

FILE NOTATIONS

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

Checked by Chief
Approval Letter
Disapproval Letter

COMPLETION DATA:

Date Well Completed
SIOW ✓ WW..... TA.....
GW..... OS..... PA.....

Location Inspected
Bond released
State or Fee Land

LOGS FILED

Driller's Log ✓
Electric Logs (No.) ✓
E..... I..... Dual I Lat..... GR-N..... Micro.....
BNC Sonic GR..... Lat..... MI-L..... Sonic.....

St. Croix Exploration Company

1210 Commerce Building 7850 Metro Pkwy; Suite 102

St. Paul, Minnesota 55101 Bloomington, MN 55420

612/222-6391 612/854-1787

petroleum ventures

*No No
Too Close
to existing
wells
Jaron H. Lox*

June 30, 1977

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

Gentlemen:

Enclosed are two applications for permit to drill in Emery County, Utah. The attached location plat has been confirmed by a registered surveyor as indicated.

We understand that you have given verbal approval for the #5 location. We further understand that you requested this location be surveyed. The attached plat should provide the necessary data and meet your requirements.

If any additional information should be required, please contact us.

Very truly yours,

ST. CROIX EXPLORATION

Stanley R. Tyler

Stanley R. Tyler
Vice President

/mc

Enclosures

*Have not
received any info
on last two
holes #1 & #2*

*Never have
seen APP Gov #3*

*Pat -
Did you
approve this?*

No



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

5. Lease Designation and Serial No.

ML 33432

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

6. If Indian, Allottee or Tribe Name

1a. Type of Work

DRILL

DEEPEN

PLUG BACK

7. Unit Agreement Name

b. Type of Well

Oil Well

Gas Well

Other

Single Zone

Multiple Zone

8. Farm or Lease Name

Utah State

2. Name of Operator

St. Croix Exploration

9. Well No.

5

3. Address of Operator

2471 Angell Road, St. Paul, Minnesota 55118

10. Field and Pool, or Wildcat

Wildcat

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

2164' FWL & 2668' FNL
At proposed prod. zone

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

Sec. 36, T. 24 S., R. 11 E

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

21 miles north - Hanksville

12. County or Parrish 13. State

Emery Utah

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.

630' (#1)

19. Proposed depth

250'

20. Rotary or cable tools

Rotary

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

5382' GR

22. Approx. date work will start*

On receipt of permit

28. 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.	250'	100 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 A. Taylor Title: Vice President Date: 6/30/77

(This space for Federal or State office use)

Permit No: 43-015-300 Approval Date: _____

Approved by: 55 Title: _____ Date: _____

Conditions of approval, if any:



NOTE: ELEVATIONS ADDED DEC. 29, 1976

S T. C R O I X E X P L O R A T I O N S

DRILL HOLE LOCATIONS

Job no. 1008

Scale: 1" = 1000'

Drawn by ADJ, TRC

Date: December, 1976

Approved by

Date:

Sanders Associates Inc.

10 West Center Street

Kaysville, Utah

84037

STATE OF UTAH
DIVISION OF OIL, GAS, AND MINING

** FILE NOTATIONS **

Date: July 6 -
Operator: St. Croix Exploration
Well No: Ut. State #5
Location: Sec. 36 T. 24S R. 11E County: Cuery

File Prepared API No.
Card Indexed Entered on N.I.D.
Completion Sheet

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

INCLUDE WITHIN APPROVAL LETTER:
Bond Required Survey Plat Required
Order No. 170-1 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:

Approved by
Baudin 8/24

Letter Written/Approved

August 30, 1977

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

Re: Well No. Utah State #5,
Sec. 36, T. 24 S, R. 11 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 the Order issued by the Board of Oil, Gas, and Mining on August 24, 1977, in Cause No. 170-1.

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

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.

The API number assigned to this well is 43-015-30053.

Very truly yours,
DIVISION OF OIL, GAS, AND MINING

CLEON B. FEIGHT
Director

cc: Division of State Lands



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

February 21, 1978



Mr. Patrick L. Driscoll
Chief Petroleum Engineer
State of Utah
Division of Oil, Gas and Mining
1588 West North Temple
Salt Lake City, Utah 84116

Dear Mr. Driscoll:

UT ST.
#4

As you requested we are summarizing the current status of the wells we have drilled in Section 36, T 24S, R 11# and Section 32, T 24S, R 12E. At the present time, these wells are all shut-in pending completion of the evaluation of the geology and well performance.

Ut. State #1

We have attempted to use an electrical heater in the wells with inconclusive results. This activity has lead to intermittent work in each well, since they have been drilled on a month by month basis.

We have since drilled the Utah State #5 well to total depth. This well is currently shut-in. Within the near future, we will send the necessary State summary as required, to your attention.

Sincerely,

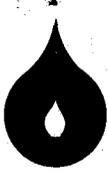
ST. CROIX EXPLORATION

Stanley R. Tyler

Stanley R. Tyler
Vice President

:mc

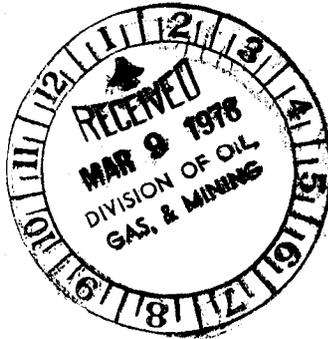
APPROVED BY THE DIVISION OF
OIL, GAS, AND MINING
DATE Feb 23 1978
DR. *Ph Small*



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



P

March 7, 1978

Mr. Patrick L. Driscoll
Chief Petroleum Engineer
State of Utah
Department of Natural Resources
Division of Oil, Gas and Mining
1588 West North Temple
Salt Lake City, Utah 84116

RE: FEBRUARY 1978 STATUS REPORT

Dear Mr. Driscoll:

Enclosed is February's status report concerning our wells in Emery County, Utah.

We are preparing to resume activities in the near future and are planning on evaluating the reservoir characteristics in some detail during the spring and summer.

If you have any questions, please do not hesitate to contact our office.

Very truly yours,

ST. CROIX EXPLORATION CO.

Stanley R. Tyler,
Vice President

SRT:ds
Enc.

P

STATUS REPORT
FOR
MONTH OF FEBRUARY
1978

March 7, 1978

ST. CROIX EXPLORATION COMPANY - Operator

WELLS:

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

CLEON B. FEIGHT
Director

DIVISION OF OIL, GAS, AND MINING

1588 West North Temple
Salt Lake City, Utah 84116

(801) 533-5771

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

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

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.
5

10. FIELD AND POOL, OR WILDCAT
Wildcat

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA
Sec 36, T 24S, R 11E

12. COUNTY OR PARISH
Emery

13. STATE
Utah

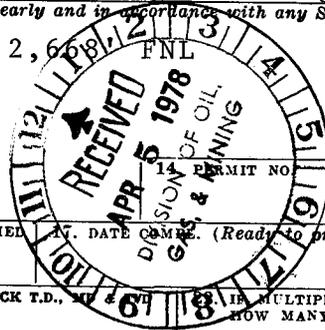
1a. TYPE OF WELL: OIL WELL GAS WELL DRY Other _____

b. TYPE OF COMPLETION: NEW WELL WORK OVER DEEP-EN PLUG BACK DIFF. RESVR. Other waiting on further testing

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 2,164' FWL, 2,668' FNL
At top prod. interval reported below
At total depth



14. PERMIT NO. _____ DATE ISSUED _____

15. DATE SPUDDED 12/26/77 16. DATE T.D. REACHED 1/1/78 17. DATE COMB. (Ready to prod.) _____ 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 5,382 Gr 19. ELEV. CASINGHEAD 5,383'

20. TOTAL DEPTH, MD & TVD 182 21. PLUG, BACK T.D., MD & TVD _____ 22. MULTIPLE COMPL., HOW MANY* _____ 23. INTERVALS DRILLED BY ROTARY TOOLS CABLE TOOLS
Rotary Air Tools to TD

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

25. WAS DIRECTIONAL SURVEY MADE
No

26. TYPE ELECTRIC AND OTHER LOGS RUN
Compensated Neutron

27. WAS WELL CORED
Yes

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

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
7" csg		128'	9 3/4"	40 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)
Open hole 128-182'

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED

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
Compensated Neutron - core analysis

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

SIGNED [Signature] TITLE Vice President DATE 4/3/78

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



CORE LABORATORIES, INC.

Petroleum Reservoir Engineering

COMPANY ST. CROIX EXPLORATION FIELD UNDESIGNATED FILE FP-2-5504
 WELL UTAH STATE NO. 5 COUNTY EMERY DATE 1-9-78
 LOCATION SEC. 36-T24S-R11E STATE UTAH ELEV. 5386' 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

MILLIDARCY

100 50 10 5 1

POROSITY

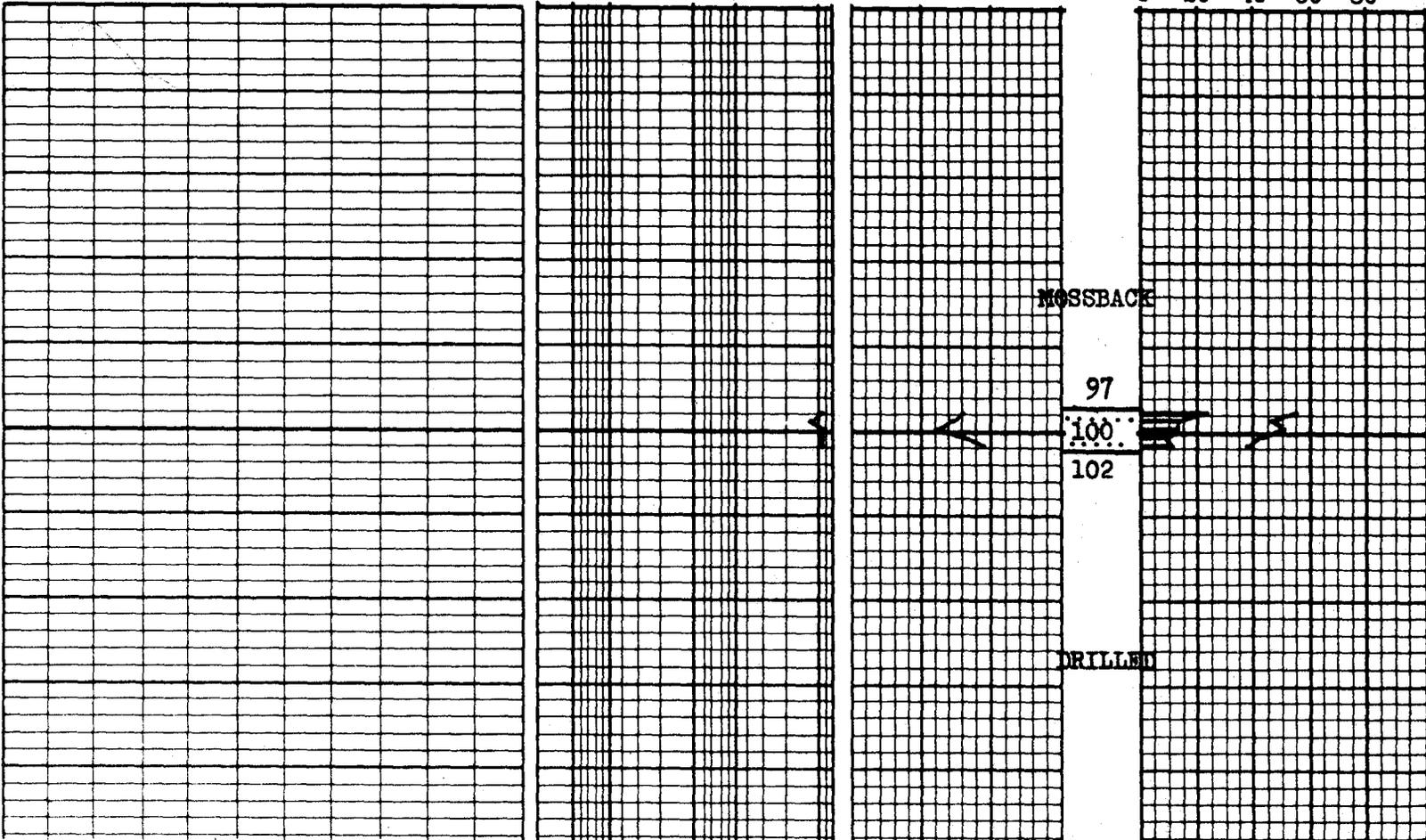
PERCENT

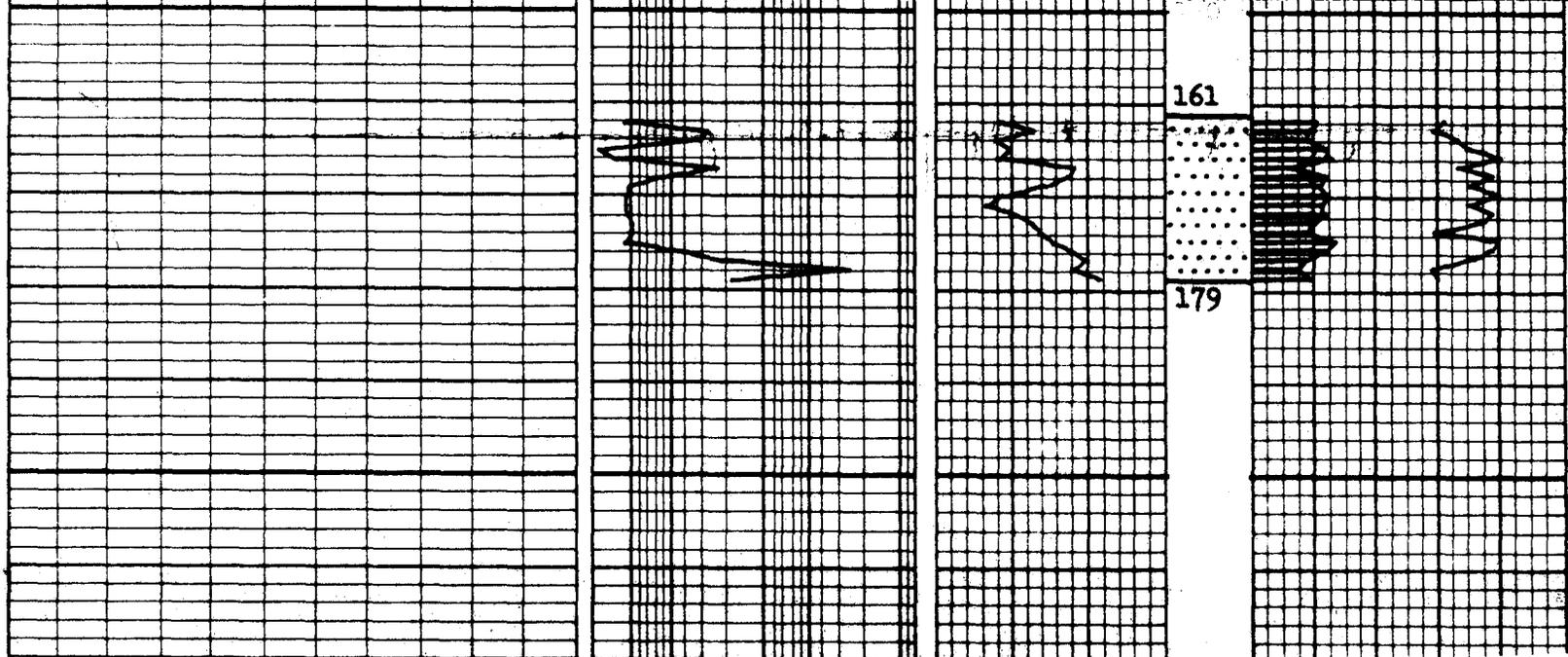
20 10 0

OIL SATURATION

PERCENT PORE SPACE

0 20 40 60 80





CORE SUMMARY AND CALCULATED RECOVERABLE OIL

FORMATION NAME AND DEPTH INTERVAL: **Mossback - 161.0-179.0 Feet**

FEET OF CORE RECOVERED FROM ABOVE INTERVAL	18	AVERAGE TOTAL WATER SATURATION: PER CENT OF PORE SPACE	31.1
FEET OF CORE INCLUDED IN AVERAGES	18	AVERAGE CONNATE WATER SATURATION: PER CENT OF PORE SPACE	25 (*)
AVERAGE PERMEABILITY: MILLIDARCY'S	317	OIL GRAVITY: °API	20 (*)
PRODUCTIVE CAPACITY: MILLIDARCY-FEET	5710	ORIGINAL SOLUTION GAS-OIL RATIO: CUBIC FEET PER BARREL	
AVERAGE POROSITY: PER CENT	17.1	ORIGINAL FORMATION VOLUME FACTOR: BARRELS SATURATED OIL PER BARREL STOCK-TANK OIL	1.05 (*)
AVERAGE RESIDUAL OIL SATURATION: PER CENT OF PORE SPACE	19.9	CALCULATED ORIGINAL STOCK-TANK OIL IN PLACE: BARRELS PER ACRE-FOOT	945

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 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

97.0-102.0 Feet - Essentially non-productive due to limited thickness of section and somewhat low permeability.

161.0-179.0 Feet - Core analysis characteristics indicate possibility of oil production, however, due to low oil gravity and apparent low gas in solution, production by conventional means may be difficult.

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.

CORE ANALYSIS RESULTS FOR

ST. CROIX EXPLORATION

UTAH STATE NO. 5

UNDESIGNATED FIELD

EMERY COUNTY, UTAH

P

CORE LABORATORIES, INC.
Petroleum Reservoir Engineering
 DALLAS, TEXAS

PAGE NO. 1

ST. CROIX EXPLORATION
 UTAH STATE NO. 5
 UNDESIGNATED FIELD
 EMERY COUNTY

FORMATION : MOSSBACK
 DRG. FLUID: AIR-MIST
 LOCATION : SEC. 36-T24S-R11E
 STATE : UTAH

DATE : 1-9-78
 FILE NO. : RP-2-5504
 ANALYSTS : RG
 ELEVATION: 5386' GL

CONVENTIONAL CORE ANALYSIS

SAMP. NO.	DEPTH	PERM. TO HORZ.	AIR (MD) VERTICAL	POR. FLD.	FLUID OIL	SATS. WATER	OIL WT. %	DESCRIPTION
1	97-98	0.44	0.29	14.3	22.7	45.5	1.21	SD TN-GY VFG SLTY CLY
2	98-99	1.2	0.29	15.9	12.5	54.8	0.75	SD TN-GY VFG SLTY CLY
3	99 -0	0.29	0.15	18.3	12.7	49.6	0.89	SD TN-GY VFG SLTY CLY
4	100 -1	0.44	0.15	14.2	8.2	58.7	0.43	SD TN-GY VFG SLTY CLY
5	101 -2	0.29	0.15	11.2	10.6	63.5	0.43	SD TN-GY VFG SLTY CLY
	102-161							DRILLED
6	161-62	505	138	22.2	20.0	38.4	1.78	SD TN-GY FG CLY
7	162-63	29	3.5	17.5	17.7	42.7	1.21	SD TN-GY FG CLY
8	163-64	33	1.5	22.7	16.4	34.4	1.50	SD TN-GY FG CLY
9	164-65	1650	1220	20.5	23.5	31.3	1.93	SD TN-GY FG-MG CLY
10	165-66	900	388	22.4	24.9	20.2	2.28	SD TN-GY FG-MG CLY
11	166-67	24	4.8	12.2	11.0	34.6	0.50	SD TN-GY FG-MG CLY
12	167-68	66	64	13.2	23.1	23.1	1.14	SD TN-GY FG-MG CLY
13	168-69	349	271	16.1	20.9	31.4	1.28	SD TN-GY FG CLY
14	169-70	478	472	21.7	23.5	21.1	2.07	SD TN-GY FG CLY
15	170-71	413	256	23.9	22.0	30.9	2.14	SD TN-GY FG CLY
16	171-72	320	141	20.0	23.1	23.1	1.86	SD TN-GY FG CLY
17	172-73	153	83	17.8	18.7	27.0	1.28	SD TN-GY FG CLY
18	173-74	167	21	16.7	16.7	42.3	1.07	SD TN-GY FG-MG CLY CONGL
19	174-75	530	264	15.0	26.0	21.0	1.50	SD TN-GY FG-MG CLY CONGL
20	175-76	48	5.3	12.8	22.3	23.8	1.07	SD TN-GY FG-MG CLY CONGL
21	176-77	23	1.8	10.8	16.2	30.5	0.64	SD TN-GY FG-MG CLY CONGL
22	177-78	2.5	2.3	12.6	13.8	43.1	0.64	SD TN-GY FG-MG CLY CONGL
23	178-79	19	5.8	8.9	18.1	40.7	0.57	SD TN-GY FG-MG CLY CONGL

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 representations, as to the productivity, proper operations, or profitability of any oil, gas or other mineral well or sand in connection with which such report is used or relied upon.

CORE LABORATORIES, INC.
Petroleum Reservoir Engineering

DALLAS, TEXAS

PAGE NO. 2

ST. CROIX EXPLORATION
(SURFACE SAMPLES)
UNDESIGNATED FIELD
EMERY COUNTY

FORMATION : MOSSBACK
DRLG. FLUID: AIR-MIST
LOCATION : SEC. 36-T24S-R11E
STATE : UTAH

DATE : 1-9-78
FILE NO. : RP-2-5504
ANALYSTS : RG
ELEVATION: 5386' GL

CONVENTIONAL CORE ANALYSIS

SAMP. NO.	DEPTH	PERM. TO AIR (MD)		POR. FLD.	FLUID SATS.		GR. DNS.	DESCRIPTION
		HORZ.	VERTICAL		OIL	WATER		
24		244		19.3	11.5	17.4		SD BRN FG-MG SL/CONGL
25		*		17.5	10.7	13.2		SD BRN FG
26		*		16.9	10.2	11.8		SD BRN FG
27		*		16.4	7.7	9.9		SD BRN FG
28		195		17.9	4.4	6.9		SD BRN FG SL/CONGL

*UNSUITABLE FOR PERMEABILITY MEASUREMENT

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ST. CROIX EXPLORATION COMPANY

~~1850 Hennepin Parkway, Suite 102~~ 1360 Shelard Tower
~~Bloomington, Minnesota 55420~~ Minneapolis, MN 55426
~~612/854-1787~~ 612/546-3903

~~100 WOOD Radio Building~~
~~Minneapolis, Minnesota 55402~~
~~612/336-9787~~

May 14, 1982

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

Dear Ms. Cari Furse:

Enclosed are "Sundry Notices and Reports on Wells"
Numbers 1, 2, 5 in Sec 36, T24S, R11E.
Emery County, Utah

We regret any inconvenience caused by our not filing these reports timely. We shall file them monthly from this time forward.

Well reports on wells 3 and 4 in Section 36 and on wells 1 and 3 in Section 32 will be completed Monday of next week.

We are conducting geological studies on the shallow and deep formations which should be completed within 90 days and lead us to propose on going field operations.

We hope this fulfills our requirements.

Sincerely yours,

Stanley R. Tyler
Vice President

Enclosures
SRT:jd

RECEIVED

MAY 17 1982

DIVISION OF
OIL, GAS & MINING

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
2612 FSL, 2164 FWL

14. PERMIT NO.
APJ 43-015-30055-00

15. ELEVATIONS (Show whether OF, AT, OR, etc.)
5382 Ground

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.
5

10. FIELD AND POOL, OR WILDCAT
wildcat

11. SEC., T., S., M., OR BLK. AND SURVEY OR AREA
see 34, T 24S, R 1E

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

SUBSEQUENT REPORT OF:

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

This well was deepened into the white rim sandstone at a depth of 870 feet. 4 1/2" casing was set at total depth. The well was tested and limited amounts of oil was recovered in October of 1978. Several zones of porosity in the Moenkopi exhibited oil saturation. Further work has been postponed until a study of the Paleozoic formations have been completed. This study is expected to be finalized within 90 days. we believe this area has potential.

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

SIGNED *S. J. Styles* TITLE *Vice Pres.* DATE *5-17-82*

(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

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.
5

10. FIELD AND POOL, OR WILDCAT
Wildcat

11. SEC., T., R., M., OR B.L. AND SURVEY OR AREA
Sec. 36, T24S, R11E

12. COUNTY OR PARISH
Emery

13. STATE
Utah

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
2612 FSL, 2164 FWL

14. PERMIT NO.
API 43-015-30055-00

15. ELEVATIONS (Show whether DF, RT, OR, etc.)
5382 Ground

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"/>	(Other) <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.)*

No further work is planned until Project Review is completed.

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

SIGNED *Monty G. Tyler* TITLE Vice President DATE June 30, 1982

(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)

<p>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>		<p>5. LEASE DESIGNATION AND SERIAL NO. ML 33432</p>
<p>1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER</p>		<p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p>
<p>2. NAME OF OPERATOR St. Croix Exploration</p>		<p>7. UNIT AGREEMENT NAME</p>
<p>3. ADDRESS OF OPERATOR 1360 Shelard Tower, Minneapolis, MN 55426</p>		<p>8. FARM OR LEASE NAME Utah State</p>
<p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2612 FSL, 2164 FWL</p>		<p>9. WELL NO. 5</p>
<p>14. PERMIT NO. API 43-015-30055-00</p>		<p>10. FIELD AND POOL, OR WILDCAT Wildcat</p>
<p>15. ELEVATIONS (Show whether DP, RT, OR, etc.) 5382 Ground</p>		<p>11. SEC., T., S., M., OR BLE. AND SURVEY OR AREA Sec. 36, T24S, R11E</p>
<p>12. COUNTY OR PARISH Emery</p>		<p>13. STATE Utah</p>

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
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) _____	<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 on 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 <u><i>Thomas J. Taylor</i></u>	TITLE <u>Vice President</u>	DATE <u>7/30/82</u>
(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)

<p>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>		<p>3. LEASE DESIGNATION AND SERIAL NO. ML 33432</p>																								
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<p>3. ADDRESS OF OPERATOR 1360 Shelard Tower, Minneapolis, MN 55426</p>		<p>8. FARM OR LEASE NAME Utah State</p>																								
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<p>15. ELEVATIONS (Show whether DP, RT, OR, etc.) 5382 Ground</p>		<p>11. SEC., T., R., N., OR S.E. AND SURVEY OR AREA Sec. 36, T24S, R11E</p>																								
<p>16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data</p> <table style="width:100%; border: none;"> <tr> <td colspan="2" style="text-align: center; border: none;">NOTICE OF INTENTION TO:</td> <td colspan="2" style="text-align: center; border: none;">SUBSEQUENT REPORT OF:</td> </tr> <tr> <td style="border: none;">TEST WATER SHUT-OFF <input type="checkbox"/></td> <td style="border: none;">PULL OR ALTER CASING <input type="checkbox"/></td> <td style="border: none;">WATER SHUT-OFF <input type="checkbox"/></td> <td style="border: none;">REPAIRING WELL <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">FRACTURE TREAT <input type="checkbox"/></td> <td style="border: none;">MULTIPLE COMPLETE <input type="checkbox"/></td> <td style="border: none;">FRACTURE TREATMENT <input type="checkbox"/></td> <td style="border: none;">ALTERING CASING <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">SHOOT OR ACIDIZE <input type="checkbox"/></td> <td style="border: none;">ABANDON* <input type="checkbox"/></td> <td style="border: none;">SHOOTING OR ACIDIZING <input type="checkbox"/></td> <td style="border: none;">ABANDONMENT* <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">REPAIR WELL <input type="checkbox"/></td> <td style="border: none;">CHANGE PLANS <input type="checkbox"/></td> <td style="border: none;">(Other) _____</td> <td style="border: none;">(Other) _____</td> </tr> <tr> <td style="border: none;">(Other) _____</td> <td style="border: none;"><input checked="" type="checkbox"/></td> <td colspan="2" style="border: none; text-align: center;">(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)</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 type="checkbox"/>	(Other) _____	(Other) _____	(Other) _____	<input checked="" type="checkbox"/>	(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)		<p>12. COUNTY OR PARISH 13. STATE Emery Utah</p>
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"/>																							
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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 _____	TITLE Vice President	DATE 8-30-82
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CORRECTIONS 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)

27

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.)

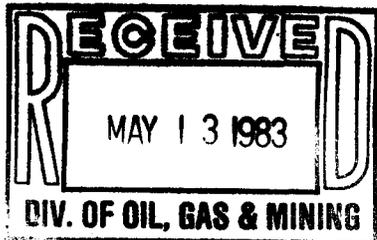
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO ML 33432
2. NAME OF OPERATOR St. Croix Exploration		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 1360 Shelard Tower, Minneapolis, MN 55426		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 2612 FSL, 2164 FWL		8. FARM OR LEASE NAME Utah State
14. PERMIT NO. API-43-015-30055-00	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5382 Ground	9. WELL NO. 5
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		10. FIELD AND POOL, OR WILDCAT Wildcat
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.)		11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Sec. 36, T24S, R11E
		12. COUNTY OR PARISH Emery
		13. STATE Utah

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) _____	X	(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 A. Tyler 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)

2 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 43-015-30055-00	15. ELEVATIONS (Show whether OF, RT, GR, etc.) 5382 GR	9. WELL NO. 5
		10. FIELD AND POOL, OR WILDCAT Wildcat
		11. SEC., T., R., M., OR B.L. AND SURVEY OR AREA Sec 36, 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"/>		

(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. Hyles* 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

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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		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"/>
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"/>

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"/>
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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 Stanley B. Taylor 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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/></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 2612 FSL, 2164 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. 5</p> <p>10. FIELD AND POOL, OR WILDCAT Wildcat</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 36, T24S, R11E</p> <p>12. COUNTY OR PARISH 13. STATE Emery Utah</p>
<p>14. PERMIT NO. API 43-014-30055-00</p>	<p>15. ELEVATIONS (Show whether OF, AT, GR, etc.) 5382 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"/>	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"/>	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 A. Pyle* TITLE Vice President DATE 8/10/83

(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

1 M
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
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14. PERMIT NO. API 43-014-30055-00		9. WELL NO. 5
15. ELEVATIONS (Show whether OP, RT, GR, etc.) 5382 Ground		10. FIELD AND POOL, OR WILDCAT Wildcat
		11. SEC., T., R., M., OR B.L.E. AND SURVEY OR AREA Sec 36, T24S, R11E
		12. COUNTY OR PARISH Emery
		13. STATE Utah

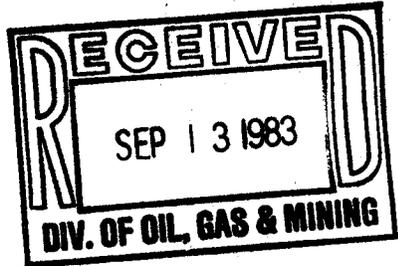
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

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"/>		

(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. [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**

SUBMIT 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.)

5. LEASE DESIGNATION AND SERIAL NO. ML 33482
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME Utah State
9. WELL NO. 5
10. FIELD AND POOL, OR WILDCAT Wildcat
11. SEC., T., R., M., OR BLK. AND SUBVY OR AREA Sec 36, T24S, R11E
12. COUNTY OR PARISH Emery
13. STATE Utah

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
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 2612 FSL, 2164 FWL	
14. PERMIT NO. API 43-014-30055-00	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5382 Gr

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 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.)*

No further work is planned until Project Review is completed.



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

SIGNED Stanley R. 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 11
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																				
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 2612 FSL, 2164 FWL		8. FARM OR LEASE NAME Utah State																				
14. PERMIT NO. API 43-014-30055-00	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5382 Gr.	9. WELL NO. 5																				
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		10. FIELD AND POOL, OR WILDCAT Wildcat																				
<table border="0"> <tr> <th colspan="2">NOTICE OF INTENTION TO:</th> <th colspan="2">SUBSEQUENT REPORT OF:</th> </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., E., M., OR BLE. AND SURVEY OR AREA Sec 36, T24S, R11E
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"/>																			
		12. COUNTY OR PARISH 18. STATE Emery Utah																				

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 [Signature] 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 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

2612 FSL, 2164 FWL

14. PERMIT NO.
API 43-015-30055-00

15. ELEVATIONS (Show whether DV, RT, GR, etc.)
5382 Gr.

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.
5

10. FIELD AND POOL, OR WILDCAT
Wildcat

11. SEC., T., R., M., OR BLK. AND SURVEY OR ABBA
Sec 36, 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"/>			

(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
DEC 19 1983

DIVISION OF
OIL, GAS & MINING

18. I hereby certify that the foregoing is true and correct
SIGNED Stanley B. Pyle 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

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.	5
10. FIELD AND POOL, OR WILDCAT	Wildcat
11. SEC., T., R., M., OR BLE. AND SURVEY OR ASSA	Sec 36, T24S, R11E
12. COUNTY OR PARISH	Emery
13. STATE	Utah

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

2612 FSL, 2164 FWL

14. PERMIT NO.
API 43-015-30055-00

15. ELEVATIONS (Show whether OF, RT, GR, etc.)
5382 Gr.

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"/>		

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

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

SIGNED *Stanley B. Dyer* 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

SUBMIT IN TRIPLICATE*
(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 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 2612 FSL, 2164 FWL		8. FARM OR LEASE NAME Utah State
14. PERMIT NO. API 43-015-30055-00		9. WELL NO. 5
15. ELEVATIONS (Show whether DV, RT, OR, etc.) 5382 Gr.		10. FIELD AND POOL, OR WILDCAT Wildcat
		11. SEC., T., R., M., OR B.L.K. AND SURVEY OR AREA Sec 36, T24S, R11E
		12. COUNTY OR PARISH Emery
		13. STATE Utah

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

NOTICE OF INTENTION TO:

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

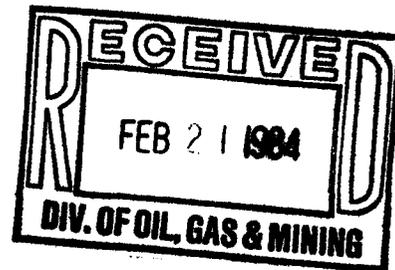
SUBSEQUENT REPORT OF:

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)			

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

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

SIGNED

Robert A. Taylor

TITLE

V. Pres

DATE

2-14-84

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

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 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

 2612 FSL, 2164 FWL

14. PERMIT NO.
 API 43-015-30055-00

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
 5382 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.
 5

10. FIELD AND POOL, OR WILDCAT
 Wildcat

11. SEC., T., R., M., OR BLE. AND
 SUBST. OR AREA
 Sec 36, 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) _____	(Other) _____
(Other) _____	<input checked="" type="checkbox"/>	(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

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

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

COMMENTS 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*
(For instructions on reverse side)

✓

SUNDRY NOTICES AND REPORTS ON WELLS

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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

2612 FSL, 2164 FWL

14. PERMIT NO.
API 43-015-30055-00

15. ELEVATIONS (Show whether OF, RT, GR, etc.)
5382 Gr.

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.
5

10. FIELD AND POOL, OR WILDCAT
Wildcat

11. SEC., T., R., M., OR B.L.E. AND SUBST. OR AREA
Sec 36, T24S, R11E

12. COUNTY OR PARISH
Emery

13. STATE
Utah

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

16. NOTICE OF INTENTION TO:

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"/>	

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

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

SIGNED Stanley A. Hughes TITLE Vice Pres. DATE 4-10-84

(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.)

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 2612 FSL, 2164 FWL		8. FARM OR LEASE NAME Utah State
14. PERMIT NO. API 43-015-30055-0		9. WELL NO. 5
15. ELEVATIONS (Show whether DF, WT, CR, etc.) 5382 Gr.		10. FIELD AND POOL, OR WILDCAT Wildcat
		11. SEC., T., R., M., OR B.L.E. AND SURVEY OR AREA Sec 36, T24S, R11E
		12. COUNTY OR PARISH Emery
		13. STATE Utah

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NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	FULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	
(Other) _____	XXX	(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

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RECEIVED

MAY 4 1984

DIVISION OF OIL
GAS & MINING

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

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

SUNDRY NOTICES AND REPORTS ON WELLS

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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
2612 FSL, 2164 FWL

14. PERMIT NO.
API 43-015-30055-0

15. ELEVATIONS (Show whether SF, ST, OR, etc.)
5382 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.
5

10. FIELD AND POOL, OR WILDCAT
Wildcat

11. SEC., T., R., N., OR BLK. AND SURVEY OR AREA
Sec 36, 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"/>	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"/> XXX	(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

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RECEIVED
JUN 11 1984
DIVISION OF OIL
GAS & MINING

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

SIGNED Stanley A. Phipps 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

(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
2612 FSL, 2164 FWL

14. PERMIT NO.
API 43-015-30055-0

15. ELEVATIONS (Show whether SV, RT, OR, etc.)
5382 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.
5

10. FIELD AND POOL, OR WILDCAT
Wildcat

11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA
Sec 36, 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"/>		

(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.)*

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 P. Hoyle TITLE Vice President DATE 7/11/84

(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

SUBMIT IN DUPLICATE*
(Other instructions on reverse side)

SUNDRY NOTICES AND REPORTS ON WELLS

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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
2612 FSL, 2164 FWL

14. PERMIT NO.
API 43-015-30055-0

15. ELEVATIONS (Show whether DF, ST, OR, etc.)
5382 Gr.

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Utah State

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Sec 36, T24S, R11E

12. COUNTY OR PARISH
Emery

13. STATE
Utah

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

RECEIVED

AUG 13 1984

DIVISION OF OIL
GAS & MINING

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

SIGNED Stanley A. Hyles 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

RECEIVED

September 20, 1984

SEP 24 1984

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

DIVISION OF OIL
GAS & MINING

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 Carlson

Patrice M. Carlson

Enclosure

:pmc

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

RAINY RIVER RESOURCES

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

February 27, 1985

Mr. William Moore
Oil and Gas Field Specialist
State of Utah - Natural Resources
355 West North Temple
3 Triad Center, Suite #350
Salt Lake City, Utah 84180-1203

RE: Utah State 1-5
Sec 36, T24S, R11E
Emery County, Utah
Utah Lease No. ML-33432

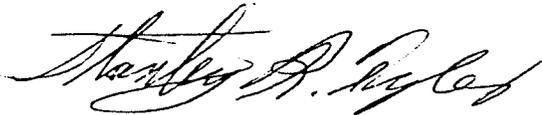
Dear Mr. Moore:

We have caused the pits used in drilling these wells to be filled and the locations cleaned up as you requested.

Signs are being made and will be installed, probably within 45 days.

We intend to monitor the results of our futher drilling and testing activities in order to avoid these problems in the future.

Sincerely,



Stanley R. Tyler
President

SRT:pmc

RECEIVED

MAR 01 1985

DIVISION OF OIL
GAS & MINING

file

APR 12 1985

RAINY RIVER RESOURCES

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

DESIGNATION OF OPERATOR

The undersigned is, on the records of the Department of Natural Resources, Division of State Lands, holder of Lease No. ML33432 and hereby designates:

Rainy River Resources, Inc.
430 First Avenue North
Suite #640
Minneapolis, MN 55401

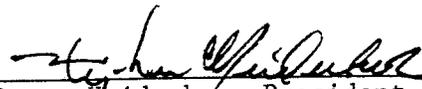
as his operator and local agent, with full authority to act in his behalf in complying with the terms of the leases and regulations applicable thereto and on whom the Director of the Division of State Lands or his representative may serve written or oral instructions in securing compliance with the Rules and Regulations Governing the Issuance of Mineral Leases with respect to:

Section 36, T24S, R11E, Emery County, Utah, as part *Utah State #5*
of Lease No. ML33432

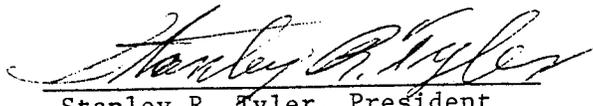
It is understood that this designation of operator does not relieve the lessee of responsibility for compliance with the terms of the lease and the Rules and Regulations. It is also understood that this designation of operator does not constitute an assignment of any interest in the lease.

In case of default on the part of the designated operator, the lessee will make full and prompt compliance with all regulations, lease terms, or orders of the Director, Division of State Lands or his representative.

The lessee agrees promptly to notify the Division of State Lands of any change in the designated operator.


Steve Heidecker, President
Nugget Oil Corporation
7850 Metro Parkway, Suite #208
Bloomington, MN 55420

Date 9/15/85


Stanley R. Tyler, President
St. Croix Exploration Company
430 1st Avenue North, #640
Minneapolis, MN 55401

Date 4-11-85

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

PERMIT IN TRIPLICATE
Other instructions on reverse side

111920

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 **Permission to Plug & Abandon**

2. NAME OF OPERATOR
Rainy River Resources dba St. Croix Exploration

3. ADDRESS OF OPERATOR
430 1st Ave. N., 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
2612 FSL, 2164 FWL

14. PERMIT NO.
API-43-015-30055-00

15. ELEVATIONS (Show whether OF, RT, OR, etc.)
5382 Ground

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.
5

10. FIELD AND POOL, OR WILDCAT
Wildcat

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 36, T24S, R11E

12. COUNTY OR PARISH
Emery

13. 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.)

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.)

Plan for Plugging and Abandon Well #5
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 further instructions.

Plug across perforations - 15 sacks. Surface plug - 10 sacks

Cut of 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 Therese R. Pyles 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: 11-18-86
BY: John R. Daza

*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)

50W 11

5. LEASE DESIGNATION AND SERIAL NO.
ML 33432

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
030409

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Utah State

9. WELL NO.
5

10. FIELD AND POOL, OR WILDCAT
Wildcat

11. SEC., T., R., M., OR B.L.E. AND SURVEY OR AREA
Sec 36, T24S, R11E

12. COUNTY OR PARISH
Emery

13. STATE
Utah

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 Abandonment

2. NAME OF OPERATOR
Rainy River Resources dba St. Croix Exploration

3. ADDRESS OF OPERATOR
430 1st Ave. N., 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
2612 FSL, 2164 FWL

14. PERMIT NO.
API 43-015-30055-00

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
5382 Ground

RECEIVED
MAR 02 1987

DIVISION OF
OIL, GAS & MINING

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input 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.)

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Feb. 10, 1987

Move rig to Well #5. Pick up on plate holding tubing. Tubing is 2-7/8" & casing is 5+1/2". Tubing is very tight but finally will move up but sometimes sticks in either direction. Decide to shut down operations on this well today as they do not have proper tubing handling tools on location.

Feb. 11, 1987

Rig up and pull 2-7/8" tubing. Tubing was very tight to start with but came freer after several joints were pulled. Pulled 26 full joints of 2-7/8" tubing, one partial joint (20'), & a 4 ft pup joint with bar welded inside. The pup joint was plugged with solid material which appeared to be rust & scale. The bottom several feet of the tubing exterior looked like it had been stuck in some sand. There was no fluid in the well. Mix & pump 1.5 bbl gel slurry spacer for hole section below perforations. Mix and pump 15 sack cement plug across perforations. Let plug set overnite.

Feb. 12, 1987

Mix and pumped gel slurry spacer, tally 2-7/8" tubing - 834.8 ft. Mix & place 10 sack surface cement plug, install dryhole marker.

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 _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

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

DATE: 3-3-87
BY: John R. Day