical Integrity Test

U.S. Environmental Protection Agency
Underground Injection Control Program
999 18th Street, Suite 500 Denver, CO 80202-2466

EPA Witness: _____ Date: 04/10/2012
 Test conducted by: Lynn Monsor
 Others present: _____

Gilbonite UT 201233-07421

Well Name: <u>State 6-32-8-17</u>	Type: ER SWD	Status: AC TA UC
Field: <u>Monument Butte</u>		
Location: <u>SE/nw</u> Sec: <u>32</u> T <u>8</u> N <u>(S)</u> R <u>17E</u> W County: <u>Duchesne</u> State: <u>Ut.</u>		
Operator: <u>New Field</u>		
Last MIT: <u>/ /</u>	Maximum Allowable Pressure: _____	PSIG

Is this a regularly scheduled test? Yes No
 Initial test for permit? Yes No
 Test after well rework? Yes No
 Well injecting during test? Yes No If Yes, rate: _____ bpd

Pre-test casing/tubing annulus pressure: 0 psig

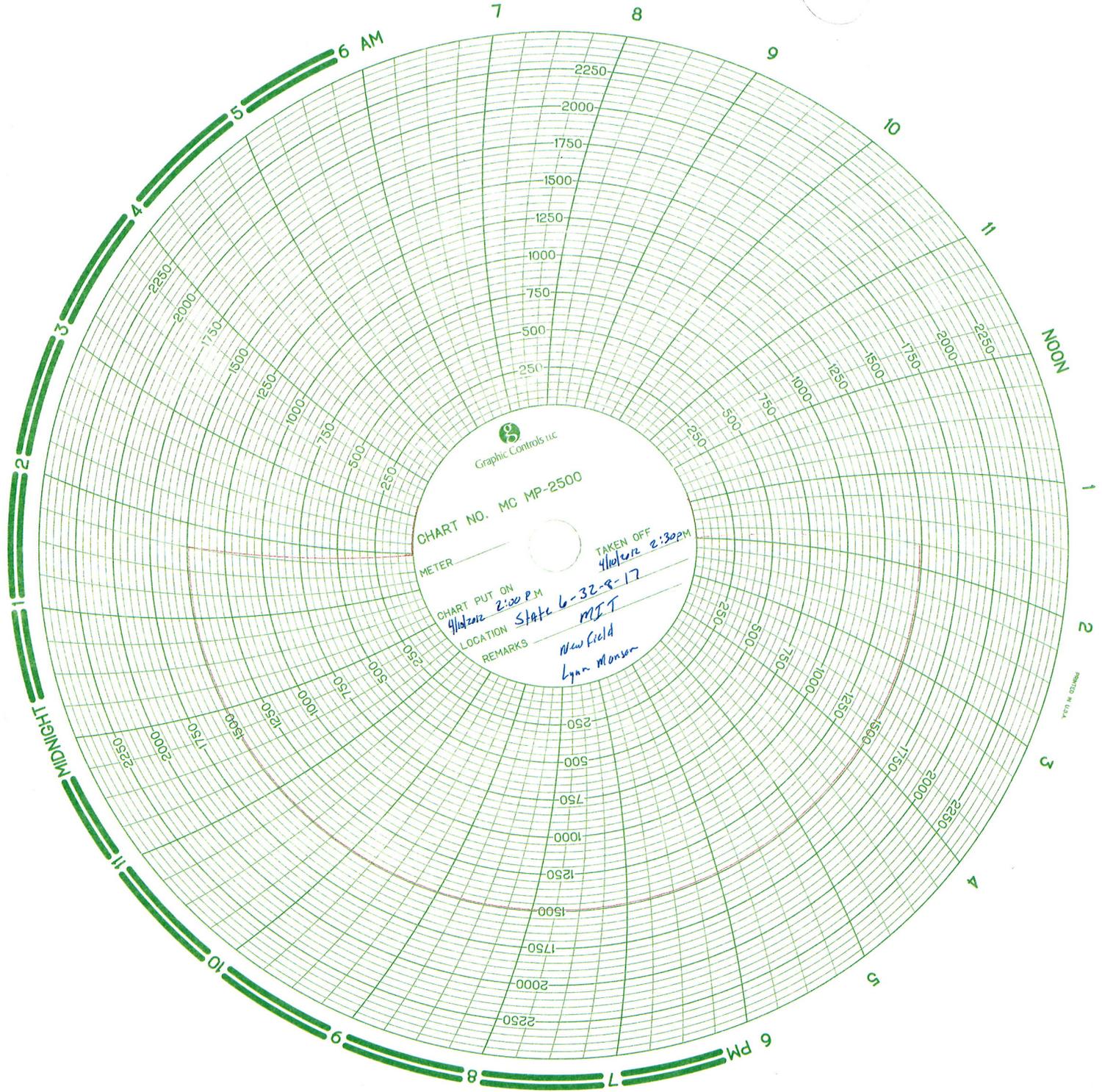
MIT DATA TABLE	Test #1	Test #2	Test #3
TUBING PRESSURE			
Initial Pressure	<u>1200</u> psig	psig	psig
End of test pressure	<u>1200</u> psig	psig	psig
CASING / TUBING ANNULUS PRESSURE			
0 minutes	<u>1490</u> psig	psig	psig
5 minutes	<u>1490</u> psig	psig	psig
10 minutes	<u>1490</u> psig	psig	psig
15 minutes	<u>1490</u> psig	psig	psig
20 minutes	<u>1490</u> psig	psig	psig
25 minutes	<u>1490</u> psig	psig	psig
30 minutes	<u>1490</u> psig	psig	psig
<u> </u> minutes	psig	psig	psig
<u> </u> minutes	psig	psig	psig
RESULT	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Does the annulus pressure build back up after the test? Yes No

MECHANICAL INTEGRITY PRESSURE TEST

Additional comments for mechanical integrity pressure test, such as volume of fluid added to annulus and bled back at end of test, reason for failing test (casing head leak, tubing leak, other), etc.:

Signature of Witness: _____



STATE OF UTAH DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS, AND MINING		FORM 9
SUNDRY NOTICES AND REPORTS ON WELLS		5. LEASE DESIGNATION AND SERIAL NUMBER: ML-22060
Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME:
		7. UNIT or CA AGREEMENT NAME: GMBU (GRRV)
1. TYPE OF WELL Water Injection Well	8. WELL NAME and NUMBER: STATE 6-32	
2. NAME OF OPERATOR: NEWFIELD PRODUCTION COMPANY	9. API NUMBER: 43013307480000	
3. ADDRESS OF OPERATOR: Rt 3 Box 3630 , Myton, UT, 84052	PHONE NUMBER: 435 646-4825 Ext	9. FIELD and POOL or WILDCAT: MONUMENT BUTTE
4. LOCATION OF WELL FOOTAGES AT SURFACE: 1911 FNL 1904 FWL QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: Qtr/Qtr: SENW Section: 32 Township: 08.0S Range: 17.0E Meridian: S	COUNTY: DUCHESNE	
	STATE: UTAH	
11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		
TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> NOTICE OF INTENT Approximate date work will start: <input checked="" type="checkbox"/> SUBSEQUENT REPORT Date of Work Completion: 3/8/2013 <input type="checkbox"/> SPUD REPORT Date of Spud: <input type="checkbox"/> DRILLING REPORT Report Date:	<input type="checkbox"/> ACIDIZE <input type="checkbox"/> ALTER CASING <input type="checkbox"/> CHANGE TO PREVIOUS PLANS <input type="checkbox"/> CHANGE TUBING <input type="checkbox"/> CHANGE WELL STATUS <input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS <input type="checkbox"/> DEEPEN <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> OPERATOR CHANGE <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> PRODUCTION START OR RESUME <input type="checkbox"/> RECLAMATION OF WELL SITE <input type="checkbox"/> REPERFORATE CURRENT FORMATION <input type="checkbox"/> SIDETRACK TO REPAIR WELL <input type="checkbox"/> TUBING REPAIR <input type="checkbox"/> VENT OR FLARE <input type="checkbox"/> WATER SHUTOFF <input type="checkbox"/> SI TA STATUS EXTENSION <input type="checkbox"/> WILDCAT WELL DETERMINATION <input checked="" type="checkbox"/> OTHER	
	<input type="checkbox"/> CASING REPAIR <input type="checkbox"/> CHANGE WELL NAME <input type="checkbox"/> CONVERT WELL TYPE <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> PLUG BACK <input type="checkbox"/> RECOMPLETE DIFFERENT FORMATION <input type="checkbox"/> TEMPORARY ABANDON <input type="checkbox"/> WATER DISPOSAL <input type="checkbox"/> APD EXTENSION OTHER: <input style="width: 100px;" type="text" value="1 YR MIT"/>	
12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.		
<p>1 YR MIT on the above listed well. On 03/08/2013 the csg was pressured up to 1650 psig and charted for 30 minutes with no pressure loss. The well was not injecting during the test. The tbg pressure was 1120 psig during the test. There was not an EPA representative available to witness the test. EPA #UT22197-07421</p>		
<p>Accepted by the Utah Division of Oil, Gas and Mining FOR RECORD ONLY March 20, 2013</p>		
NAME (PLEASE PRINT) Lucy Chavez-Naupoto	PHONE NUMBER 435 646-4874	TITLE Water Services Technician
SIGNATURE N/A	DATE 3/12/2013	

Mechanical Integrity Test Casing or Annulus Pressure Mechanical Integrity Test

U.S. Environmental Protection Agency
Underground Injection Control Program
999 18th Street, Suite 500 Denver, CO 80202-2466

EPA Witness: _____ Date: 3 / 8 / 13
 Test conducted by: Cody Vanderlinden
 Others present: _____

-07421

Well Name: <u>STATE 6-32-8-17</u>	Type: ER SWD	Status: AC TA UC
Field: _____		
Location: <u>SE/NWG</u> Sec: <u>32</u> T: <u>8</u> N: <u>(S)</u> R: <u>17</u> E: <u>(W)</u> County: <u>Duchesne</u> State: <u>UT</u>		
Operator: <u>Newfield Production Co.</u>		
Last MIT: <u> / / </u>	Maximum Allowable Pressure: <u>1485</u>	PSIG

Is this a regularly scheduled test? Yes No
 Initial test for permit? Yes No
 Test after well rework? Yes No
 Well injecting during test? Yes No If Yes, rate: bpd

Pre-test casing/tubing annulus pressure: 0/0 psig

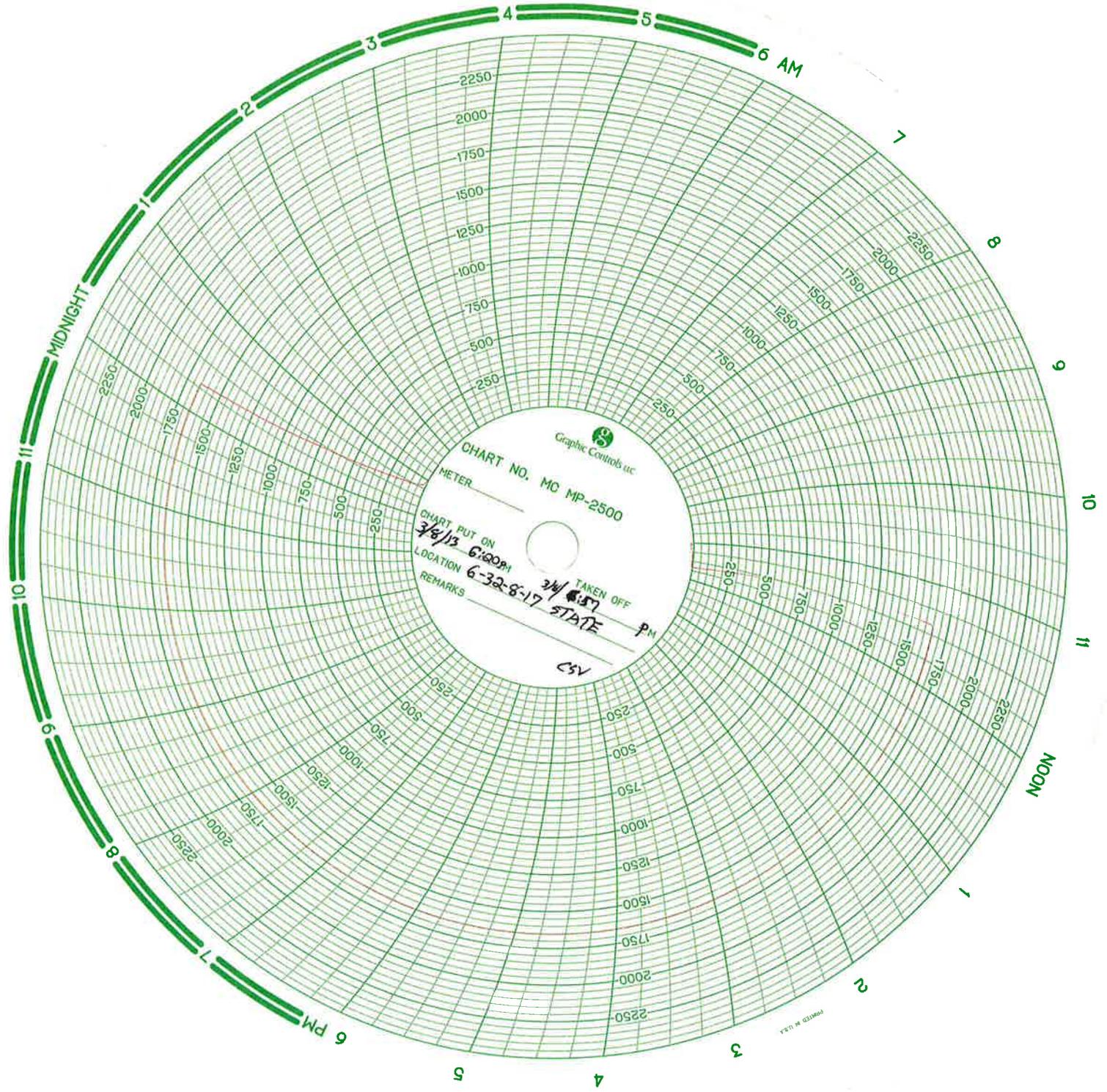
MIT DATA TABLE	Test #1	Test #2	Test #3
TUBING PRESSURE			
Initial Pressure	1120 psig	psig	psig
End of test pressure	1120 psig	psig	psig
CASING / TUBING ANNULUS PRESSURE			
0 minutes	1650 psig	psig	psig
5 minutes	1650 psig	psig	psig
10 minutes	1650 psig	psig	psig
15 minutes	1650 psig	psig	psig
20 minutes	1650 psig	psig	psig
25 minutes	1650 psig	psig	psig
30 minutes	1650 psig	psig	psig
_____ minutes	psig	psig	psig
_____ minutes	psig	psig	psig
RESULT	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Does the annulus pressure build back up after the test ? Yes No

MECHANICAL INTEGRITY PRESSURE TEST

Additional comments for mechanical integrity pressure test, such as volume of fluid added to annulus and bled back at end of test, reason for failing test (casing head leak, tubing leak, other), etc.:

Signature of Witness: _____



Printed in U.S.A.

STATE OF UTAH DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS, AND MINING		FORM 9	
		5. LEASE DESIGNATION AND SERIAL NUMBER: ML-22060	
SUNDRY NOTICES AND REPORTS ON WELLS		6. IF INDIAN, ALLOTTEE OR TRIBE NAME:	
Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.		7. UNIT or CA AGREEMENT NAME: GMBU (GRRV)	
1. TYPE OF WELL Water Injection Well		8. WELL NAME and NUMBER: STATE 6-32	
2. NAME OF OPERATOR: NEWFIELD PRODUCTION COMPANY		9. API NUMBER: 43013307480000	
3. ADDRESS OF OPERATOR: Rt 3 Box 3630 , Myton, UT, 84052	PHONE NUMBER: 435 646-4825 Ext	9. FIELD and POOL or WILDCAT: MONUMENT BUTTE	
4. LOCATION OF WELL FOOTAGES AT SURFACE: 1911 FNL 1904 FWL QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: Qtr/Qtr: SENW Section: 32 Township: 08.0S Range: 17.0E Meridian: S		COUNTY: DUCHESNE	
		STATE: UTAH	
11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA			
TYPE OF SUBMISSION	TYPE OF ACTION		
<input type="checkbox"/> NOTICE OF INTENT Approximate date work will start: <input checked="" type="checkbox"/> SUBSEQUENT REPORT Date of Work Completion: 1/8/2015 <input type="checkbox"/> SPUD REPORT Date of Spud: <input type="checkbox"/> DRILLING REPORT Report Date:	<input type="checkbox"/> ACIDIZE <input type="checkbox"/> CHANGE TO PREVIOUS PLANS <input type="checkbox"/> CHANGE WELL STATUS <input type="checkbox"/> DEEPEN <input type="checkbox"/> OPERATOR CHANGE <input type="checkbox"/> PRODUCTION START OR RESUME <input type="checkbox"/> REPERFORATE CURRENT FORMATION <input type="checkbox"/> TUBING REPAIR <input type="checkbox"/> WATER SHUTOFF <input type="checkbox"/> WILDCAT WELL DETERMINATION	<input type="checkbox"/> ALTER CASING <input type="checkbox"/> CHANGE TUBING <input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> RECLAMATION OF WELL SITE <input type="checkbox"/> SIDETRACK TO REPAIR WELL <input type="checkbox"/> VENT OR FLARE <input type="checkbox"/> SI TA STATUS EXTENSION <input checked="" type="checkbox"/> OTHER	<input type="checkbox"/> CASING REPAIR <input type="checkbox"/> CHANGE WELL NAME <input type="checkbox"/> CONVERT WELL TYPE <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> PLUG BACK <input type="checkbox"/> RECOMPLETE DIFFERENT FORMATION <input type="checkbox"/> TEMPORARY ABANDON <input type="checkbox"/> WATER DISPOSAL <input type="checkbox"/> APD EXTENSION OTHER: <input type="text" value="1 YR MIT"/>
12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.			
<p>1 YR MIT on the above listed well. On 01/08/2015 the casing was pressured up to 1164 psig and charted for 30 minutes with no pressure loss. The well was not injecting during the test. The tbg pressure was 1458 psig during the test. There was not an EPA representative available to witness the test. EPA #UT22197-07421</p>			
		Accepted by the Utah Division of Oil, Gas and Mining FOR RECORD ONLY January 15, 2015	
NAME (PLEASE PRINT) Lucy Chavez-Naupoto	PHONE NUMBER 435 646-4874	TITLE Water Services Technician	
SIGNATURE N/A		DATE 1/14/2015	

Mechanical Integrity Test

Casing or Annulus Pressure Mechanical Integrity Test

U.S. Environmental Protection Agency
 Underground Injection Control Program
 999 18th Street, Suite 500 Denver, CO 80202-2466

EPA Witness: _____ Date: 118115
 Test conducted by: Johnny Daniels
 Others present: _____

Well Name: <u>Gilsonik State 6-32-8-17</u>	Type: ER SWD	Status: AC TA UC	-07421
Field: <u>GMSH</u>			
Location: <u>SE/NW</u> Sec: <u>32</u> T <u>82</u> N/S R <u>17</u> E/W County: <u>Duchesne</u> State: <u>UT</u>			
Operator: _____			
Last MIT: <u>1</u> / <u>1</u>	Maximum Allowable Pressure: <u>1525</u>	PSIG	

Is this a regularly scheduled test? Yes No
 Initial test for permit? Yes No
 Test after well rework? Yes No
 Well injecting during test? Yes No If Yes, rate: _____ bpd

Pre-test casing/tubing annulus pressure: 0 / 1458 psig

MIT DATA TABLE	Test #1	Test #2	Test #3
TUBING PRESSURE			
Initial Pressure	<u>1458</u> psig	psig	psig
End of test pressure	<u>1458</u> psig	psig	psig
CASING / TUBING ANNULUS PRESSURE			
0 minutes	<u>1150</u> psig	psig	psig
5 minutes	<u>1158</u> psig	psig	psig
10 minutes	<u>1160</u> psig	psig	psig
15 minutes	<u>1161</u> psig	psig	psig
20 minutes	<u>1162</u> psig	psig	psig
25 minutes	<u>1163</u> psig	psig	psig
30 minutes	<u>1164</u> psig	psig	psig
_____ minutes	psig	psig	psig
_____ minutes	psig	psig	psig
RESULT	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Does the annulus pressure build back up after the test? Yes No

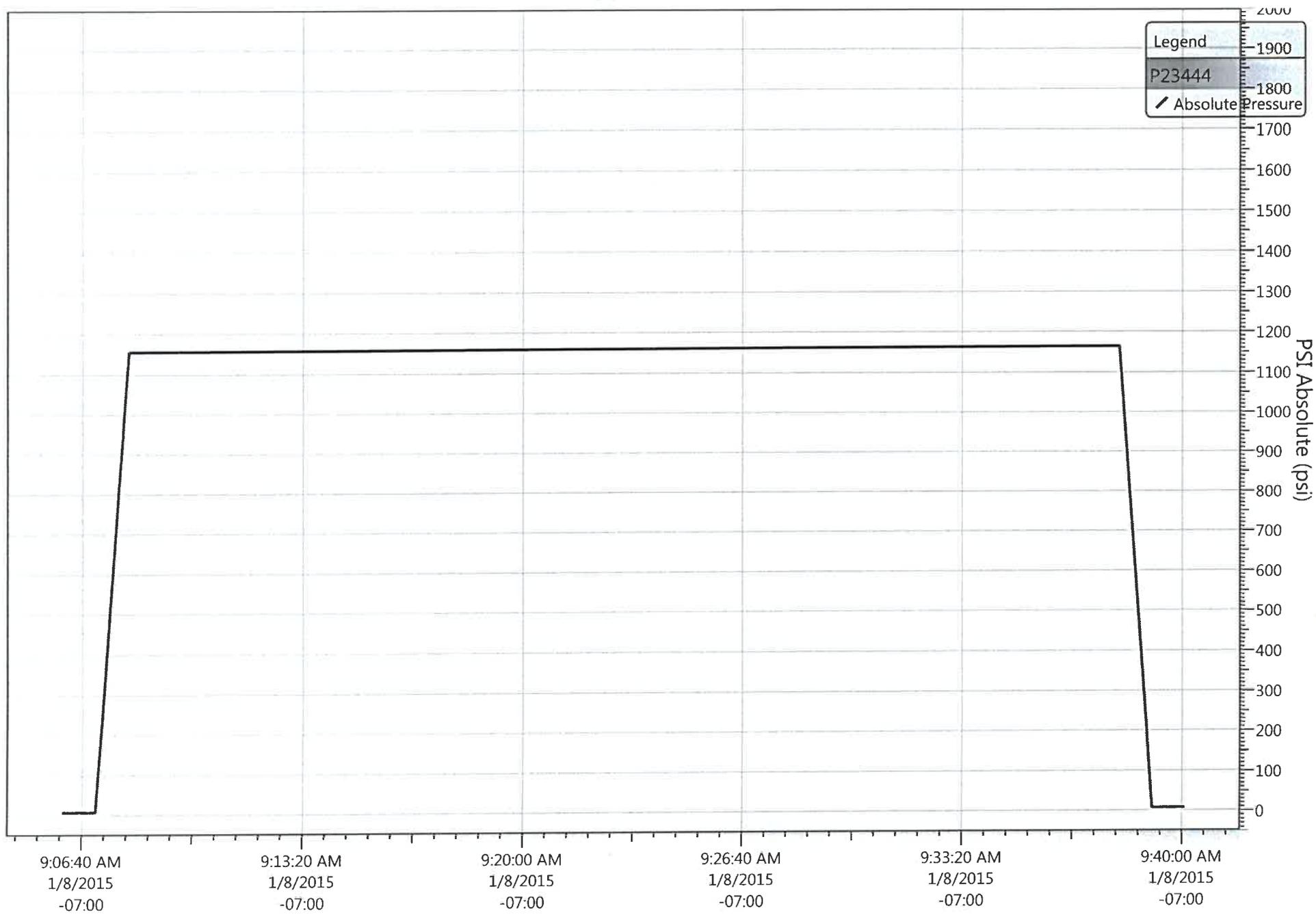
MECHANICAL INTEGRITY PRESSURE TEST

Additional comments for mechanical integrity pressure test, such as volume of fluid added to annulus and bled back at end of test, reason for failing test (casing head leak, tubing leak, other), etc.:

Signature of Witness: Johnny Daniels

Gilsonite State 6-32-8-17

1/8/2015 9:06:01 AM



STATE OF UTAH DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS, AND MINING		FORM 9
SUNDRY NOTICES AND REPORTS ON WELLS		5. LEASE DESIGNATION AND SERIAL NUMBER: ML-22060
Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME:
		7. UNIT or CA AGREEMENT NAME: GMBU (GRRV)
1. TYPE OF WELL Water Injection Well	8. WELL NAME and NUMBER: STATE 6-32	
2. NAME OF OPERATOR: NEWFIELD PRODUCTION COMPANY	9. API NUMBER: 43013307480000	
3. ADDRESS OF OPERATOR: Rt 3 Box 3630 , Myton, UT, 84052	PHONE NUMBER: 435 646-4825 Ext	9. FIELD and POOL or WILDCAT: MONUMENT BUTTE
4. LOCATION OF WELL FOOTAGES AT SURFACE: 1911 FNL 1904 FWL QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: Qtr/Qtr: SENW Section: 32 Township: 08.0S Range: 17.0E Meridian: S	COUNTY: DUCHESNE	
	STATE: UTAH	
11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		
TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> NOTICE OF INTENT Approximate date work will start: <input checked="" type="checkbox"/> SUBSEQUENT REPORT Date of Work Completion: 12/2/2015 <input type="checkbox"/> SPUD REPORT Date of Spud: <input type="checkbox"/> DRILLING REPORT Report Date:	<input type="checkbox"/> ACIDIZE <input type="checkbox"/> ALTER CASING <input type="checkbox"/> CHANGE TO PREVIOUS PLANS <input type="checkbox"/> CHANGE TUBING <input type="checkbox"/> CHANGE WELL STATUS <input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS <input type="checkbox"/> DEEPEN <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> OPERATOR CHANGE <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> PRODUCTION START OR RESUME <input type="checkbox"/> RECLAMATION OF WELL SITE <input type="checkbox"/> REPERFORATE CURRENT FORMATION <input type="checkbox"/> SIDETRACK TO REPAIR WELL <input type="checkbox"/> TUBING REPAIR <input type="checkbox"/> VENT OR FLARE <input type="checkbox"/> WATER SHUTOFF <input type="checkbox"/> SI TA STATUS EXTENSION <input type="checkbox"/> WILDCAT WELL DETERMINATION <input checked="" type="checkbox"/> OTHER	
	<input type="checkbox"/> CASING REPAIR <input type="checkbox"/> CHANGE WELL NAME <input type="checkbox"/> CONVERT WELL TYPE <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> PLUG BACK <input type="checkbox"/> RECOMPLETE DIFFERENT FORMATION <input type="checkbox"/> TEMPORARY ABANDON <input type="checkbox"/> WATER DISPOSAL <input type="checkbox"/> APD EXTENSION OTHER: <input style="width: 100px;" type="text" value="1 YR MIT"/>	
12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.		
1 YR MIT performed on the above listed well. On 12/02/2015 the casing was pressured up to 1092 psig and charted for 30 minutes with no pressure loss. The well was not injecting during the test. The tbq pressure was 1322 psig during the test. There was not an EPA representative available to witness the test. EPA #UT22197-07421		Accepted by the Utah Division of Oil, Gas and Mining FOR RECORD ONLY December 07, 2015
NAME (PLEASE PRINT) Lucy Chavez-Naupoto	PHONE NUMBER 435 646-4874	TITLE Water Services Technician
SIGNATURE N/A	DATE 12/3/2015	

Mechanical Integrity Test Casing or Annulus Pressure Mechanical Integrity Test

U.S. Environmental Protection Agency
Underground Injection Control Program
999 18th Street, Suite 500 Denver, CO 80202-2466

EPA Witness: _____ Date: 12 / 2 / 2015

Test conducted by: Shannon Lazenby

Others present: _____

Well Name: <u>Gilsonite STATE 6-32-8-17</u>	Type: <u>ER SWD</u>	Status: <u>AC TA UC</u>
Field: <u>Greater Monument Butte</u>		
Location: <u>6-32-8-17</u> Sec: <u>32</u> T <u>8S</u> N/S R <u>17</u> E/W County: <u>Duchenne</u> State: <u>ut</u>		
Operator: <u>Shannon Lazenby</u>		
Last MIT: <u> / /</u>	Maximum Allowable Pressure: <u>1525</u>	<u>PSIG</u>

Is this a regularly scheduled test? Yes No
 Initial test for permit? Yes No
 Test after well rework? Yes No
 Well injecting during test? Yes No If Yes, rate: _____ bpd

Pre-test casing/tubing annulus pressure: 0 / 1322 psig

MIT DATA TABLE	Test #1	Test #2	Test #3
TUBING PRESSURE			
Initial Pressure	<u>1322</u> psig	psig	psig
End of test pressure	<u>1322</u> psig	psig	psig
CASING/TUBING ANNULUS PRESSURE			
0 minutes	<u>1097.9</u> psig	psig	psig
5 minutes	<u>1095.8</u> psig	psig	psig
10 minutes	<u>1094.2</u> psig	psig	psig
15 minutes	<u>1093.6</u> psig	psig	psig
20 minutes	<u>1093.2</u> psig	psig	psig
25 minutes	<u>1092.4</u> psig	psig	psig
30 minutes	<u>1092.0</u> psig	psig	psig
_____ minutes	psig	psig	psig
_____ minutes	psig	psig	psig
RESULT	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

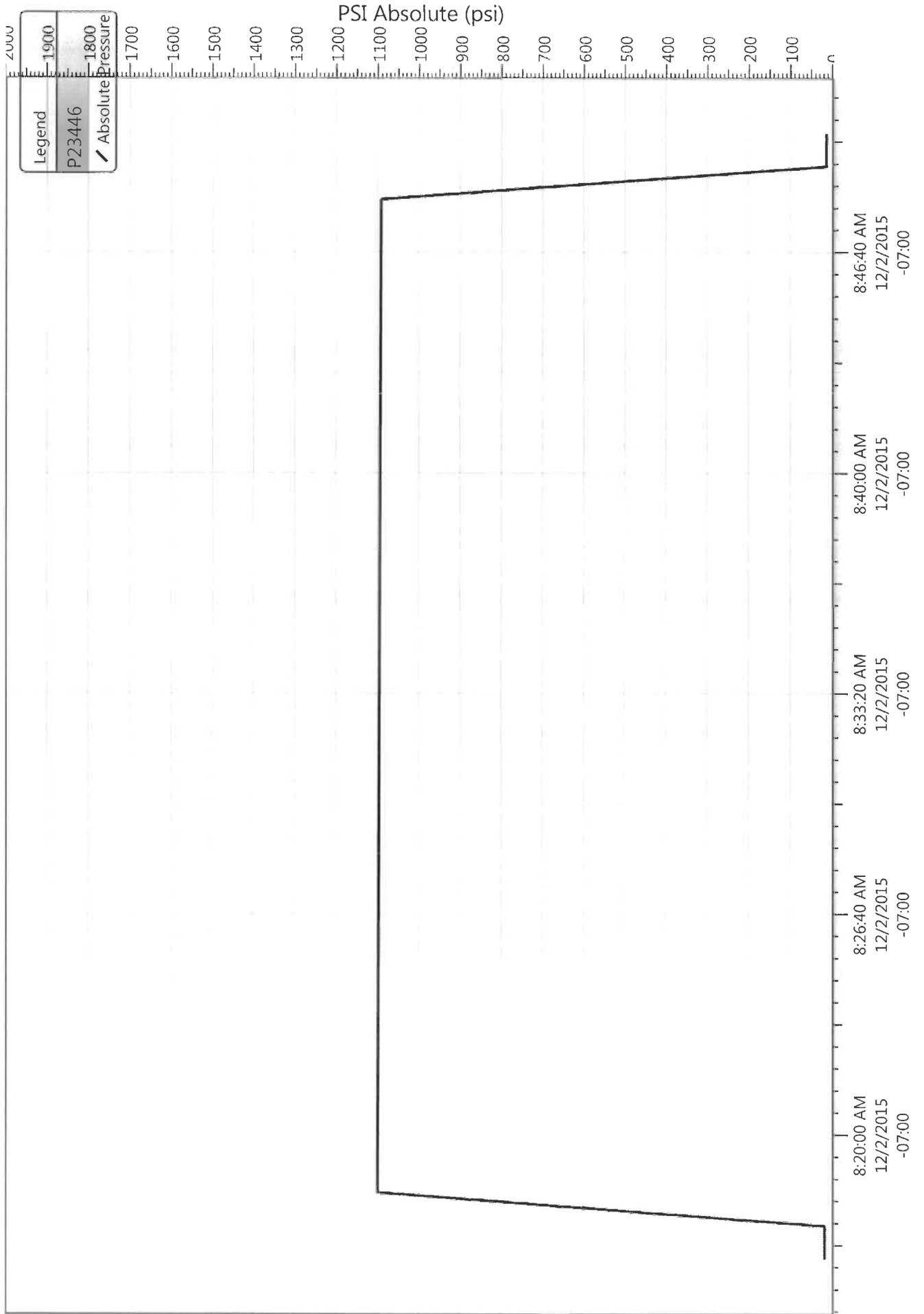
Does the annulus pressure build back up after the test ? Yes No

MECHANICAL INTEGRITY PRESSURE TEST

Additional comments for mechanical integrity pressure test, such as volume of fluid added to annulus and bled back at end of test, reason for failing test (casing head leak, tubing leak, other), etc.:

Signature of Witness: _____

6-32-8-17 5 year MIT (2)
12/2/2015 8:15:37 AM



Mechanical Integrity Test

Casing or Annulus Pressure Mechanical Integrity Test

U.S. Environmental Protection Agency
Underground Injection Control Program
999 18th Street, Suite 500 Denver, CO 80202-2466

EPA Witness: _____ Date: 2/11/2014
 Test conducted by: Dustin Bennett
 Others present: Riley Bagley

Well Name: <u>Gilbert State 6-32-8-17</u>	Type: ER SWD	Status: AC TA UC
Field: <u>Mount Butte</u>		
Location: <u>SE/NE</u> Sec: <u>32</u> T: <u>8</u> N: <u>10</u> R: <u>17</u> W: <u>1</u>	County: <u>Duchesne</u>	State: <u>UT</u>
Operator: <u>Newfield Exploration</u>		
Last MIT: <u>1</u>	Maximum Allowable Pressure: <u>1510</u>	PSIG

Is this a regularly scheduled test? Yes No
 Initial test for permit? Yes No
 Test after well rework? Yes No
 Well injecting during test? Yes No If Yes, rate: _____ bpd

Pre-test casing/tubing annulus pressure: 1384 / 1064 psig

MIT DATA TABLE	Test #1	Test #2	Test #3
TUBING PRESSURE			
Initial Pressure	<u>1064</u> psig	psig	psig
End of test pressure	<u>1064</u> psig	psig	psig
CASING/TUBING ANNULUS PRESSURE			
0 minutes	<u>1384</u> psig	psig	psig
5 minutes	<u>1386</u> psig	psig	psig
10 minutes	<u>1386</u> psig	psig	psig
15 minutes	<u>1385</u> psig	psig	psig
20 minutes	<u>1384</u> psig	psig	psig
25 minutes	<u>1383</u> psig	psig	psig
30 minutes	<u>1382</u> psig	psig	psig
_____ minutes	psig	psig	psig
_____ minutes	psig	psig	psig
RESULT	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Does the annulus pressure build back up after the test? Yes No

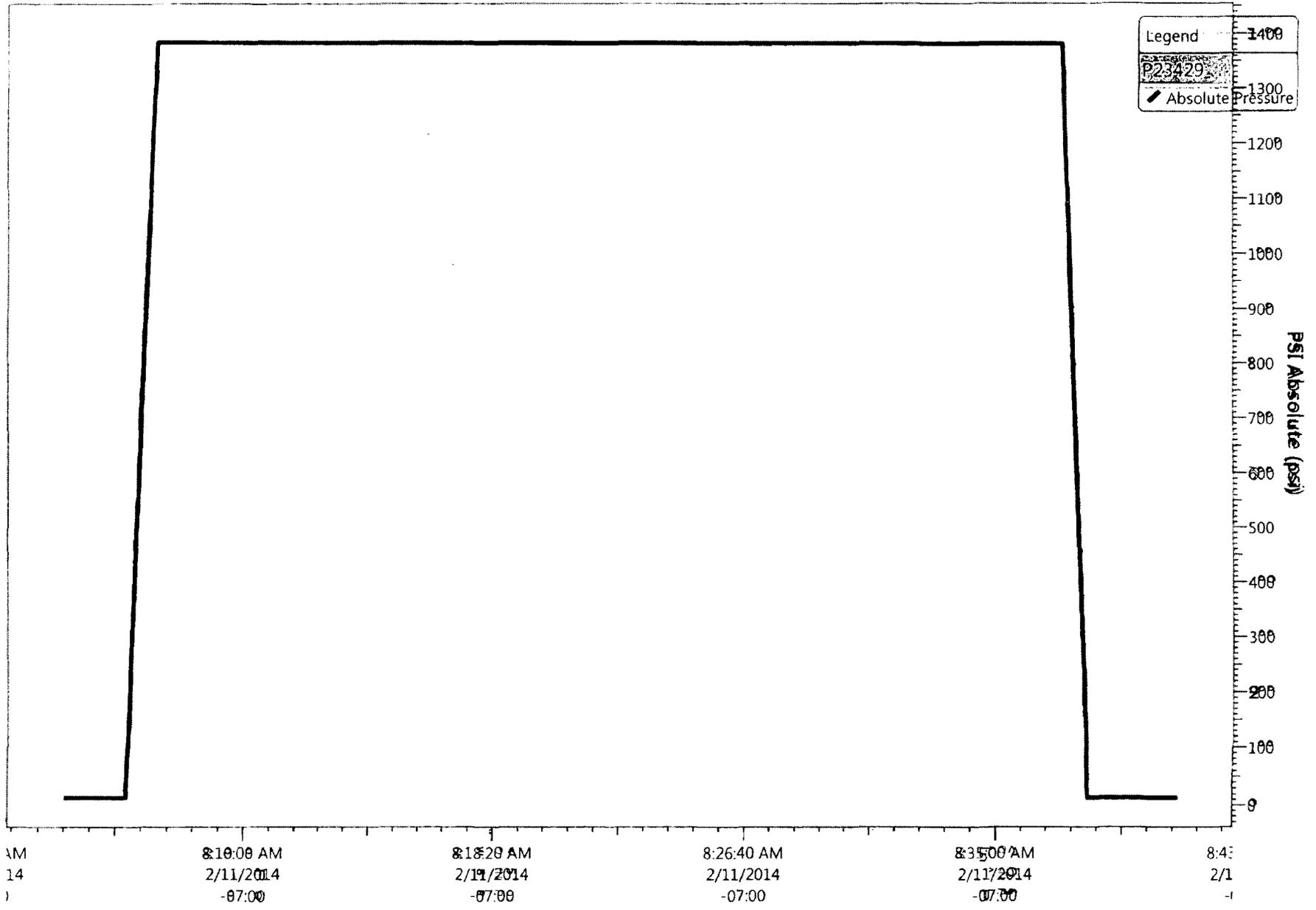
MECHANICAL INTEGRITY PRESSURE TEST

Additional comments for mechanical integrity pressure test, such as volume of fluid added to annulus and bled back at end of test, reason for failing test (casing head leak, tubing leak, other), etc.:

Signature of Witness: _____

Gilsonite 6-32-8-17 (5 year MIT 2/11/14)

2/11/2014 8:03:03 AM



Legend

P23429

Absolute Pressure

AM 14) 8:10:00 AM 2/11/2014 -07:00 8:18:20 AM 2/11/2014 -07:00 8:26:40 AM 2/11/2014 -07:00 8:35:00 AM 2/11/2014 -07:00 8:40:00 AM 2/11/2014 -07:00

Gilsonite State 6-32-8-17

Spud Date: 6/19/1983
 Put on Production: 8/2/1983
 GL: 5252' KB: 5262'

Initial Production: 107 BOPD, NM
 MCFD, NM BWPD

Injection Wellbore
Diagram

SURFACE CASING

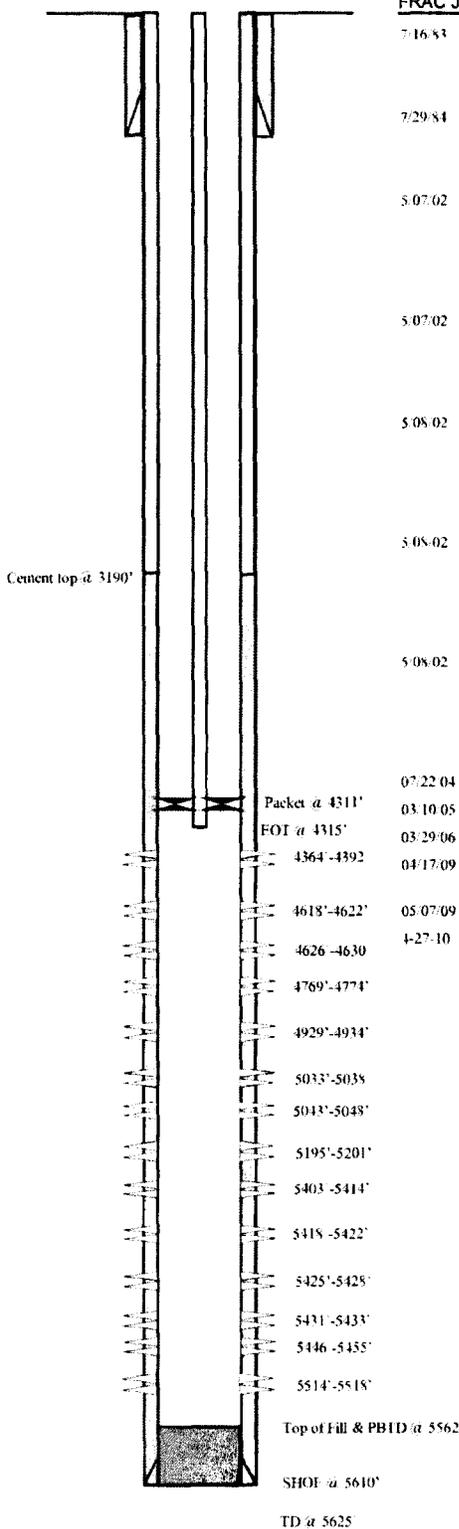
CSG SIZE: 8-5/8"
 GRADE: J-55
 WEIGHT: 24#
 LENGTH: 293'
 HOLE SIZE: 12-1/4"
 CEMENT DATA: 210 sss Class 'G' cmt

PRODUCTION CASING

CSG SIZE: 5-1/2"
 GRADE: J-55
 WEIGHT: 17#
 LENGTH: 5612'
 HOLE SIZE: 7-7/8"
 CEMENT DATA: 275 sss Ideal Class 'G'
 CEMENT TOP: AI 3190' per CBI

TUBING

SIZE/GRADE/WT: 2 7/8" / J-55 / 6.5#
 NO. OF JOINTS: 134 jts (4296.87')
 SEALING NIPPLE: 2 7/8" (1.10')
 SN LANDED AT: 4306.87' KB
 ARROWS/SET: L-X PACKER (7' 40")
 CE (3.30') @ 4311.27'
 TOTAL STRING LENGTH: TOT @ 4315.37' KB



FRAC JOB

7/16/83	5033'-5048'	Frac zone as follows: 61,400# 20/40 sand in 590 bbls frac fluid. Treated @ avg press of 2300 psi w avg rate of 30 BPM. Screened out
7/29/84	4364'-4392'	Frac zone as follows: 153,000# 20/40 sand in 1071 bbls frac fluid. Treated @ avg press of 1850 psi w avg rate of 30 BPM
5/07/02	5403'-5518'	Frac LODC as follows: 66,700# 20/40 sand in 491 bbls Viking I-25 frac fluid. Treated @ avg press of 3550 psi w avg rate of 17.4 BPM. Screened out w/ 61,816# sand in ftn and 4,884# sand in tubing.
5/07/02	5195'-5201'	Frac B2 as follows: 21,184# 20/40 sand in 160 bbls Viking I-25 frac fluid. Treated @ avg press of 3400 psi w avg rate of 14.5 BPM. ISIP 2350 psi. Calc. flush: 1327 gal, Actual flush: 1260 gal.
5/08/02	4929'-4934'	Frac D2 as follows: 13,100# 20/40 sand in 106 bbls Viking I-25 frac fluid. Treated @ avg press of 3000 psi w avg rate of 14.3 BPM. Screened out w/ 6,972# sand in ftn and 6,128# sand in tubing.
5/08/02	4769'-4774'	Frac DS-1 as follows: 18,000# 20/40 sand in 121 bbls Viking I-25 frac fluid. Treated @ avg press of 4200 psi w avg rate of 16.4 BPM. Screened out w/ 12,513# sand in ftn and 5,487# sand in tubing.
5/08/02	4618'-4630'	Frac BP10 as follows: 10,735# 20/40 sand in 117 bbls Viking I-25 frac fluid. Treated @ avg press of 5300 psi w avg rate of 16.1 BPM. Screened out w/ 8,505# sand in ftn and 2,230# sand in tubing.
07/22/04		Tubing Leak. Updated tubing & rod details.
03/10/05		Pump change. Updated rod detail.
03/29/06		Gyro Survey. Update rod and tubing details.
04/17/09		Well converted to Injection well, update tubing detail
05/07/09		MIT Completed
4-27-10		MIT Completed

PERFORATION RECORD

7/16/83	5043'-5048'	1 JSPF	07 holes
7/16/83	5033'-5038'	1 JSPF	07 holes
7/29/84	4364'-4392'	1 JSPF	29 holes
5/03/02	5514'-5518'	4 JSPF	16 holes
5/03/02	5446'-5455'	4 JSPF	36 holes
5/03/02	5431'-5433'	4 JSPF	08 holes
5/03/02	5425'-5428'	4 JSPF	12 holes
5/03/02	5418'-5422'	4 JSPF	16 holes
5/03/02	5403'-5414'	4 JSPF	44 holes
5/03/02	5195'-5201'	4 JSPF	24 holes
5/03/02	4929'-4934'	4 JSPF	20 holes
5/03/02	4769'-4774'	4 JSPF	20 holes
5/03/02	4626'-4630'	4 JSPF	16 holes
5/03/02	4618'-4622'	4 JSPF	16 holes

NEWFIELD

Gilsonite State 6-32-8-17
 1904 FWL & 1911 FNL
 SE NW Section 32-T8S-R17E
 Duchesne Co, Utah
 API #43-013-30748; Lease #ML-22060

STATE OF UTAH DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS, AND MINING		FORM 9
		5. LEASE DESIGNATION AND SERIAL NUMBER: ML-22060
SUNDRY NOTICES AND REPORTS ON WELLS		6. IF INDIAN, ALLOTTEE OR TRIBE NAME:
Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.		7. UNIT or CA AGREEMENT NAME: GMBU (GRRV)
1. TYPE OF WELL Water Injection Well		8. WELL NAME and NUMBER: STATE 6-32
2. NAME OF OPERATOR: NEWFIELD PRODUCTION COMPANY		9. API NUMBER: 43013307480000
3. ADDRESS OF OPERATOR: Rt 3 Box 3630 , Myton, UT, 84052	PHONE NUMBER: 435 646-4825 Ext	9. FIELD and POOL or WILDCAT: MONUMENT BUTTE
4. LOCATION OF WELL FOOTAGES AT SURFACE: 1911 FNL 1904 FWL QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: Qtr/Qtr: SENW Section: 32 Township: 08.0S Range: 17.0E Meridian: S		COUNTY: DUCHESNE
		STATE: UTAH
11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		
TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> NOTICE OF INTENT Approximate date work will start: <input checked="" type="checkbox"/> SUBSEQUENT REPORT Date of Work Completion: 10/28/2016 <input type="checkbox"/> SPUD REPORT Date of Spud: <input type="checkbox"/> DRILLING REPORT Report Date:	<input type="checkbox"/> ACIDIZE <input type="checkbox"/> ALTER CASING <input type="checkbox"/> CHANGE TO PREVIOUS PLANS <input type="checkbox"/> CHANGE TUBING <input type="checkbox"/> CHANGE WELL STATUS <input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS <input type="checkbox"/> DEEPEN <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> OPERATOR CHANGE <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> PRODUCTION START OR RESUME <input type="checkbox"/> RECLAMATION OF WELL SITE <input type="checkbox"/> REPERFORATE CURRENT FORMATION <input type="checkbox"/> SIDETRACK TO REPAIR WELL <input type="checkbox"/> TUBING REPAIR <input type="checkbox"/> VENT OR FLARE <input type="checkbox"/> WATER SHUTOFF <input type="checkbox"/> SI TA STATUS EXTENSION <input type="checkbox"/> WILDCAT WELL DETERMINATION <input checked="" type="checkbox"/> OTHER	
		<input type="checkbox"/> CASING REPAIR <input type="checkbox"/> CHANGE WELL NAME <input type="checkbox"/> CONVERT WELL TYPE <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> PLUG BACK <input type="checkbox"/> RECOMPLETE DIFFERENT FORMATION <input type="checkbox"/> TEMPORARY ABANDON <input type="checkbox"/> WATER DISPOSAL <input type="checkbox"/> APD EXTENSION OTHER: <input style="width: 100px;" type="text" value="1 YR MIT"/>
12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.		
1 YR MIT performed on the above listed well. On 10/28/2016 the casing was pressured up to 1123 psig and charted for 30 minutes with no pressure loss. The well was not injecting during the test. The tbq pressure was 1448 psig during the test. There was not an EPA representative available to witness the test. EPA #UT22197-07421		Accepted by the Utah Division of Oil, Gas and Mining FOR RECORD ONLY November 23, 2016
NAME (PLEASE PRINT) Lucy Chavez-Naupoto	PHONE NUMBER 435 646-4874	TITLE Water Services Technician
SIGNATURE N/A		DATE 10/31/2016

Mechanical Integrity Test Casing or Annulus Pressure Mechanical Integrity Test

U.S. Environmental Protection Agency
Underground Injection Control Program
999 18th Street, Suite 500 Denver, CO 80202-2466

EPA Witness: _____ Date: 10 128 116

Test conducted by: PETE MONTAGUE

Others present: _____

API# 43-013-30748

Well Name: <u>GILSONITE STATE</u>	Type: ER SWD	Status: AC TA UC
Field: <u>MONUMENT BUTTE</u>		
Location: <u>16</u> Sec: <u>32 T 8 N (S) R 17 (E) W</u> County: <u>DICHESNE</u> State: <u>WY</u>		
Operator: <u>NEWFIELD</u>		
Last MIT: <u>1 1</u> Maximum Allowable Pressure: <u>1551</u> PSIG		

Is this a regularly scheduled test? Yes No
 Initial test for permit? Yes No
 Test after well rework? Yes No
 Well injecting during test? Yes No If Yes, rate: _____ bpd

Pre-test casing/tubing annulus pressure: 0 / 1132 psig

MIT DATA TABLE	Test #1	Test #2	Test #3
TUBING PRESSURE			
Initial Pressure	<u>1497</u> psig	psig	psig
End of test pressure	<u>1448</u> psig	psig	psig
CASING/TUBING ANNULUS PRESSURE			
0 minutes	<u>1132</u> psig	psig	psig
5 minutes	<u>1132</u> psig	psig	psig
10 minutes	<u>1131</u> psig	psig	psig
15 minutes	<u>1131</u> psig	psig	psig
20 minutes	<u>1129</u> psig	psig	psig
25 minutes	<u>1126</u> psig	psig	psig
30 minutes	<u>1123</u> psig	psig	psig
_____ minutes	psig	psig	psig
_____ minutes	psig	psig	psig
RESULT	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Does the annulus pressure build back up after the test? Yes No

MECHANICAL INTEGRITY PRESSURE TEST

Additional comments for mechanical integrity pressure test, such as volume of fluid added to annulus and bled back at end of test, reason for failing test (casing head leak, tubing leak, other), etc.:

Signature of Witness: *Pete Montague*

Gilsonite State 6-32-8-17, 5-YR MIT, (10-28-16).

10/28/2016 1:56:59 PM

