

9-1-77 Shut-in oil well

FILE NOTATIONS

Entered in NID File ✓
Location Map Pinned ✓
Card Indexed ✓

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

COMPLETION DATA:

Date Well Completed 9-1-77

Location Inspected

Bond released

State or Fee Land

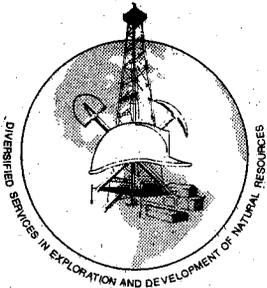
SI OW ✓
TA.....
PA.....

LOGS FILED

Driller's Log..... ✓

Electric Logs (No.) ✓

E..... J..... Dual I Lat..... GR-N..... Micro.....



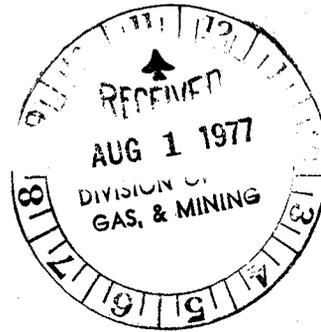
Sanders Associates, Inc.

10 WEST CENTER STREET • KAYSVILLE, UTAH 84037 • (801) 376-9762 531-8131

July 27, 1977

Division of Oil, Gas and Mining
1588 West North Temple
Salt Lake City, Utah 84116

Attention: Scheree Wilcox



Dear Scheree;

In reference to our conversation of 26 July 1977, I am sending you a copy of the map we used to locate the drill holes for St. Crouix Exploration. We hope this will be of help to you.

If we can be of any further assistance, please let us know.
Thanks.

Sincerely,

SANDERS ASSOCIATES, INC.

Richard B. Lyman
Manager, Technical Services Department

RBL/p

Enclosure

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

5. Lease Designation and Serial No.

ML 33432

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

2. Name of Operator

St. Croix Exploration Co.

3. Address of Operator

2471 Angell Road, St. Paul, MN 55118

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

At surface

2680' FWL, 933 FNL. Sec. 32

At proposed prod. zone

7. Unit Agreement Name

Utah State

9. Well No.

1

10. Field and Pool, or Wildcat

Wildcat

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

Sec. 32, T. 24S,

Range 12 E

12. County or Parrish 13. State

Emery, Utah

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

21 miles north - Hanksville

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

640

17. No. of acres assigned to this well

20

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

19. Proposed depth

600'

20. Rotary or cable tools

Rotary

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

5,289'

22. Approx. date work will start*

September 1977

23.

PROPOSED CASING AND CEMENTING PROGRAM

Size of Hole	Size of Casing	Weight per Foot	Setting Depth	Quantity of Cement
7 7/8"	5 1/2"	17 lbs.	500 - 600'	125 sacks

Proposed program: Drill with air to total depth coring sections exhibiting oil shows, running logs, set 5 1/2" casing to total depth, circulating cement to surface.

Surface Formation: Triassic Shinarump
Formation at T.D.: Triassic Moenkopi

Location Plat Attached

Telephone: (612) 854-1787

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

Stanley P. Tyler

Vice President

Date 7/19/77

(This space for Federal or State office use)

Permit No.

015-30084

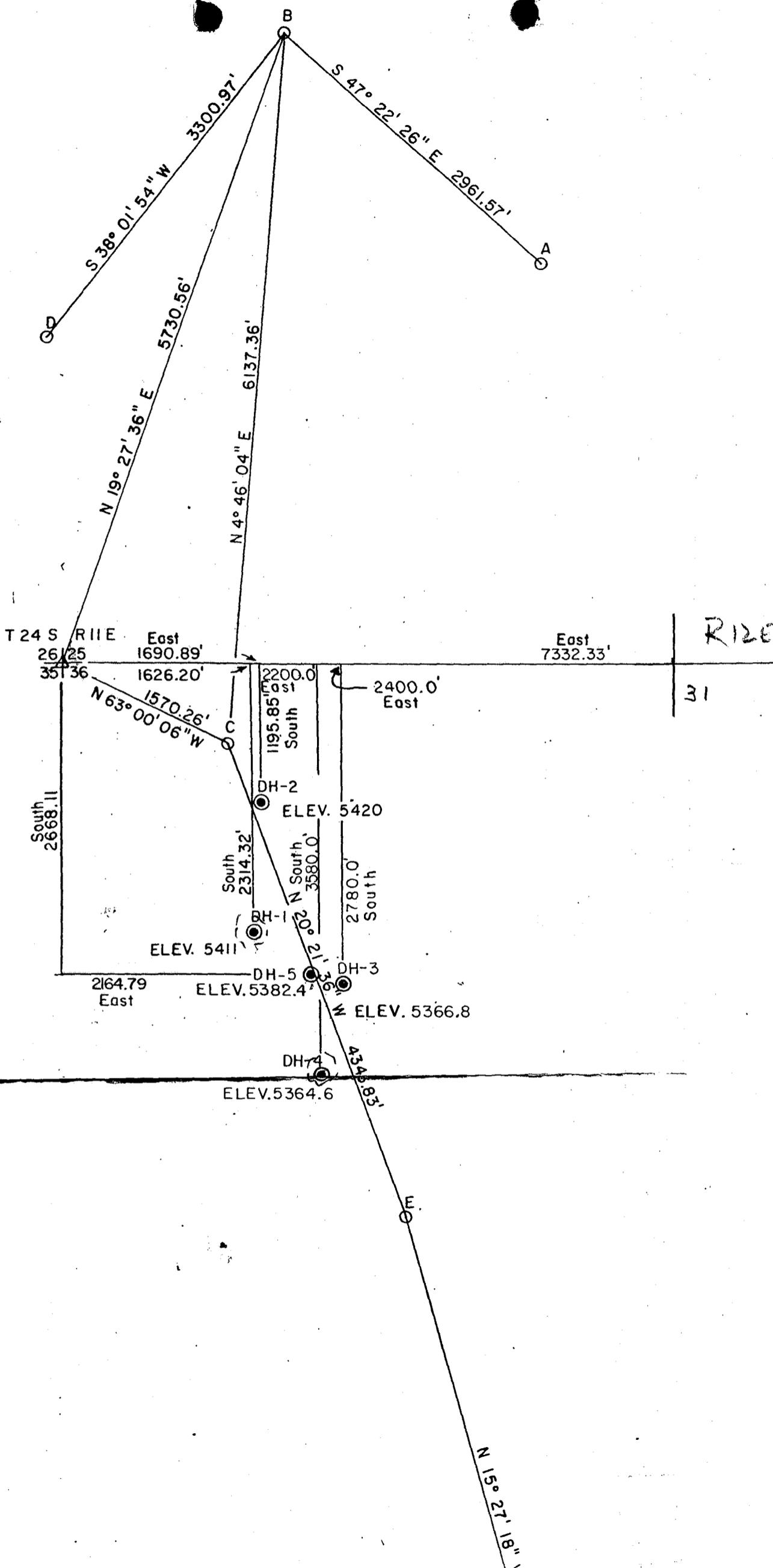
Approval Date

Approved by

Title

Date

Conditions of approval, if any:



DH-(0)

ELEV. 5445

North
2844.37'

DH-43-28-32

ELEV. 5364.4

East
8830.69'

831.61
North

East
10003.62'

933.46'
South

32

DH-1

ELEV. 5289.2

STATE OF UTAH
DIVISION OF OIL, GAS, AND MINING

** FILE NOTATIONS **

Date: Aug. 8-
Operator: J. St. Croix Exploration
Well No: Utah State #1
Location: Sec. 32 T. 24S R. 12E County: Cuery

File Prepared Entered on N.I.D.
Card Indexed Completion Sheet

CHECKED BY:

Administrative Assistant [Signature]
Remarks:
Petroleum Engineer [Signature]
Remarks:
Director [Signature]
Remarks:

INCLUDE WITHIN APPROVAL LETTER:

Bond Required DC State Survey Plat Required
Order No. Surface Casing Change
to _____

Rule C-3(c), Topographic exception/company owns or controls acreage within a 660' radius of proposed site

O.K. Rule C-3 O.K. In _____ Unit

Other:

Letter Written/Approved

August 8, 1977

St. Croix Exploration Company
2471 Angell Road
St. Paul, Minnesota 55118

Re: Well No. Utah State # 1
Sec. 32, T. 24 S, R. 12 E,
Emery County, Utah

Gentlemen:

Insofar as this office is concerned, approval to drill the above referred to well is hereby granted in accordance with Rule C-3(c), General Rules and Regulations and Rules of Practice and Procedure.

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

PATRICK L. DRISCOLL - Chief Petroleum Engineer
HOME: 582-7247
OFFICE: 533-5771

Enclosed please find Form OGC-8-X, which is to be completed whether or not water sands (aquifers) are encountered during drilling.

Further, it is requested that this Division be notified prior to commencement of spudding operations, and that the rig number and drilling contractor be identified.

The API number assigned to this well is 43-015-30054.

Very truly yours,

DIVISION OF OIL, GAS, AND MINING

CLEON B. FEIGHT
Director



ST. CROIX EXPLORATION COMPANY

7850 Metro Parkway, Suite 102
Bloomington, Minnesota 55420
612 / 854-1787

406 WCCO Radio Building
Minneapolis, Minnesota 55402
612 / 336-9781



December 2, 1977

Mr. Patrick L. Driscoll
State of Utah
Department of Natural Resources
1588 West North Temple
Salt Lake City, Utah 84116

Dear Mr. Driscoll:

Enclosed are three copies of the Core Analysis of the Utah State #4, Section 36, T. 24 S, Range 11 E, Emery County; three copies from the Utah State #1, Section 32, T. 24 S, Range 12 E; and three copies of the Dual Induction Laterolog and Formation Density Log for each well.

I believe you have a copy of our Gamma Ray-Neutron log on the Utah State #1, but if you don't, a copy is also enclosed.

Yours very truly,

ST. CROIX EXPLORATION COMPANY

Stanley R. Tyler,
Vice President

SRT:ds
Enc.

STATUS REPORT
FOR
MONTH OF FEBRUARY
1978

March 7, 1978

ST. CROIX EXPLORATION COMPANY - Operator

WELLS:

Utah State #1	Sec. 36, T 24S, R 11E, Emery County
#4	Sec. 36, T 24S, R 11E, Emery County
<u> #5</u>	Sec. 36, T 24S, R 11E, Emery County
Utah State #1	Sec. 32, T 24S, R 12E, Emery County

Status: All wells are shut in pending further testing and clearing weather.



SCOTT M. MATHESON
Governor

OIL, GAS, AND MINING BOARD

GORDON E. HARMSTON
Executive Director,
NATURAL RESOURCES

STATE OF UTAH

DEPARTMENT OF NATURAL RESOURCES

I. DANIEL STEWART
Chairman

CHARLES R. HENDERSON
JOHN L. BELL
THADIS W. BOX
C. RAY JUVELIN

CLEON B. FEIGHT
Director

DIVISION OF OIL, GAS, AND MINING

1588 West North Temple
Salt Lake City, Utah 84116
(801) 533-5771

March 13, 1978

St. Croix Exploration Company
7850 Metro Parkway, Suite 102
Bloomington, Minnesota 54420

Re: Utah State #1
Sec. 32, T. 24S, R. 12E
Utah State #4
Sec. 36, T. 24S, R. 11E
Utah State #5
Sec. 36, T. 24S, R. 11E
Emery County, Utah

Gentlemen:

This letter is to advise you that the Well Completion or Recompletion Report and Log for the above referred to wells are due and have not been filed with this office as required by our rules and regulations.

Please complete the enclosed Form OGC-3, in duplicate, and forward them to this office as soon as possible.

Thank you for your cooperation relative to the above.

Very truly yours,

DIVISION OF OIL, GAS, AND MINING

Kathy Avila
KATHY AVILA
RECORDS CLERK

Enclosures

CORE ANALYSIS RESULTS FOR
ST. CROIX EXPLORATION COMPANY
UTAH STATE NO. 1 (SECTION 32)
WILDCAT
EMERY COUNTY, UTAH

ST. CROIX EXPLORATION CO. FORMATION : MOSS HACK
 UTAH STATE NO. 1 (SECTION 32) DRUG. FLUID: AIR MIST
 WILDCAT LOCATION : NW NE SEC. 32-T245-R12E
 EMERY COUNTY STATE : UTAH

DATE : 9-6-77
 FILE NO. : RP-2-5423
 ANALYSTS : FD:GO
 ELEVATION: 5289' GL

CONVENTIONAL CORE ANALYSIS

SAMP. NO.	DEPTH	PERM. TO HORZ.	AIR (MD) VERTICAL	POR. FLD.	FLUID SATS. OIL	WATER	OIL WT. %	DESCRIPTION
1	37-38	0.44		11.0	21.8	33.2	0.93	SD TN-GY FG
2	38-39	0.29		9.9	27.5	29.5	1.05	SD GY-TN FG SL/SILIC
	39-135							NO ANALYSIS
3	135-36	0.09		12.1	22.4	35.2	1.05	SD GY FG-MG SL/SILIC
4	136-37	0.09		9.1	9.7	62.6	0.34	SD GY FG-MG SL/SILIC
5	137-38	0.09		10.1	13.5	46.3	0.52	SD GY FG-MG SILIC SL/CONGL
6	138-39	0.12		10.0	17.6	45.0	0.67	SD GY FG-MG SILIC TR PYR
7	139-40	0.18		8.3	24.2	41.5	0.78	SD TN-GY FG-MG SILIC
8	140-41	0.06		7.9	11.2	54.6	0.34	SD GY FG SILIC
9	141-42	0.06		5.4	22.0	58.7	0.45	SD GY FG SILIC
10	142-43	0.09		8.9	12.9	49.4	0.45	SD GY FG SILIC TR PYR
11	143-44	0.15		9.9	13.7	46.9	0.52	SD GY FG SILIC
	144-160							MISSING CORE
12	160-61	0.28		9.7	11.9	45.7	0.45	SD GY FG SILIC
13	161-62	0.21		11.9	9.7	50.3	0.45	SD TN-GY FG SILIC
14	162-63	0.12		10.9	12.5	44.5	0.52	SD TN-GY FG-MG SILIC
15	163-64	0.09		8.4	1.2	62.8	0.04	SD GY FG SILIC
	164-165							MISSING CORE
16	165-66	0.15		8.7	10.2	45.2	0.34	SD GY-TN FG SILIC CONGL PYR
17	166-67	0.15		5.7	1.8	46.9	0.04	SD GY FG SILIC CONGL PYR
18	167-68	0.61 F		6.0	8.6	41.4	0.19	SD GY FG SILIC CONGL PYR
19	168-69	0.06		5.0	2.0	65.2	0.04	SD GY FG SILIC SL/CONGL SL/PYR
20	169-70	0.06		4.2	12.4	39.8	0.19	SD TN-GY FG SILIC CONGL
21	170-71	0.06		6.6	38.0	21.3	0.93	SD TN-GY FG SILIC CONGL
22	171-72	0.03		2.5	0.0	59.7		SD GY FG SILIC CONGL

F = FRACTURED PERMEABILITY PLUG.

ST. CROIX EXPLORATION CO. FORMATION : MOSS BACK
 UTAH STATE NO. 1 (SECTION 32) DRG. FLUID: AIR MIST
 WILDCAT LOCATION : NW NE SEC. 32-T24S-R12E
 EMERY COUNTY STATE : UTAH

DATE : 9-6-77
 FILE NO. : RP-2-5423
 ANALYSTS : FD:GO
 ELEVATION: 5289' GL

CONVENTIONAL CORE ANALYSIS

SAMP. NO.	DEPTH	PERM. TO AIR (MD) HORZ. VERTICAL	POR. FLD.	FLUID OIL	SATS. WATER	OIL WT. %	DESCRIPTION
23	172-73 173-177	0.03	2.9	0.0	49.2		SD GY FG SILIC CONGL MISSING CORE
24	177-78	0.40	11.2	15.6	34.7	0.67	SD GY-TN VFG-FG
25	178-79	0.88	14.3	18.6	31.9	1.05	SD GY-TN VFG-FG
26	179-80	0.88	12.4	21.8	31.2	1.05	SD GY-TN VFG-FG SL/SILIC
27	180-81	0.44	10.3	26.3	18.8	1.05	SD GY-TN VFG-FG SL/SILIC
28	181-82	8.8	13.2	20.2	24.5	1.05	SD GY-TN FG SL/SILIC SL/SHY
29	182-83	12	14.1	19.9	19.9	1.12	SD GY-TN FG SL/SILIC SL/SHY
30	183-84	25	15.1	23.4	18.5	1.42	SD GY-TN FG-MG SL/SILIC SL/SHY
31	184-85	5.4	13.0	20.3	24.6	1.05	SD GY-TN FG-MG SL/SILIC
32	185-86	51	12.8	28.4	22.4	1.42	SD GY-TN MG SILIC
33	186-87	38	13.7	27.2	17.7	1.49	SD GY-TN MG SILIC
34	187-88	72	15.0	33.4	13.6	2.02	SD GY-TN FG-MG SILIC
35	188-89	426	13.7	29.7	18.9	1.64	SD GY-TN FG-MG SILIC
36	189-90	698	20.1	23.1	12.0	2.02	SD GY-TN FG-MG SILIC
37	190-91	153	15.9	31.2	17.4	2.02	SD GY-TN FG-MG SILIC
38	191-92	246	15.3	32.7	15.8	2.02	SD GY-TN FG-MG SILIC
39	192-93	242	14.7	28.2	17.9	1.64	SD GY-TN FG-MG SILIC
40	193-94 194-195	172	13.8	34.1	16.4	1.87	SD GY-TN FG-MG SILIC LOST CORE
41	195-96	62	15.3	34.6	19.7	2.09	SD GY-TN FG-MG SILIC
42	196-97	105	12.3	34.1	18.6	1.64	SD GY-TN FG-MG SILIC
43	197-98	105	12.2	36.3	25.2	1.72	SD GY-TN FG-MG SILIC
44	198-99	114	14.2	42.9	21.4	2.39	SD GY-TN FG-MG SILIC
45	199 -0	91	11.2	32.5	25.6	1.42	SU GY-TN FG-MG SILIC

ST. CROIX EXPLORATION CO.
 UTAH STATE NO. 1 (SECTION 32)
 WILDCAT
 EMERY COUNTY

FORMATION : MOSS BACK
 DRLOG. FLUID: AIR MIST
 LOCATION : NW NE SEC. 32-T24S-R12E
 STATE : UTAH

DATE : 9-6-77
 FILE NO. : RP-2-5423
 ANALYSTS : FD:GO
 ELEVATION: 5289' GL

CONVENTIONAL CORE ANALYSIS

SAMP. NO.	DEPTH	PERM. TO AIR (MD)		POR. FLD.	FLUID SATS.		OIL WT. %	DESCRIPTION
		HORZ.	VERTICAL		OIL	WATER		
46	200 -1	19		10.5	29.7	27.8	1.20	SD GY-TN FG-MG SILIC
47	201 -2	7.0		9.1	32.7	30.6	1.12	SD GY-TN MG SILIC
48	202 -3	3.0		9.9	33.8	23.8	1.27	SD GY-TN MG SILIC
49	203 -4	788		19.3	23.8	23.8	1.94	SD GY-TN MG SILIC
50	204 -5	320		18.5	26.9	23.1	2.09	SD GY-TN MG SILIC
51	205 -6	730		21.4	26.0	19.5	2.39	SD GY-TN MG SILIC
52	206 -7	1402		19.8	22.8	16.7	1.94	SD GY-TN MG SILIC
53	207 -8	1486		19.8	21.1	17.6	1.79	SD GY-TN MG SILIC
54	208 -9	1518		16.6	28.5	18.6	1.94	SD GY-TN MG SILIC
55	209-10	1202		11.0	26.4	28.1	1.12	SD GY-TN MG SILIC
56	210-11	25		10.2	30.7	21.1	1.20	SD GY-TN FG-MG SILIC
57	211-12	3.2		6.8	31.8	39.4	0.78	SD GY-TN FG-MG SILIC CONGL
	212-217							LOST CORE
58	217-18	0.09		6.8	13.1	29.2	0.34	SD GY-TN FG-MG SILIC CONGL
59	218-19	12		13.4	14.4	19.2	0.78	SD GY-TN MG SILIC CONGL
60	219-20	155		12.5	37.6	28.2	1.79	SD GY-TN FG-MG SILIC
61	220-21	147		13.0	24.2	14.3	1.27	SD GY-TN FG-MG SILIC

RETORTED OIL GRAVITY:

DEPTH: 191-199 FEET = 19.8 DEG. API
 DEPTH: 200-207 FEET = 20.0 DEG. API
 DEPTH: 208-221 FEET = 20.0 DEG. API



CORE LABORATORIES, INC.

Petroleum Reservoir Engineering

COMPANY ST. CROIX EXPLORATION CO. FIELD WILDCAT FILE RP-2-5423
 WELL UTAH STATE NO. 1 (SECTION 32) COUNTY EMERY DATE 9-6-77
 LOCATION NW NE SEC. 32-T24S-R12E STATE UTAH ELEV. 5289' GL

CORE-GAMMA CORRELATION

These analyses, opinions or interpretations are based on observations and material supplied by the client to whom, and for whose exclusive and confidential use, this report is made. The interpretations or opinions expressed represent the best judgment of Core Laboratories, Inc. (all errors and omissions excepted), but Core Laboratories, Inc. and its officers and employees, assume no responsibility and make no warranty or representations as to the productivity, proper operation, or profitability of any oil, gas or other mineral well or sand in connection with which such report is used or relied upon.

VERTICAL SCALE: 5" = 100'

CORE-GAMMA SURFACE LOG

(PATENT APPLIED FOR)

GAMMA RAY

RADIATION INCREASE →

COREGRAPH

TOTAL WATER

PERCENT TOTAL WATER

80 60 40 20 0

PERMEABILITY

MILLIDARCS

100 50 10 5 1

POROSITY

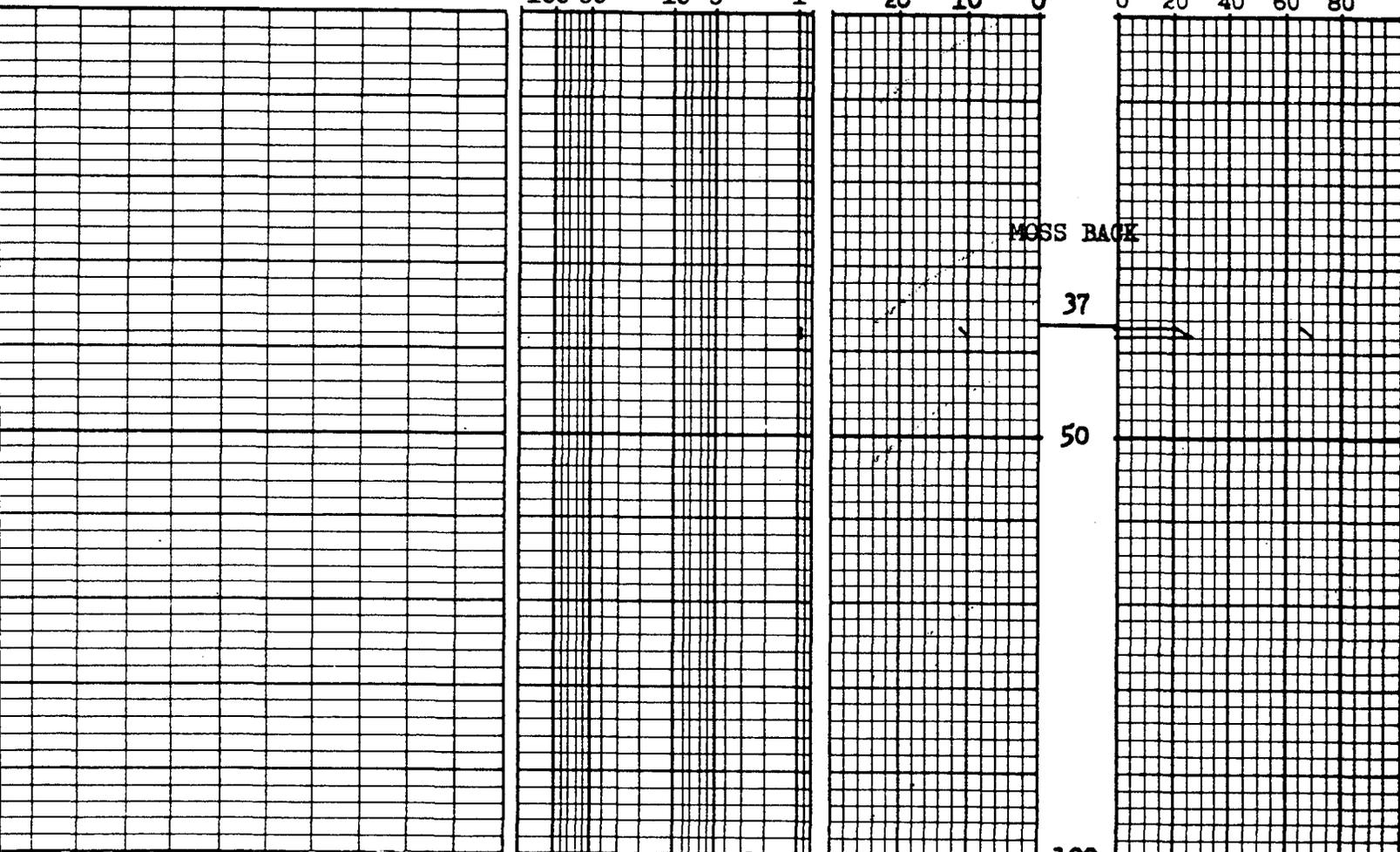
PERCENT

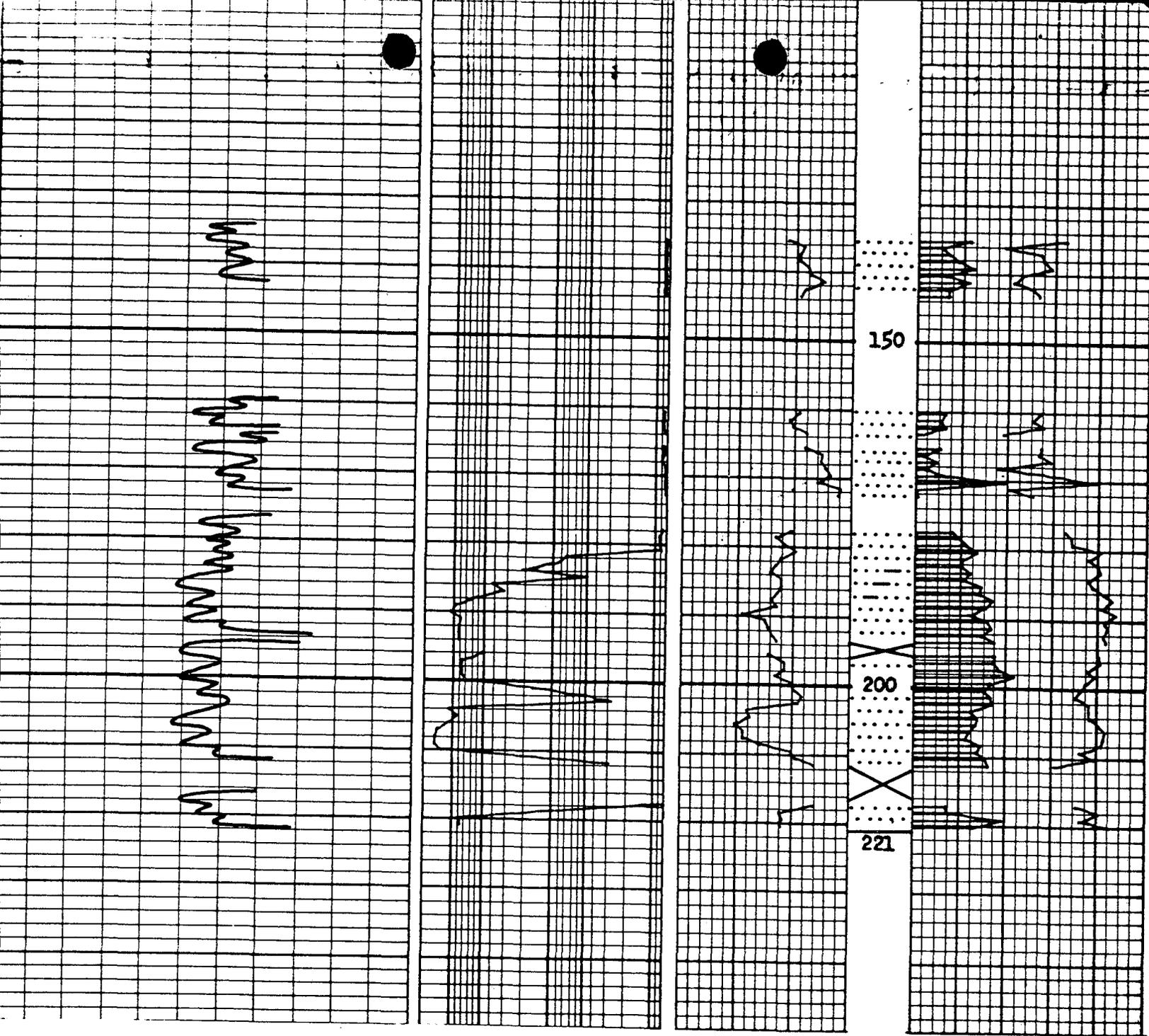
20 10 0

OIL SATURATION

PERCENT PORE SPACE

0 20 40 60 80





CL 529

CORE SUMMARY AND CALCULATED RECOVERABLE OIL

FORMATION NAME AND DEPTH INTERVAL: Moss Back - 177.0-221.0 Feet

FEET OF CORE RECOVERED FROM ABOVE INTERVAL	44	AVERAGE TOTAL WATER SATURATION: PER CENT OF PORE SPACE	22.3
FEET OF CORE INCLUDED IN AVERAGES	38	AVERAGE CONNATE WATER SATURATION: PER CENT OF PORE SPACE	15 (e)
AVERAGE PERMEABILITY: MILLIDARCY	276	OIL GRAVITY: °API	18 (e)
PRODUCTIVE CAPACITY: MILLIDARCY-FEET	10487	ORIGINAL SOLUTION GAS-OIL RATIO: CUBIC FEET PER BARREL	50 (e)
AVERAGE POROSITY: PER CENT	13.8	ORIGINAL FORMATION VOLUME FACTOR: BARRELS SATURATED OIL PER BARREL STOCK-TANK OIL	1.05 (e)
AVERAGE RESIDUAL OIL SATURATION: PER CENT OF PORE SPACE	27.3	CALCULATED ORIGINAL STOCK-TANK OIL IN PLACE: BARRELS PER ACRE-FOOT	864

Calculated maximum solution gas drive recovery is _____ barrels per acre-foot, assuming production could be continued until reservoir pressure declined to zero psig. Calculated maximum water drive recovery is _____ barrels per acre-foot, assuming full maintenance of original reservoir pressure, 100% areal and vertical sweep.

continued until reservoir pressure declined to zero psig. Calculated maximum water drive recovery is barrels per acre-foot, assuming full maintenance of original reservoir pressure, 100% areal and vertical coverage, and continuation of production to 100% water cut. (Please refer to footnotes for further discussion of recovery estimates.)

(c) Calculated (e) Estimated (m) Measured (*) Refer to attached letter.

INTERPRETATION OF DATA

- 135.0-173.0 Feet - Essentially non-productive at analyzed points.
177.0-221.0 Feet - Core analysis characteristics at analyzed points indicate possibility of oil production, however, due to low oil gravity and apparent low gas in solution, production may be difficult by conventional methods.

These recovery estimates represent theoretical maximum values for solution gas and water drive. They assume that production is started at original reservoir pressure; i.e., no account is taken of production to date or of prior drainage to other areas. The effects of factors tending to reduce actual ultimate recovery, such as economic limits on oil production rates, gas-oil ratios, or water-oil ratios, have not been taken into account. Neither have factors been considered which may result in actual recovery intermediate between solution gas and complete water drive recoveries, such as gas cap expansion, gravity drainage, or partial water drive. Detailed predictions of ultimate oil recovery to specific abandonment conditions may be made in an engineering study in which consideration is given to overall reservoir characteristics and economic factors.

These analyses, opinions or interpretations are based on observations and materials supplied by the client to whom, and for whose exclusive and confidential use, this report is made. The interpretations or opinions expressed represent the best judgment of Core Laboratories, Inc. (all errors and omissions excepted); but Core Laboratories, Inc., and its officers and employees assume no responsibility and make no warranty or representation as to the productivity, proper operation, or profitability of any oil, gas or other mineral well or sand in connection with which such report is used or relied upon.



BIRDWELL

Gamma Ray-Neutron

COMPANY ST. CROIX - NUGGET
JOINT VENTURE
 WELL UTAH STATE #1
 FIELD WILDCAT
 COUNTY EMERY STATE UTAH

LOCATION:
 SEC. 36 TWP. 24S RGE. 11E

OTHER SERVICES
V30
PSS

PERMANENT DATUM GROUND LEVEL, ELEV. 5411'
 LOG MEASURED FROM GL 0 Ft. Above Perm. Datum
 DRILLING MEASURED FROM GL

ELEV. K.B. _____
 D.F. _____
 G.L. 5411'

DATE 3-28-77
 RUN NO. ONE
 TYPE LOG GR-NL
 DRILLER 309'
 DEPTH - LOGGER 784'
 BTM. LOG. INTER. 184'
 TOP LOG. INTER. 0'
 TYPE FLUID IN HOLE WATER
 SALINITY PPM CL. N/A
 DENSITY LB./GAL. N/A
 LEVEL FALL
 MAX. REC. TEMP. - °F 64°
 OPER. RIG TIME 1 HR
 RECORDED BY REYNOLDS
 WITNESSED BY MR. TYLER
 LOCATION GRAND JCT

FIELD
 PRINT

RUN NO.	BORE HOLE RECORD				CASING RECORD		
	BIT	FROM	TO	SIZE	WGT.	FROM	TO
1	6"	0	209'	5 1/2"		0	204'

EQUIPMENT DATA

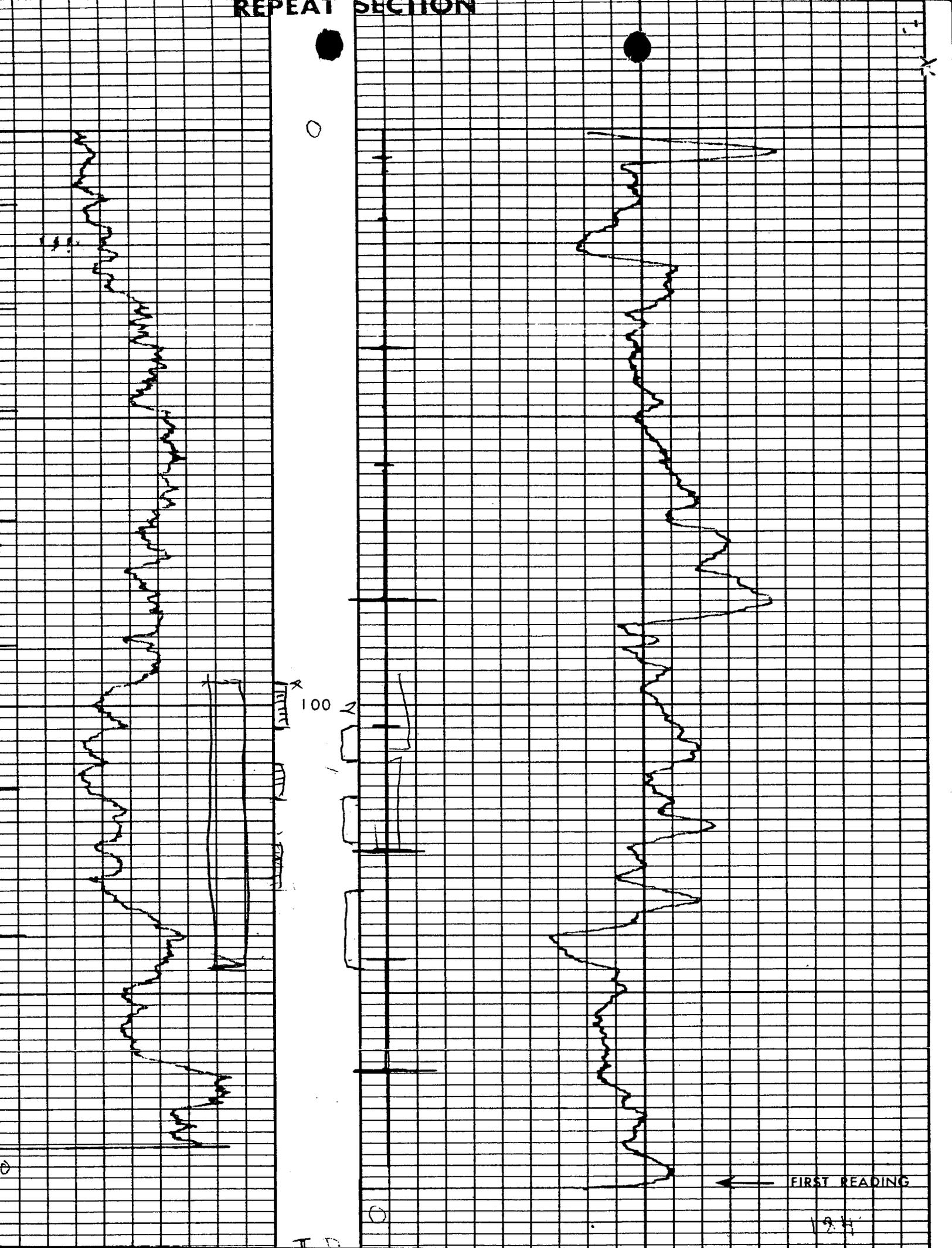
GAMMA RAY		NEUTRON	
RUN NO.	ONE	RUN NO.	ONE
LOG TYPE	NL	LOG TYPE	NL
TOOL MODEL NO.	LALA-8001	TOOL MODEL NO.	LARB-6001
TOOL SERIAL NO.	2	TOOL SERIAL NO.	13
DIAMETER	1 7/16"	DIAMETER	3 5/8"
DETECT. MODEL NO.	E-1056	DETECT. MODEL NO.	GM
TYPE	SCINT	TYPE	6"
LENGTH	2.5'	LENGTH	6"
O. N. SOURCE	101"	SOURCE MODEL NO.	MRC
GENERAL		SERIAL NO.	389
NO.	3016	SPACING	22"
ORDER/INV. NO.	516328	TYPE	Py ²³ BC
		STRENGTH-N/SEC	97X07

LOGGING DATA

GAMMA RAY				NEUTRON			
TC	3	API G.R. UNITS PER LOG DIV.	20	TC	3	CPM FULL SCALE	40x10 ³
ZERO DIV. L. OR R.	-	ZERO DIV. L. OR R.	-	ZERO DIV. L. OR R.	-	PER LOG DIV.	2K/DIV
SPEED FT/MIN	20	SPEED FT/MIN	20				
DEPTHS FROM	0	DEPTHS TO	0				
177		184					

REFERENCE LITERATURE:

REPEAT SECTION



X

100

Y

FIRST READING

1944

continued until reservoir pressure declined to zero psig. Calculated maximum water drive recovery is barrels per acre-foot, assuming full maintenance of original reservoir pressure, 100% areal and vertical coverage, and continuation of production to 100% water cut. (Please refer to footnotes for further discussion of recovery estimates.)

(c) Calculated (e) Estimated (m) Measured (*) Refer to attached letter.

INTERPRETATION OF DATA

- 135.0-173.0 Feet - Essentially non-productive at analyzed points.
177.0-221.0 Feet - Core analysis characteristics at analyzed points indicate possibility of oil production, however, due to low oil gravity and apparent low gas in solution, production may be difficult by conventional methods.

These recovery estimates represent theoretical maximum values for solution gas and water drive. They assume that production is started at original reservoir pressure; i.e., no account is taken of production to date or of prior drainage to other areas. The effects of factors tending to reduce actual ultimate recovery, such as economic limits on oil production rates, gas-oil ratios, or water-oil ratios, have not been taken into account. Neither have factors been considered which may result in actual recovery intermediate between solution gas and complete water drive recoveries, such as gas cap expansion, gravity drainage, or partial water drive. Detailed predictions of ultimate oil recovery to specific abandonment conditions may be made in an engineering study in which consideration is given to overall reservoir characteristics and economic factors.

These analyses, opinions or interpretations are based on observations and materials supplied by the client to whom, and for whose exclusive and confidential use, this report is made. The interpretations or opinions expressed represent the best judgment of Core Laboratories, Inc. (all errors and omissions excepted); but Core Laboratories, Inc. and its officers and employees assume no responsibility and make no warranty or representation as to the productivity, proper operation, or profitability of any oil, gas or other mineral well or sand in connection with which such report is used or relied upon.



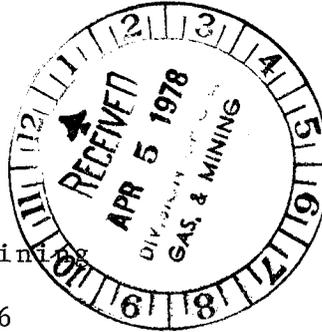
ST. CROIX EXPLORATION COMPANY

7850 Metro Parkway, Suite 102
Bloomington, Minnesota 55420
612 / 854-1787

406 WCCO Radio Building
Minneapolis, Minnesota 55402
612 / 336-9781

April 3, 1978

Ms. Kathy Avila
Records Clerk
State of Utah
Division of Oil, Gas and Mining
1588 West North Temple
Salt Lake City, Utah 84116



Dear Ms. Avila:

RE: Utah State #1 - Sec. 32, T. 24S, R. 12E
Utah State #4 - Sec. 36, T. 24S, R. 11E
Utah State #5 - Sec. 36, T. 24S, R. 11E

As requested in your letter of March 13, 1978, enclosed are completed Form OGC-3, in duplicate, for the above captioned wells.

Sincerely,

Stanley R. Tyler/m.c.

Stanley R. Tyler
Vice President

/mc

Enclosures

2

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

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

5. LEASE DESIGNATION AND SERIAL NO.

ML 33432

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Utah State

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat

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

Sec 32, T 24S, R 12E

12. COUNTY OR PARISH

Emery

13. STATE

Utah

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

5,289' GR

19. ELEV. CASINGHEAD

5,290'

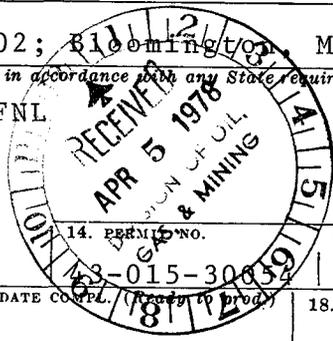
23. INTERVALS DRILLED BY
Rotary Air Tools to TD

25. WAS DIRECTIONAL SURVEY MADE

No

27. WAS WELL CORED

Yes



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
St. Croix Exploration Company

3. ADDRESS OF OPERATOR
7850 Metro Pkwy; Suite 102; Bloomington, MN 55420

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*

At surface 2,680" FWL, 933 FNL

At top prod. interval reported below

At total depth

14. PERMIT NO. DATE ISSUED

015-30852 8/8/77

15. DATE SPUDDED

8/27/77

16. DATE T.D. REACHED

9/1/77

17. DATE COMPL. (Report to prod.)

20. TOTAL DEPTH, MD & TVD

350'

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

22. IF MULTIPLE COMPL., HOW MANY*

23. INTERVALS DRILLED BY
ROTARY TOOLS CABLE TOOLS

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

To be tested

26. TYPE ELECTRIC AND OTHER LOGS RUN

DIL, FDC, GR

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

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
9"		70'	10 3/4"	30 sacks	
5 1/2"		350'	7 7/8"	100 sacks	

29. LINER RECORD

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

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)

31. PERFORATION RECORD (Interval, size and number)

Perf. 181-196' w/30 shots

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
181-196	Acidized w/100 gals

33.* PRODUCTION

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

Continue testing

shut in

DATE OF TEST HOURS TESTED CHOKE SIZE PROD'N. FOR TEST PERIOD OIL—BBL. GAS—MCF. WATER—BBL. GAS-OIL RATIO

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

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

TEST WITNESSED BY

35. LIST OF ATTACHMENTS

FDC-GR, DIL, Core Analysis

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

SIGNED

Monty A. Pyle

TITLE Vice President

DATE 4/3/78

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

INSTRUCTIONS

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

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

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

Item 19: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

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

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

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

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	GEOLOGIC MARKERS	
				NAME	TOP MEAS. DEPTH TRUE VERT. DEPTH
			See Core Analysis	Mossback Firm	160 246

Jim
Mike
CIRCULATE TO:
DIRECTOR
PETROLEUM ENGINEER
MINE COORDINATOR
ADMINISTRATIVE ASSISTANT
ALL
RETURN TO _____
FOR FILMS

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

REPORT OF WATER ENCOUNTERED DURING DRILLING

Well Name & Number Utah State #1

Operator St. Croix Exploration Company

Address 7850 Metro Parkway; Suite 102; Bloomington, Minnesota 55420

Contractor Desert Drilling Company

Address c/o Mr. Howard Leach; Spanish Valley; La Sal Rte; Moab, Utah 84532

Location NW 1/4 NE 1/4; Sec. 32; T. 24 N; R. 12 E; Emery County
S W

Water Sands:

	<u>Depth:</u> From - To -	<u>Volume:</u> Flow Rate or Head -	<u>Quality:</u> Fresh or Salty -
1.	<u>50' - 55'</u>	<u>20 BWPH</u>	<u>Fresh, slightly brackish</u>
2.	<u>80' - 84'</u>	<u>5 BWPH</u>	<u>Brackish</u>
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

(Continue on Reverse Side if Necessary)

Formation Tops:
Chinle - surface
Moss Back - 182' - 252'
Moenkopi - 252' - 350'

- NOTE:
- (a) Upon diminishing supply of forms, please inform this office.
 - (b) Report on this form as provided for in Rule C-20, General Rules and Regulations and Rules of Practice and Procedure.
 - (c) If a water quality analysis has been made of the above reported zone, please forward a copy along with this form.

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

SUBMIT IN TRIPLICATE*
(Bring instructions on reverse side)

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
St-Croix Exploration

3. ADDRESS OF OPERATOR
1360 Shelard Tower, Minneapolis, MN 55426

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface
933F NL; 2680FWL

14. PERMIT NO.
API A3-015-3005A-00

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
5289 Gr.

5. LEASE DESIGNATION AND SERIAL NO.
M 33432

6. IF INDIAN, ALLOTTED OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Utah State

9. WELL NO.
1 (6)

10. FIELD AND POOL, OR WILDCAT

11. SEC., T., R., M., OR BLM. AND SUBVST OR AREA
SEC 32, T24S, R12E

12. COUNTY OR PARISH
Emery

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 checked="" type="checkbox"/>	(Other) _____	(Other) _____

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

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

This well was drilled to a depth of 350' in September of 1977. The Mossback member of the Chinle formation was cored and logged. 245 feet of 5 1/2" casing was set. The well was perforated between 175 and 185 feet with 2 shots per foot. No fluid entry into the well bore was noted. The area study continues to determine the best method to use to test the feasibility of recovering the oil in place.

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

SIGNED *[Signature]* TITLE *Vice Pres*

(This space for Federal or State office use)

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

DATE: *10/20/81*

BY: *[Signature]*



ST. CROIX EXPLORATION COMPANY

~~7850 Minnesota Parkway, Suite 102
Bloomington, Minnesota 55426
612/854-1787~~

1360 Shelard Tower
Minneapolis, MN 55426
612/546-3903

~~406 WCCO Radio Building
Minneapolis, Minnesota 55402
612/336-8787~~

May 28, 1982

RECEIVED
JUN 01 1982

Ms. Cari Furse
State of Utah
Natural Resources & Energy
Oil, Gas & Mining
4241 State Office Building
Salt Lake City, Utah 84114

DIVISION OF
OIL, GAS & MINING

Dear Ms. Furse:

Enclosed are "Sundry Notices and Reports on Wells"
Numbers 3 and 4 in Sec. 36, T24S, R11E and Number 1 (6)
in Sec. 32, T24S, R12E, Emery County, Utah.

Also enclosed is an Electric Log for #2, Sec. 36, T24S,
R11E, Emery County, Utah.

We will be sending you an update the middle of June.
Meanwhile if there is any further information needed,
please let us know. We appreciate your patience.

Sincerely yours,

Stanley R. Tyler
Vice President

Encl.
SRT:jd

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 33432
2. NAME OF OPERATOR St. Croix Exploration		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 1360 Shelard Tower, Minneapolis, MN 55426		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 933FNL, 2680 FWL		8. FARM OR LEASE NAME Utah State
14. PERMIT NO. API 43-015-30054-00	15. ELEVATIONS (Show whether OP, RT, GR, etc.) 5289 Gr	9. WELL NO. 1 (6)
		10. FIELD AND POOL, OR WILDCAT
		11. SEC., T., R., N., OR BLK. AND SUBST OR ABBA Sec 32, T24S, R12E
		12. COUNTY OR PARISH Emery
		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 ACIDISE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>
(Other) <input type="checkbox"/>	<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 and 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.)

No further work is planned until Project Review is completed.

RECEIVED
JUL 07 1982

DIVISION OF
OIL, GAS & MINING

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

SIGNED *Stanley S. Taylor* TITLE Vice President DATE June 30, 1982

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

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

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
St. Croix Exploration

3. ADDRESS OF OPERATOR
1360 Shelard Tower, Minneapolis, MN 55426

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
933FNL, 2680 FWL

14. PERMIT NO.
API 43-015-30054-00

15. ELEVATIONS (Show whether OF, RT, GR, etc.)
5289 Gr

5. LEASE DESIGNATION AND SERIAL NO.
ML 33432

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Utah State

9. WELL NO.
1 (6)

10. FIELD AND POOL, OR WILDCAT

11. SEC., T., R., M., OR BLK. AND SUBST OR AREA
Sec 32, T24S, R12E

12. COUNTY OR PARISH
Emery

13. STATE
Utah

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

NOTICE OF INTENTION TO:

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

SUBSEQUENT REPORT OF:

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

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

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and 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.)

No further work is planned until Project Review is completed.

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

SIGNED Stanley B. Hyle TITLE Vice President DATE 7/30/82

(This space for Federal or State office use)

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

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

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

SUNDRY NOTICES AND REPORTS ON WELLS <small>(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.)</small>		5. LEASE DESIGNATION AND SERIAL NO. ML 33432
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR St. Croix Exploration		7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR 1360 Shelard Tower, Minneapolis, MN 55426		8. FARM OR LEASE NAME Utah State
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 933FNL, 2680 FWL		9. WELL NO. 1 (6)
14. PERMIT NO. API 43-015-30054-00		10. FIELD AND POOL, OR WILDCAT
15. ELEVATIONS (Show whether OF, BT, GR, etc.) 5289 Gr		11. SEC., T., R., M., OR BLK. AND SURVEY OR ABBA Sec 32, T24S, R12E
		12. COUNTY OR PARISH Emery
		13. STATE Utah

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

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

No further work is planned until Project Review is completed.

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

SIGNED Stanley B. Ryker TITLE Vice President DATE 8-30-82

(This space for Federal or State office use)

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

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

SUBMIT IN TRIPLICATE*
(See instructions on reverse side)

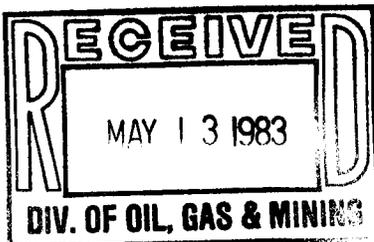
SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. ML 33432																				
2. NAME OF OPERATOR St. Croix Exploration		6. IF INDIAN, ALLOTTEE OR TRIBE NAME																				
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16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		10. FIELD AND POOL, OR WILDCAT																				
<table border="0"> <tr> <td colspan="2">NOTICE OF INTENTION TO:</td> <td colspan="2">SUBSEQUENT REPORT OF:</td> </tr> <tr> <td>TEST WATER SHUT-OFF <input type="checkbox"/></td> <td>PULL OR ALTER CASING <input type="checkbox"/></td> <td>WATER SHUT-OFF <input type="checkbox"/></td> <td>REPAIRING WELL <input type="checkbox"/></td> </tr> <tr> <td>FRACTURE TREAT <input type="checkbox"/></td> <td>MULTIPLE COMPLETE <input type="checkbox"/></td> <td>FRACTURE TREATMENT <input type="checkbox"/></td> <td>ALTERING CASING <input type="checkbox"/></td> </tr> <tr> <td>SHOOT OR ACIDIZE <input type="checkbox"/></td> <td>ABANDON* <input type="checkbox"/></td> <td>SHOOTING OR ACIDIZING <input type="checkbox"/></td> <td>ABANDONMENT* <input type="checkbox"/></td> </tr> <tr> <td>REPAIR WELL <input type="checkbox"/></td> <td>CHANGE PLANS <input checked="" type="checkbox"/></td> <td>(Other) <input type="checkbox"/></td> <td>(Other) <input type="checkbox"/></td> </tr> </table>		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 checked="" type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 32, T24S, R12E
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"/>																			
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REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input checked="" type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>																			
		12. COUNTY OR PARISH Emery																				
		13. STATE Utah																				

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and completion of this work.)
 (NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

No further work is planned until Project Review is completed.



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

SIGNED *Stanley S. Hales* TITLE Vice President DATE 5/10/83

(This space for Federal or State office use)

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

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

SUBMIT IN TRIPLICATE*
(See instructions on reverse side)

21

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 33432
2. NAME OF OPERATOR St. Croix Exploration		6. IF INDIAN, ALLOTTEE OR TRIBAL NAME
3. ADDRESS OF OPERATOR 1360 Shelard Tower, Minneapolis, MN 55426		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 933 FNL, 2680 FWL		8. FARM OR LEASE NAME Utah State
14. PERMIT NO. API 43-015-30054-00	15. ELEVATIONS (Show whether DV, RT, GR, etc.) 5289 Gr	9. WELL NO. 1 (6)
		10. FIELD AND POOL, OR WILDCAT Wildcat
		11. SEC., T., R., M., OR BLK. AND SUBST OR AREA Sec 32, T24S, R12E
		12. COUNTY OR PARISH Emery
		13. STATE Utah

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

NOTICE OF INTENTION TO:

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

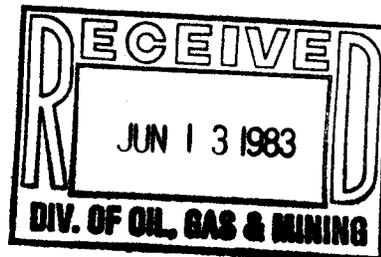
SUBSEQUENT REPORT OF:

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

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

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and 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.)

No further work is planned until Project Review is completed.



18. I hereby certify that the foregoing is true and correct
SIGNED Stanley A. Pyle TITLE Vice President DATE 6/10/83
(This space for Federal or State office use)

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

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

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 33432
2. NAME OF OPERATOR St. Croix Exploration		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 1360 Shelard Tower, Minneapolis, MN 55426		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 933 FNL, 2680 FWL		8. FARM OR LEASE NAME Utah State
14. PERMIT NO. API 43-015-30054-00		9. WELL NO. 1 (6)
15. ELEVATIONS (Show whether OF, RT, GR, etc.) 5289 Gr		10. FIELD AND POOL, OR WILDCAT Wildcat
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 32, T24S, R12E
		12. COUNTY OR PARISH 13. STATE Emery Utah

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

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

No further work is planned until Project Review is completed.

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

SIGNED Stanley R. Tyler TITLE Vice President DATE July 11, 1983

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____

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

SUBMIT IN TRIPLICATE*
(See instructions on reverse side)

SUNDRY NOTICES AND REPORTS ON WELLS

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

<p>1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR St. Croix Exploration</p> <p>3. ADDRESS OF OPERATOR 1360 Shelard Tower, Minneapolis, MN 55426</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 933 FNL, 2680 FWL</p>		<p>5. LEASE DESIGNATION AND SERIAL NO ML 33432</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME Utah State</p> <p>9. WELL NO. 1 (6)</p> <p>10. FIELD AND POOL, OR WILDCAT Wildcat</p> <p>11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Sec 32, T24S, R12E</p> <p>12. COUNTY OR PARISH Emery</p> <p>13. STATE Utah</p>
<p>14. PERMIT NO. API 43-014-30054-00</p>	<p>15. ELEVATIONS (Show whether DF, ST, GR, etc.) 5289 Gr</p>	

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

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

(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 and 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.)*

No further work is planned until Project Review is completed.

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

SIGNED Stanley R. Rife TITLE Vice President DATE 8/10/83

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____

*See Instructions on Reverse Side

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

14

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		3. LEASE DESIGNATION AND SERIAL NO ML 33432
2. NAME OF OPERATOR St. Croix Exploration		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 1360 Shelard Tower, Minneapolis, MN 55426		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 933FNL, 2680 FWL		8. FARM OR LEASE NAME Utah State
14. PERMIT NO. API 43-015-30054-00	15. ELEVATIONS (Show whether OF, RT, GR, etc.) 5289 Gr.	9. WELL NO. 1 (6)
		10. FIELD AND POOL, OR WILDCAT
		11. SEC., T., R., M., OR B.L. AND SURVEY OR AREA Sec 32, T24S, R12E
		12. COUNTY OR PARISH Emery
		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) <input type="checkbox"/>	<input checked="" type="checkbox"/>		

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No further work is planned until Project Review is completed.



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

SIGNED [Signature] TITLE Vice President DATE 9/09/83

(This space for Federal or State office use)

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

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

REMIT IN TRIPLICATE*
(other instructions on reverse side)

M

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.)

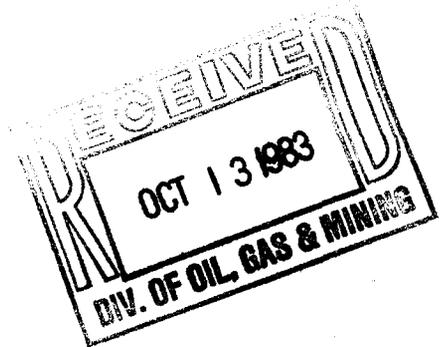
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. ML 33432	
2. NAME OF OPERATOR St. Croix Exploration		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
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14. PERMIT NO. API 43-014-30054-00		9. WELL NO. 1 (6)	
15. ELEVATIONS (Show whether OF, RT, GR, etc.) 5289 Gr.		10. FIELD AND POOL, OR WILDCAT Wildcat	
		11. SEC., T., E., M., OR B.L. AND SURVEY OR AREA Sec 32. T24S, R12E	
		12. COUNTY OR PARISH Emery	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"/>		<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input checked="" type="checkbox"/>	(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)			

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No further work is planned until Project Review is completed.



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

SIGNED *Shelley K. Taylor* TITLE Vice President DATE 10/10/83

(This space for Federal or State office use)

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

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

2
SUBMIT IN TRIPLICATE*
(See instructions on reverse side)

SUNDRY NOTICES AND REPORTS ON WELLS

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

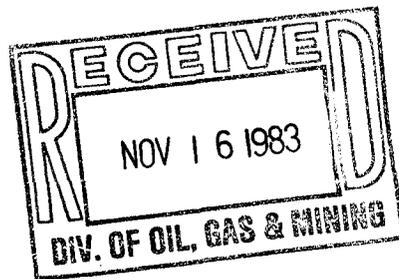
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. ML 33432																				
2. NAME OF OPERATOR St. Croix Exploration		6. IF INDIAN, ALLOTTEE OR TRIBE NAME																				
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14. PERMIT NO. API 43-014-30054-00	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5289 Gr.	9. WELL NO. 1 (6)																				
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		10. FIELD AND POOL, OR WILDCAT Wildcat																				
<table border="0"> <tr> <td colspan="2">NOTICE OF INTENTION TO:</td> <td colspan="2">SUBSEQUENT REPORT OF:</td> </tr> <tr> <td>TEST WATER SHUT-OFF <input type="checkbox"/></td> <td>PULL OR ALTER CASING <input type="checkbox"/></td> <td>WATER SHUT-OFF <input type="checkbox"/></td> <td>REPAIRING WELL <input type="checkbox"/></td> </tr> <tr> <td>FRACTURE TREAT <input type="checkbox"/></td> <td>MULTIPLE COMPLETE <input type="checkbox"/></td> <td>FRACTURE TREATMENT <input type="checkbox"/></td> <td>ALTERING CASING <input type="checkbox"/></td> </tr> <tr> <td>SHOOT OR ACIDIZE <input type="checkbox"/></td> <td>ABANDON* <input type="checkbox"/></td> <td>SHOOTING OR ACIDIZING <input type="checkbox"/></td> <td>ABANDONMENT* <input type="checkbox"/></td> </tr> <tr> <td>REPAIR WELL <input type="checkbox"/></td> <td>CHANGE PLANS <input checked="" type="checkbox"/></td> <td>(Other) _____</td> <td>(Other) _____</td> </tr> </table>		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 checked="" type="checkbox"/>	(Other) _____	(Other) _____	11. SEC., T., R., M., OR BLM, AND SURVEY OR AREA Sec 32, T24S, R12E
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TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>																			
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REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input checked="" type="checkbox"/>	(Other) _____	(Other) _____																			
		12. COUNTY OR PARISH Emery																				
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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 checked="" type="checkbox"/>	(Other) _____	(Other) _____

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No further work is planned until Project Review is completed.



18. I hereby certify that the foregoing is true and correct
SIGNED Bj Camp TITLE Vice President DATE 11/14/83
(This space for Federal or State office use)

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

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

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 33432
2. NAME OF OPERATOR St. Croix Exploration		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 1360 Shelard Tower, Minneapolis, MN 55426		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 933' FNL, 2680 FWL		8. FARM OR LEASE NAME Utah State
14. PERMIT NO. API 43-015-30054-00		9. WELL NO. 1 (6)
15. ELEVATIONS (Show whether OF, RT, OR, etc.) 5289 Gr.		10. FIELD AND POOL, OR WILDCAT Wildcat
		11. SEC., T., R., M., OR B.LK. AND SURVEY OR AREA Sec 32, T24S, R11E
		12. COUNTY OR PARISH Emery
		18. STATE Utah

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

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No further work is planned until Project Review is completed.

RECEIVED
DEC 19 1983

DIVISION OF
OIL, GAS & MINING

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

SIGNED Stanley A. Taylor TITLE Vice President DATE 12/12/83

(This space for Federal or State office use)

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

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

SUBMIT IN TRIPLICATE*
(See instructions on reverse side)

SUNDRY NOTICES AND REPORTS ON WELLS

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1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. ML 33432
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NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	(Other) _____
(Other) _____	XX	(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 and completion to this work.) *

No further work is planned until Project Review is completed.

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

SIGNED *Monty J. Kyle* TITLE Vice President DATE 1/12/84
(This space for Federal or State office use)

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

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

SUNDRY NOTICES AND REPORTS ON WELLS

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16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		11. SEC., T., R., M., OR BLE. AND SUBST OR AREA Sec 32, T24S, R11E
NOTICE OF INTENTION TO:		12. COUNTY OR PARISH 13. STATE Emery Utah

TEST WATER SHUT-OFF <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> SHOOT OR ACIDIZE <input type="checkbox"/> REPAIR WELL <input type="checkbox"/> (Other) <input type="checkbox"/>	FULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETE <input type="checkbox"/> ABANDON* <input type="checkbox"/> CHANGE PLANN <input checked="" type="checkbox"/>
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WATER SHUT-OFF <input type="checkbox"/> FRACTURE TREATMENT <input type="checkbox"/> SHOOTING OR ACIDIZING <input type="checkbox"/> (Other) <input type="checkbox"/>	SUBSEQUENT REPORT OF: REPAIRING WELL <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> ABANDONMENT* <input type="checkbox"/>
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17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting 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.)

No further work is planned until Project Review is completed.



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

SIGNED Stanley B. Hughes TITLE V. Pres. DATE 2-14-84

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____

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

3 COPIES IN TRIPLICATE*
(Other instructions on reverse side)

SUNDRY NOTICES AND REPORTS ON WELLS

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

5. LEASE DESIGNATION AND SERIAL NO. ML. 33432
6. IF INDIAN, ALLOTTED OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME Utah State
9. WELL NO. 1 (6)
10. FIELD AND POOL, OR WILDCAT Wildcat
11. SEC., T., R., M., OR BLK. AND SURVEY OR ASSE. Sec 32, T24S, R11E
12. COUNTY OR PARISH Emery
13. STATE Utah

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	
2. NAME OF OPERATOR St. Croix Exploration	
3. ADDRESS OF OPERATOR 1360 Shelard Tower, Minneapolis, MN 55426	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 933' FNL, 2680 FWL	
14. PERMIT NO. API 43-015-30054-00	15. ELEVATIONS (Show whether OF, ST, GR, etc.) 5289 Gr.

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) <input type="checkbox"/>
(Other) <input type="checkbox"/>	<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 and 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.)*

No further work is planned until Project Review is completed.

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

SIGNED B. J. Carah TITLE V.P. DATE 3/13/84

(This space for Federal or State office use)

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

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

SUNDRY NOTICES AND REPORTS ON WELLS

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

<p>1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR St. Croix Exploration</p> <p>3. ADDRESS OF OPERATOR 1360 Shelard Tower, Minneapolis, MN 55426</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 933' FNL, 2680 FWL</p>		<p>5. LEASE DESIGNATION AND SERIAL NO. ML 33432</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME Utah State</p> <p>9. WELL NO. 1 (6)</p> <p>10. FIELD AND POOL, OR WILDCAT Wildcat</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 32, T24S, R11E</p> <p>12. COUNTY OR PARISH Emery</p> <p>13. STATE Utah</p>
<p>14. PERMIT NO. API 43-015-30054-00</p>	<p>15. ELEVATIONS (Show whether OF, RT, OR, etc.) 5289 Gr.</p>	

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

No further work is planned until Project Review is completed.

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

SIGNED Stanley A. Hyles TITLE Vice Pres. DATE 1-10-84

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
 COORDINATOR'S OF APPROVAL, IF ANY:

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

SUBMIT IN DUPLICATE*
(Other instructions on reverse side)

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
St. Croix Exploration

3. ADDRESS OF OPERATOR
430 First Avenue North, Suite #640, Minneapolis, MN 55401

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

933' FNL, 2680' FWL

14. PERMIT NO. API 43-015-30054-00

15. ELEVATIONS (Show whether SF, ST, GR, etc.)
5289 Gr.

5. LEASE DESIGNATION AND SERIAL NO.
ML 33432

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Utah State

9. WELL NO.
1 (6)

10. FIELD AND POOL, OR WILDCAT
Wildcat

11. SEC., T., R., M., OR B.L.K. AND SURVEY OR AREA
Sec 32, T24S, R11E

12. COUNTY OR PARISH
Emery

13. STATE
Utah

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

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

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No further work is planned until Project Review is completed.

RECEIVED
MAY 14 1984
DIVISION OF OIL
& GAS & MINING

18. I hereby certify that the foregoing is true and correct
SIGNED Stanley A. Miller TITLE Vice President DATE 5/11/84

(This space for Federal or State office use)

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

*See instructions on Reverse Side

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

SUBMIT IN TRIPLICATE*
 (Other instructions on reverse side)

SUNDRY NOTICES AND REPORTS ON WELLS

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1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. ML 33432
2. NAME OF OPERATOR St. Croix Exploration		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 430 First Avenue North, Suite #640, Minneapolis, MN 55401		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 933' FNL, 2680' FWL		8. FARM OR LEASE NAME Utah State
14. PERMIT NO. API 43-015-30054-00	15. ELEVATIONS (Show whether DF, ST, OR, etc.) 5289 Gr.	9. WELL NO. 1 (6)
		10. FIELD AND POOL, OR WILDCAT Wildcat
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FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDISE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDISING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <input type="checkbox"/>	<input checked="" type="checkbox"/> XX	(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

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No further work is planned until Project Review is completed.

RECEIVED
 JUN 11 1984
 DIVISION OF OIL
 GAS & MINING.

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

SIGNED *Stanley A. Miller* TITLE Vice President DATE 6/8/84

(This space for Federal or State office use)

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

*See instructions on Reverse Side

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

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

SUNDRY NOTICES AND REPORTS ON WELLS

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		13. STATE Utah

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TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
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No further work is planned until Project Review is completed.

RECEIVED

JUL 13 1984

DIVISION OF OIL
GAS & MINING

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

SIGNED Stanley A. Miller TITLE Vice President DATE 7/11/84

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

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

SUBMIT IN TRIPLICATE*
(Other instructions on
reverse side)

SUNDRY NOTICES AND REPORTS ON WELLS

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

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2. NAME OF OPERATOR St. Croix Exploration		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
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14. PERMIT NO. API 43-015-30054-00	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5289 Gr.	9. WELL NO. 1 (6)
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		11. SEC., T., S., R., OR BLK. AND SURVEY OR AREA Sec 32, T24S, R11E
		12. COUNTY OR PARISH 13. STATE Emery Utah

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

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FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>
(Other) <input type="checkbox"/>	<input checked="" type="checkbox"/> XX	(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

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No further work is planned until Project Review is completed.

RECEIVED

AUG 13 1984

DIVISION OF OIL
GAS & MINING

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

SIGNED Thomas A. Miller TITLE Vice President DATE August 10, 1984

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

RAINY RIVER RESOURCES

430 1ST AVENUE NORTH, SUITE 640
MINNEAPOLIS, MINNESOTA 55401
612/343-0310

September 20, 1984

Ms. Vicki Carney
Natural Resources & Energy
Division of Oil, Gas & Mining
4241 State Office Building
Salt Lake City, Utah 84114

Dear Ms. Carney:

Enclosed please find a letter from Mr. Stanley R. Tyler, president of St. Croix Exploration, regarding the six wells in Emery County, Utah.

I hope this is satisfactory in answering your questions about the status of the wells. As always, please contact us with any questions that may arise.

Sincerely,



Patrice M. Carlson

Enclosure

:pmc

RECEIVED

SEP 24 1984

**DIVISION OF OIL
GAS & MINING**

RAINY RIVER RESOURCES

430 1ST AVENUE NORTH, SUITE 640
MINNEAPOLIS, MINNESOTA 55401
612/343-0310

September 20, 1984

State of Utah
Natural Resources & Energy
Division of Oil, Gas & Mining
4241 State Office Building
Salt Lake City, Utah 84114

RE: Monthly Production Reports
Emery County, Utah

Gentlemen:

During our drilling activities in Emery County (dba St. Croix Exploration) which began in 1977 and continues to the present time, we have encountered oil saturation in five (5) to seven (7) zones of interest ranging from the Mossback sandstone member of the Chinle formation, the Moenkopi sands and limestones and the Permian, Kaibab limestone.

Early drilling and core analyses gave significant figures for oil in place in the Mossback sand, ranging from 500 to 945 barrels of oil per acre foot in place. The gravity of this oil varied between 17° and 27° API.

Drilling to the deeper zones of interest confirmed additional oil accumulation in sands and limestones.

It became obvious there was a lack of reservoir energy in these formations. We drilled at varying depths and locations in an effort to prove reservoir continuity and possibly establish primary commercial oil production.

Pipe was set on several wells and they were perforated. Unfortunately this did not establish production through normal completion activities.

We became interested in determining what methods were available to the industry for recovering low gravity oil. This led to research into the many techniques available. This took time, but has helped in developing a microwave test program that is expected to start late this year.

September 20, 1984
State of Utah
Page Two

The wells previously drilled have been left in a condition to permit reentry in order to test the research tools.

We have not established commercial production from any of our wells and would prefer to list them as temporarily shut-in. Upon establishing production we will promptly file monthly production reports.

Sincerely,

A handwritten signature in cursive script, reading "Stanley R. Tyler". The signature is written in dark ink and is positioned above the typed name and title.

Stanley R. Tyler
President

SRT:pmc

RECEIVED
DEC 05 1984



SCOTT M. MATHESON
GOVERNOR

DC
ED

STATE OF UTAH
DEPARTMENT OF COMMUNITY AND
ECONOMIC DEVELOPMENT

December 3, 1984

DIVISION OF
OIL, GAS & MINING

Division of
State History
(UTAH STATE HISTORICAL SOCIETY)

MELVIN T. SMITH, DIRECTOR
300 RIO GRANDE
SALT LAKE CITY, UTAH 84101-1182
TELEPHONE 801/533-5755

St. Croix Exploration
AKA Rainy River Resources
430 1st Ave. N., Suite 640
Minneapolis, Minnesota 55041

Dear Sirs,

Please be advised that we have received a report from the Bureau of Land Management, Price, Utah, that an archeological site may have been disturbed on your lease in Sec. 32, T24S, R12E, in Emery County, Utah. You may know that archeological sites are protected by law.

We would like any information regarding the authenticity of the report. We intend to visit the location of your drill site when weather and time will allow. I have been advised by the Utah State Division of Oil, Gas and Mining that all leasees have now been advised that cultural resource clearances are required before ground disturbance activities are allowed to proceed.

Your assistance is appreciated.

Sincerely,

La Mar W. Lindsay
Assistant State Archeologist

LWL:rh

cc: Ms. Arlene Sollis, Utah State Division of Oil, Gas, and Mining ✓

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

111924

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Permission to Plug & Abandon		3. LEASE DESIGNATION AND SERIAL NO. ML 33432
2. NAME OF OPERATOR Rainy River Resources dba St. Croix Exploration		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 430 1st Ave. N. Suite 640, Minneapolis, MN 55401		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface		8. FARM OR LEASE NAME Utah State
14. PERMIT NO. API 43-015-30054-00		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5289 GR		10. FIELD AND POOL, OR WILDCAT
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 32, T24S, R12E
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.)*		12. COUNTY OR PARISH Emery
		18. STATE Utah

NOV 10 1986

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

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

Plan for Plugging and Abandon Well #1
Reason: No Commercial production

Move in and rig up rig. RIH w bailer to TD and check for fluid. If hole filled or partially filled with water, proceed with P & A. If oil is recovered, check quantity of oil in wellbore and report to Rainy River Resources for futher instructions.

Set 30 sack plug from TD - 350 to Approx. 150'. Fill hole with drilling mud. Cut off casing and set 10 sacks surface plug.

Cut off surface casing 3 1/2 feet below ground level. Fill hole with drilling mud. Set 10 sack surface plug. Weld on plate and dry hole markers. Reclaim location.

18. I hereby certify that the foregoing is true and correct
SIGNED Stanley B. Taylor TITLE Pres. DATE 11-6-86
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY: _____
APPROVED BY THE STATE OF UTAH DIVISION OF OIL, GAS, AND MINING
DATE: 11-17-86
BY: John R. Bays
*See Instructions on Reverse Side

Macdonald Resources, Inc.

6662 East Long Avenue
Englewood, CO 80112
(303) 694-9447

February 21, 1987

RECEIVED
MAR 02 1987

**DIVISION OF
OIL, GAS & MINING**

Mr. John Baza, Petroleum Engineer
State of Utah
Division of Oil, Gas, & Mining
3 Triad Center, Ste. 350
Salt Lake City, Utah 84180-1203

re: Rainy River Resources dba St. Croix Exploration
Sundry Notices & Reports on Well Abandonments
in Emery County Utah

Dear Mr. Baza:

On behalf of Rainy River Resources, we have enclosed
Sundry Notices & Reports for the nine wells which were
recently abandoned.

Yours truly,



Bruce N. Gies

Encl.

cc: Mr. Stan Tyler
Rainy River Resources

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

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

030402

2
SOW

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Abandonment		5. LEASE DESIGNATION AND SERIAL NO. ML 33432
2. NAME OF OPERATOR Rainy River Resources dba St. Croix Exploration		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 430 1st Ave. N. Suite 640, Minneapolis, MN 55401		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface		8. FARM OR LEASE NAME Utah State
14. PERMIT NO. API 43-015-30054-00		9. WELL NO. #1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5289 GR		10. FIELD AND POOL, OR WILDCAT
		11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA Sec. 32, T24S, R12E
		12. COUNTY OR PARISH Emery
		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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

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

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

Feb. 13, 1987 - Rig up @ Well #1, pull 6 joints & cutoff of 2-7/8" tubing total length 204.77 ft. Ran bailer test, fluid level 210 ft. from surface, fluid was water. RIH w drill pipe, tag bottom @ 210 ft. Mix & pump 21 sack cement plug which filled hole to surface with cement slurry. Install dryhole marker.

RECEIVED
MAR 02 1987

DIVISION OF
OIL, GAS & MINING

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

SIGNED B.N. Gies TITLE Consultant DATE 2-26-87

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

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

DATE: 3-3-87
BY: [Signature]

Pat:

This does fall into
Sec. 35 - Sec. 31 is
a passwork - see
attached topog. map
the survey is sent -

Is it a legit topog.
exception —

Scherie
OK PGP