

UTAH OIL AND GAS CONSERVATION COMMISSION

127

REMARKS. WELL LOG _____ ELECTRIC LOGS _____ FILE WATER SANDS _____ LOCATION INSPECTED _____ SUB REPORT abd. _____

*LA - well never drilled

DATE FILED 11-7-83

LAND. FFF & PATENTED STATE LEASE NO. _____ PUBLIC LEASE NO. _____ INDIAN _____

DRILLING APPROVED: 11-9-83 - OIL (Cause No. 131-14)

SPUDDED IN: _____

COMPLETED _____ PUT TO PRODUCING: _____

INITIAL PRODUCTION: _____

GRAVITY API _____

GOR: _____

PRODUCING ZONES _____

TOTAL DEPTH: _____

WELL ELEVATION: _____

DATE ABANDONED: LA 12-8-83

FIELD ~~WILDCAT UNDESIGNATED~~ 3/8c Wildcat

UNIT: _____

COUNTY: DUCHESNE

WELL NO. PERCIVAL 1-33B2 API #43-013-30847

LOCATION 1929' FNE FT FROM (N) (S) LINE. 1994' FEL FT FROM (E) (W) LINE SWNE 1/4 1/4 SEC. 33

TWP	RGE.	SEC.	OPERATOR	TWP.	RGE	SEC.	OPERATOR
2S	2W	33	AMOCO PRODUCTION CO.				

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

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

5. Lease Designation and Serial No.
Fee

6. If Indian, Allottee or Tribe Name

7. Unit Agreement Name

8. Farm or Lease Name
Percival

9. Well No.
#1-33B2

10. Field and Pool, or Wildcat
Wildcat ✓

11. Sec., T., R., M., or Blk. and Survey or Area
Sec. 33, T2S, R2W

12. County or Parrish 13. State
Duchesne Utah

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work
DRILL DEEPEN PLUG BACK

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

2. Name of Operator
AMOCO PRODUCTION COMPANY

3. Address of Operator
P.O. BOX 829, EVANSTON, WYOMING 82930

4. Location of Well (Report location clearly and in accordance with any State requirements.)
At surface 1929' FNL 1994' FEL
At proposed prod. zone

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

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

16. No. of acres in lease

17. No. of acres assigned to this well

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

19. Proposed depth
12,500'

20. Rotary or cable tools
Rotary

21. Elevations (Show whether DF, RT, GR, etc.)
5327'

22. Approx. date work will start*
When approved

23. PROPOSED CASING AND CEMENTING PROGRAM

Size of Hole	Size of Casing	Weight per Foot	Setting Depth	Quantity of Cement
17 1/2"	13-3/8"	48#	400'	Cement to surface
12 3/4"	9-5/8"	32.3# 36#	2800'	Cement to surface
8 3/4"	7"	23# 26#	9000'	Cement to top of potential pay in Green River
6 1/8"	5"	18#	12,500'	Cement to top liner

AMOCO PROPOSES TO DRILL A 12,500' WASATCH TEST
RECEIVED
NOV 7 1983

DIVISION OF OIL, GAS & MINING

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 WR Halverson Title Dist. Drlg. Superintendent Date 11/4/83

(This space for Federal or State office use)

Permit No. Approval Date

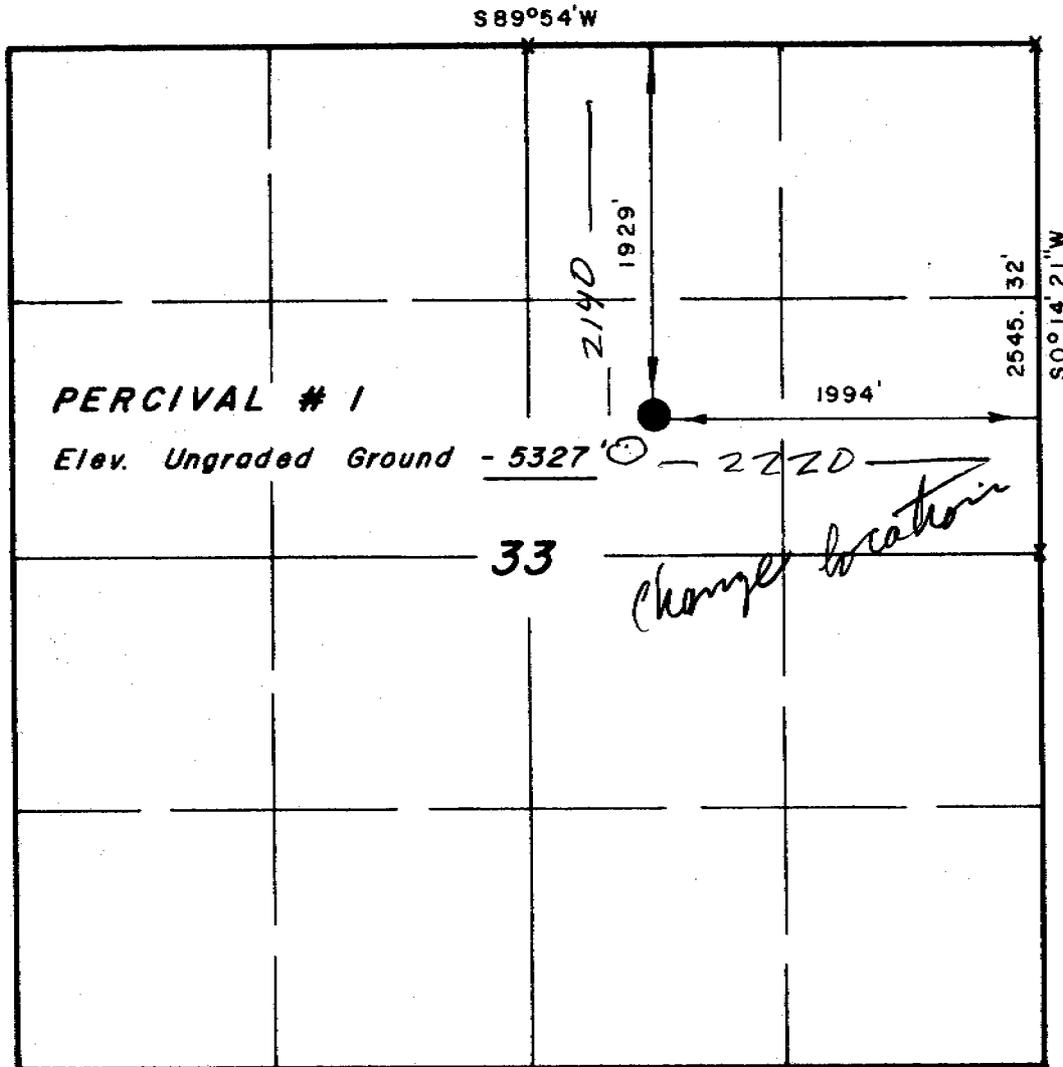
Approved by Title Date

Conditions of approval, if any:

T 2 S, R 2 W, U.S.B.&M.

PROJECT
AMOCO PRODUCTION CO.

Well location, *PERCIVAL #1*,
 located as shown in the SW
 1/4 NE 1/4 Section 33, T2S, R2W,
 U.S.B.&M. Duchesne County, Utah.



CERTIFICATE

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

Nelson J. Marshall

REGISTERED LAND SURVEYOR
 REGISTRATION NO 2454
 STATE OF UTAH

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

SCALE	1" = 1000'	DATE	10/27/83
PARTY	L.D.T. T.J.	S.B.	REFERENCES GLO Plat
WEATHER	Fair	FILE	AMOCO

X = Section Corners Located

ATTACHMENT TO FORM OGC-1a

PERCIVAL #1-33B2

- 1) Geologic name of the surface formation: Uinta
- 2) Estimated tops of geological markers:

Green River	3,770'
Wasatch	8,530'
Total depth	12,500'
- 3) Anticipated depths to encounter water, oil, gas or other mineral-bearing formations: See Item #2 above.
- 4) Casing Program: See Form OBC-1a, Item 23.
- 5) Operators minimum specifications for pressure control equipment are explained on the attached schematic diagram. After running surface casing and prior to drilling out, the BOP and other pressure equipment will be tested to the full working pressure rating as shown on the attached diagram. BOPs will be tested every 30-day interval and after every string of casing is run. Thereafter, the BOP will be checked daily for mechanical operations only and will be noted on the IADC Daily Drilling Report.
- 6) Mud Program:

0 - 5500'	Water	8.3-8.5	Sweeps
5500 - 7500'	LSND	8.5-8.8	As needed
7500 - 12500'	WND		As needed
- 7) Auxiliary Equipment:

Kelly cock, no bit floats; sub with full opening valve
3' choke manifold with remote control choke; monitor
system on pit level, audio and visual; mudlogger (2-man
type) w/chromatograph.
- 8) Testing Program:

DSTs as requested by Region

Logging Program:

DIL w/GR	Base of surface to total depth
FDC-CNL w/GR x Caliper	Base of surface to total depth
BHC Sonic w/GR x Caliper	Base of surface to total depth
Borehole Televiwer Survey	

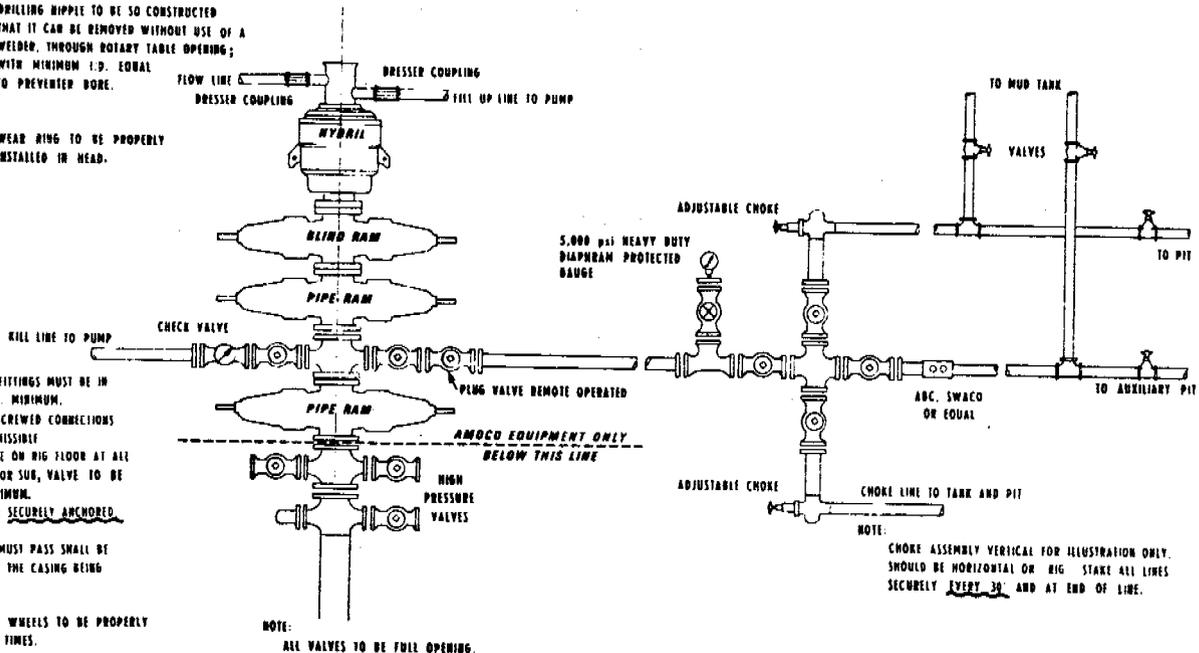
- 8) Testing Program, Cont'd
Coring Program:
None planned
- 9) No abnormal pressures or temperatures are anticipated.
- 10) Anticipated starting will be when approved and the duration of drilling operations will be approximately 65 days.

EXHIBIT BOP-5000
MINIMUM BLOW-OUT PREVENTER REQUIREMENTS
5,000 psi W.P.

NOTE:

1 DRILLING HIPPLE TO BE SO CONSTRUCTED THAT IT CAN BE REMOVED WITHOUT USE OF A WELDER, THROUGH ROTARY TABLE OPENING; WITH MINIMUM I.D. EQUAL TO PREVENTER BORE.

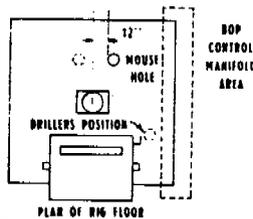
2 WEAR RING TO BE PROPERLY INSTALLED IN HEAD.



NOTE:

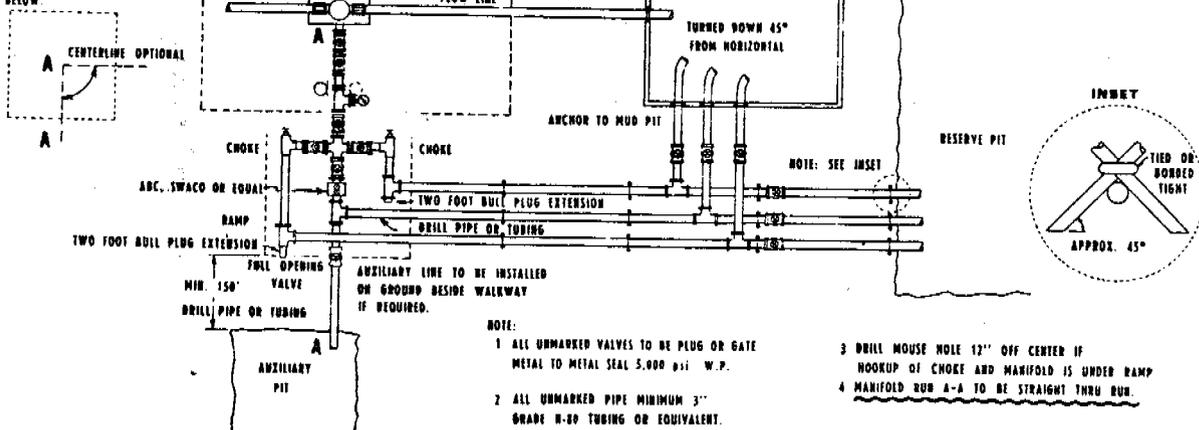
- 1 BLOW OUT PREVENTERS AND ALL FITTINGS MUST BE IN GOOD CONDITION 5,000 psi W.P. MINIMUM.
- 2 ALL FITTINGS TO BE FLANGED SCREWED CONNECTIONS DOWNSTREAM FROM CHOKES PERMISSIBLE
- 3 SAFETY VALVE MUST BE AVAILABLE ON RIG FLOOR AT ALL TIMES WITH PROPER CONNECTION OR SUB. VALVE TO BE FULL BORE 5,000 psi W.P. MINIMUM.
- 4 ALL CHOKE AND KILL LINES TO BE SECURELY ANCHORED, ESPECIALLY ENDS OF CHOKE LINES
- 5 EQUIPMENT THROUGH WHICH BIT MUST PASS SHALL BE AS LARGE AS INSIDE DIAMETER OF THE CASING BEING DRILLED THROUGH.
- 6 KELLY COCK ON KELLY.
- 7 EXTENSION WRENCHES AND HAND WHEELS TO BE PROPERLY INSTALLED AND BRACED AT ALL TIMES.
- 8 RIG FLOOR BLOW-OUT PREVENTER CONTROL TO BE LOCATED AS CLOSE TO DRILLERS POSITION AS FEASIBLE.
- 9 BLOW-OUT PREVENTER CLOSING EQUIPMENT TO INCLUDE 80 GALLON ACCUMULATOR, TWO INDEPENDENT SOURCES OF PUMP POWER ON EACH CLOSING UNIT INSTALLATION, AND MEET ALL IADC SPECIFICATIONS.

NOTE:
ALL VALVES TO BE FULL OPENING.



NOTE:

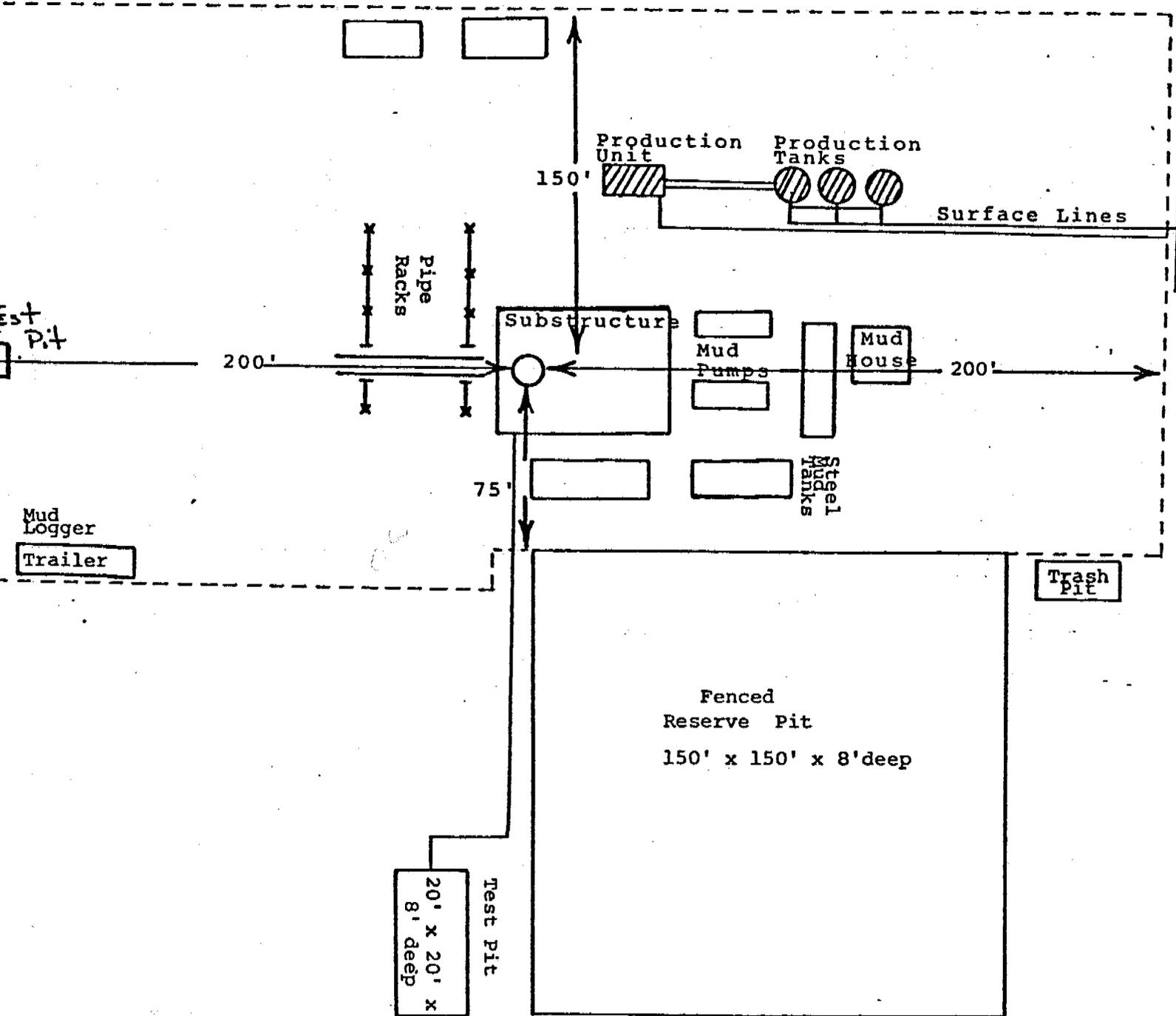
DIRECTION OF MANIFOLD RUN A-A OPTIONAL WITHIN 90° ARE AS SHOWN BELOW



Amoco Production Company
STANDARD ASSEMBLY FOR FLUID
OPERATED TRIPLE BLOW-OUT PREVENTER
5,000 psi W.P.

Too
Pushers
Trailer

Amoco
Company
Trailer



⊗ = Shows permanent production equipment to be installed after drilling rig has moved out.

- - - Dotted lines indicated perimeter of leveled location.

The fenced pit used for production will be covered if any fluid is present. The drilling and production pads will be constructed with dozers and graders using native material.

TYPICAL
LOCATION
LAYOUT

AMOCO PRODUCTION COMPANY
P.O. BOX 829
EVANSTON, WYOMING 82930

EXHIBIT "D"

OPERATOR AMOCO PRODUCTION CO

DATE 11-9-83

WELL NAME PERCIVAL 1-33132

SEC SW NE 33 T 2S R 2W COUNTY DUCHESENE

43-013-30847
API NUMBER

FEE
TYPE OF LEASE

POSTING CHECK OFF:

INDEX

MAP

HL

NID

PI

PROCESSING COMMENTS:

NO OTHER WELLS IN DRILLING UNIT

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

DATE: 11-9-83

BY: [Signature]

CHIEF PETROLEUM ENGINEER REVIEW:

11/9/83 ✓

APPROVAL LETTER:

SPACING:

A-3

UNIT

c-3-a

131-14

8-11-71

CAUSE NO. & DATE

c-3-b

c-3-c

SPECIAL LANGUAGE:

WATER

- RECONCILE WELL NAME AND LOCATION ON APD AGAINST SAME DATA ON PLAT MAP.
- AUTHENTICATE LEASE AND OPERATOR INFORMATION
- VERIFY ADEQUATE AND PROPER BONDING *BLANKED*
- AUTHENTICATE IF SITE IS IN A NAMED FIELD, ETC.
- APPLY SPACING CONSIDERATION
 - ORDER 131-14
 - UNIT _____
 - c-3-b
 - c-3-c
- CHECK DISTANCE TO NEAREST WELL.
- CHECK OUTSTANDING OR OVERDUE REPORTS FOR OPERATOR'S OTHER WELLS.
- IF POTASH DESIGNATED AREA, SPECIAL LANGUAGE ON APPROVAL LETTER
- IF IN OIL SHALE DESIGNATED AREA, SPECIAL APPROVAL LANGUAGE.
- VERIFY LEGAL AND SUFFICIENT DRILLING WATER

STATE OF MISSISSIPPI
DEPARTMENT OF REVENUE
SALT AND POTASH DIVISION
SALT AND POTASH TAX UNIT

November 9, 1983

Amoco Production Company
P. O. Box 829
Evanston, Wyoming 82930

RE: Well No. Percival 1-33B2
SWNE Sec. 33, T. 2S, R. 2W
1929' FNL, 1994' PEL
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 the Order issued in Cause No. 131-14 dated August 11, 1971. Prior to spudding, a copy of the Utah Division of Water Rights (Phone No. 801-533-6071) approval for use or purchase of drilling water must be submitted to this office, otherwise this approval is void.

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

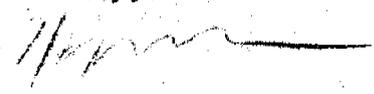
RONALD J. FIRTH - Chief Petroleum Engineer
Office: 533-5771
Home: 571-6068

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 43-013-30847.

Sincerely,


Norman C. Stout
Administrative Assistant

NCS/as
Encl.

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. <input checked="" type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. Fee
2. NAME OF OPERATOR AMOCO PRODUCTION COMPANY		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. BOX 829, EVANSTON, WYOMING 82930		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 See below		8. FARM OR LEASE NAME Percival
14. PERMIT NO. 43-013-30847	15. ELEVATIONS (Show whether DF, RT, OR, etc.) 5327'	9. WELL NO. #1-33B2
		10. FIELD AND POOL, OR WILDCAT Wildcat
		11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Sec. 33, T2S, R2W
		12. COUNTY OR PARISH Duchesne
		13. STATE Utah

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

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

To change location from: 1929' FNL & 1994' FEL
to: 2140' FNL & 2220' FEL

RECEIVED
NOV 16 1983

DIVISION OF
OIL, GAS & MINING

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

DATE: 11-18-83
BY: [Signature]

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

SIGNED [Signature]

TITLE Staff Admin Anal.

DATE 11/15/83

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

7

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. Fee	
2. NAME OF OPERATOR Amoco Production Company		6. IF INDIAN, ALLOTTED	
3. ADDRESS OF OPERATOR P.O. Box 829, Evanston, Wyoming 82930		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 2140' FNL & 2220' FEL		8. FARM OR LEASE NAME Percival	
14. PERMIT NO. 43-013-30847		9. WELL NO. #1-33B2	
15. ELEVATIONS (Show whether DF, RT, OR, etc.) 5327'		10. FIELD AND POOL, OR WILDCAT Wildcat	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 33, T2S, R2W	
		12. COUNTY OR PARISH Duchesne	13. STATE Utah

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

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

LA.

The above described well has been cancelled we have no further plan to drill this well. Please void A.P.D. etc.

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

SIGNED Larry L. Smith TITLE Staff Admin. Analyst (SG) DATE 12-8-83

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: