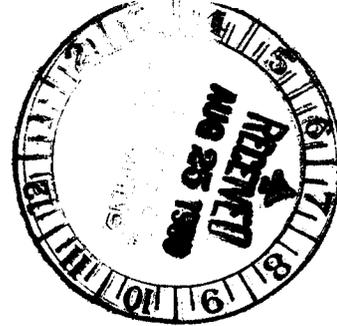


ST. CROIX-NUGGET JOINT VENTURE

7850 METRO PARKWAY, SUITE 102
BLOOMINGTON, MINNESOTA 55420
(612) 854-1787 or 854-7755

August 21, 1980

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



RE: PERMIT TO DRILL:
Well No. Utah State #3
Section 36, T. 24S, R. 11E
Emery County, Utah

Gentlemen:

Enclosed are three executed copies of the "Application for Permit to drill, deepen, or plug back" for the above captioned Utah State #3 well.

Due to the fact that some time has passed since our original application was filed, we are curious whether the permit to drill is still in effect; therefore, are enclosing an updated permit for the same location.

If you have any questions, please call (612) 854-1787.

Yours very truly,

ST. CROIX EXPLORATION CO.

Benton J. Case
Benton J. Case

/ds
Enclosures

(612) 854-1787 This is a new filing as per [unclear] as [unclear]
Hold for bond & plugging of old wells in 32 & 36 called at bonds 8/26/80

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

SUBMIT IN DUPLICATE*
(Other instructions on reverse side)

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

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 CO.

9. Well No.

#3

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

2446 FSL & 2183 FWL NW NE NE SW

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

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

At proposed prod. zone

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

21 miles north - Hanksville

12. County or Parrish 13. State

Emery Co., 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.

658' (#1)

19. Proposed depth

250'

20. Rotary or cable tools

Rotary

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

5420' Ground

22. Approx. date work will start*

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#	400'	180 sacks

Proposed program: Drill with air to total depth coring sections exhibiting oil shows, running logs, set 7" casing to 150', circulating cement to surface, and core to T.D. or 30' of pay.

Surface Formation: Chinle
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 Benton Case Title Vice President Date August 21, 1980
(This space for Federal or State office use)

Permit No. _____ Approval Date _____

Approved by _____ 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

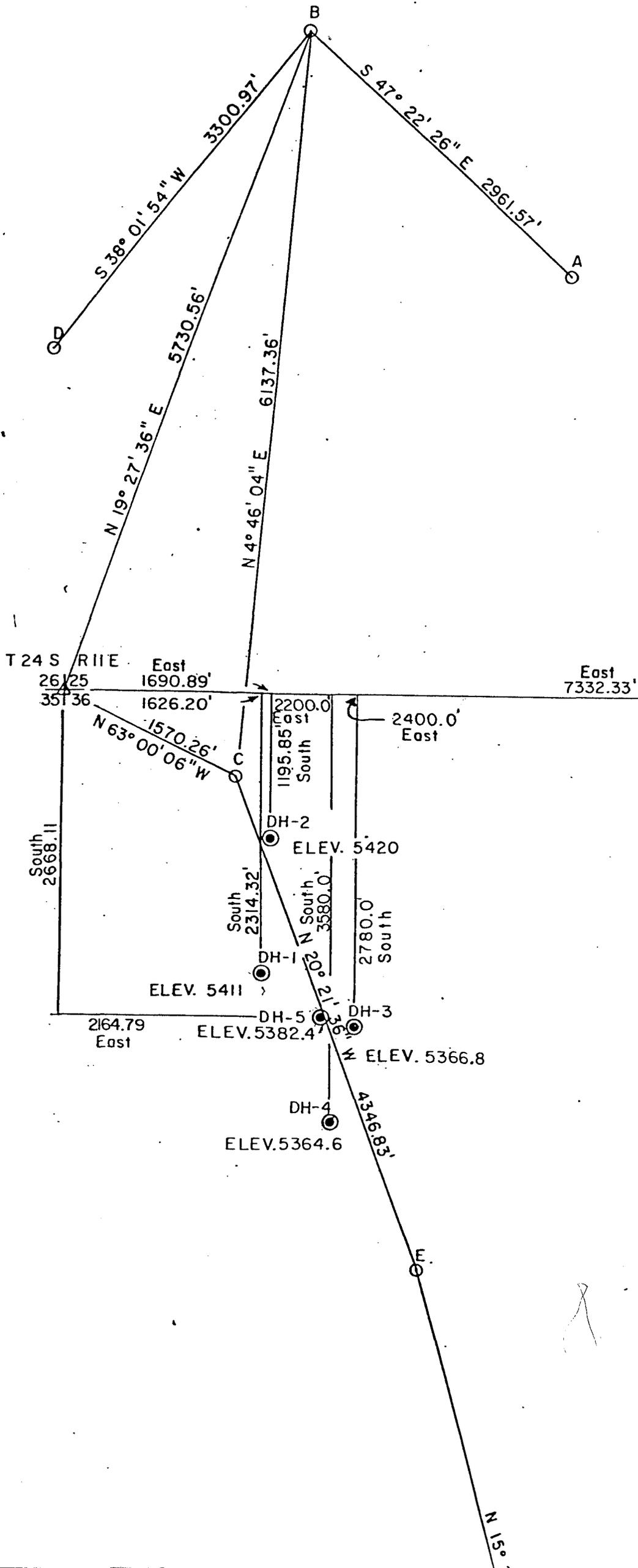
Date:

Sanders Associates Inc.

10 West Center Street

Kaysville, Utah

84037



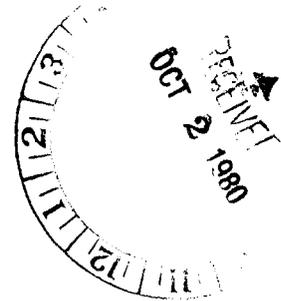
ST. CROIX-NUGGET JOINT VENTURE

7850 METRO PARKWAY, SUITE 102
BLOOMINGTON, MINNESOTA 55420
(612) 854-1787 or 854-7755

October 1, 1980

FEDERAL EXPRESS

Ms. Bonnie Melendez
State of Utah
Department of Natural Resources
Division of Oil, Gas & Mining
1588 West North Temple
Salt Lake City, UT 84116



Dear Ms. Melendez:

Re: Permit to Drill
Well No. Utah State #3
Section 36, T. 24S, R. 11E
Emery County, Utah

Enclosed are three executed copies of the Application For Permit to Drill, Deepen, or Plug Back for the above-captioned Utah State #3 well.

Due to vertical cliff faces, we are requesting a topographical exception for the location of this well.

St. Croix Exploration owns and controls the area within a 660 foot radius of the proposed location.

Due to the fact that the rig will be moving on location Friday, October 3, 1980, we will call you direct on that date to receive verbal approval of the Application.

In the meantime, please contact us immediately at either number shown on this letterhead if there are any problems.

Sincerely,

ST. CROIX EXPLORATION COMPANY


Stanley R. Tyler
President

/mc
Enc.

oil or gas?

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

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 CO.

9. Well No.

#3 (16)

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

2446 FSL & 2183 FWL NW NE NE SW

At proposed prod. zone

#3 also filed under (spud) - 1333 FNL & 1899 (but RE SEC. 32) FEL

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

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

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

21 miles north - Hanksville

12. County or Parrish 13. State
Emery Co., 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.

658' (#1)

19. Proposed depth

250'

20. Rotary or cable tools

Rotary

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

5420' Ground

22. Approx. date work will start*

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#	400'	180 sacks

Proposed program: Drill with air to total depth coring sections exhibiting oil shows, running logs, set 7" casing to 150', circulating cement to surface, and core to T.D. or 30' of pay.

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

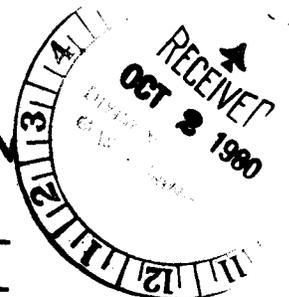
Location Plat attached

Telephone: (612) 854-1787

APPROVED BY THE DIVISION OF OIL, GAS, AND MINING

DATE: 10/1/80

BY: C.B. Teight



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 R. Tyler
(This space for Federal or State office use)

Title: President

Date: Oct. 1, 1980

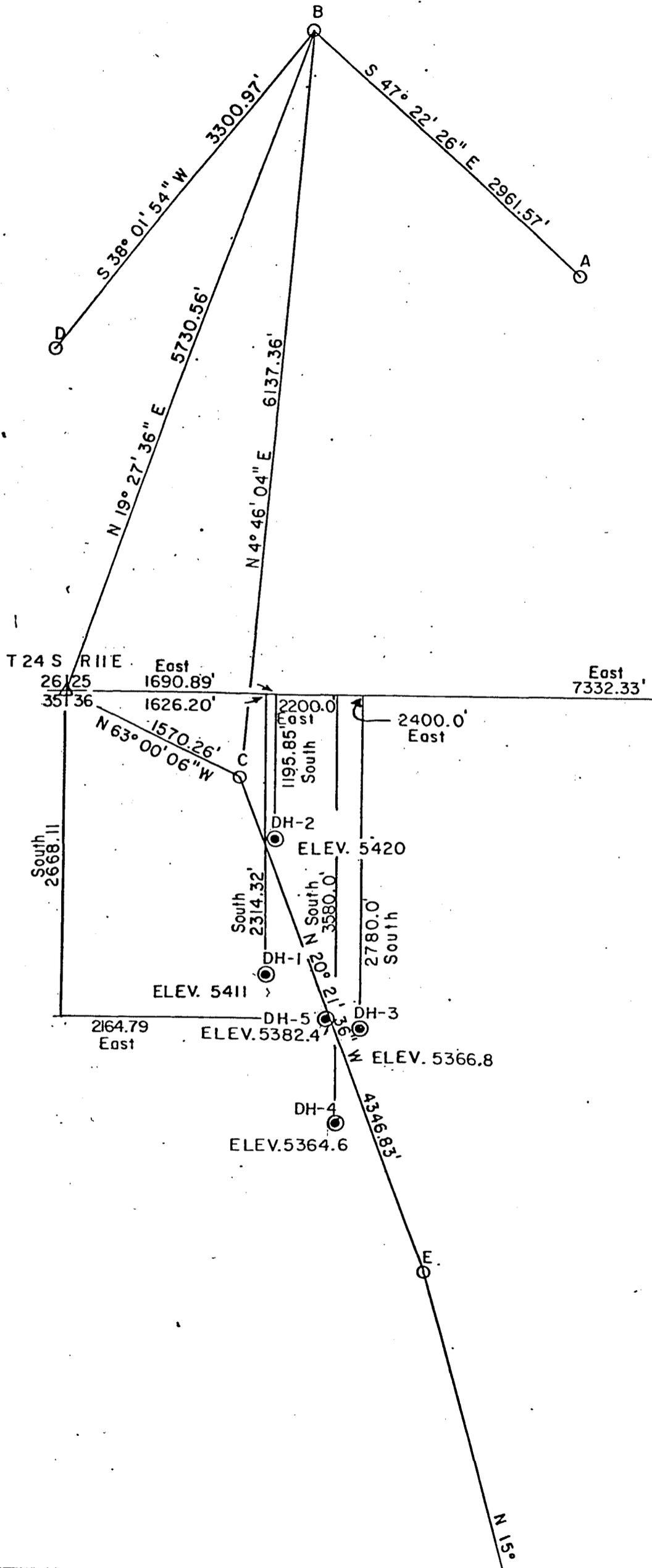
Permit No. 43-015-30076

Approval Date

Approved by: _____
Conditions of approval, if any:

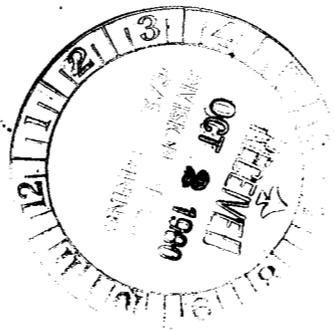
Title

Date





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

** FILE NOTATIONS **

DATE: October 2, 1980
OPERATOR: St. Civil Exploration Company
WELL NO: Utah State #3
Location: Sec. 26 T. 24S R. 11E County: Emery

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

API Number 43-015-~~30076~~⁽³⁰⁰⁷⁶⁾

CHECKED BY:

Petroleum Engineer: _____
Director: _____
Administrative Aide: C:3(c) requesting topo exception

APPROVAL LETTER:

Bond Required: Survey Plat Required:
Order No. _____ O.K. Rule C-3
Rule C-3(c), Topographic Exception - company owns or controls acreage within a 660' radius of proposed site
Lease Designation State Plotted on Map
Approval Letter Written
Hot Line P.I.

*Called 10-20-80-
Will send
copy! KA*

October 17, 1980

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

Re: Well No. Utah State #3
Sec. 36, T. 24S, R. 11E
Emery County, Utah

Insofar as this office is concerned, approval to drill the above referred to oil well on said unorthodox location 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 immediately notify the following:

MICHAEL T. MINDER - Petroleum Engineer
Office: 533-5771
Home: 876-3001

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

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

The API number assigned to this well is 43-015-30076.

Sincerely,

DIVISION OF OIL, GAS, AND MINING

Cleon B. Feight /ka
Cleon B. Feight
Director

/ka
cc: Donald Prince

P05 70760-24

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL
(See Reverse)

CF

SENT TO		St. Croix Exploration Co	
STREET AND NO.		7850 Metro Parkway, Ste 102	
P.O., STATE AND ZIP CODE		Bloomington, Minn 55420	
POSTAGE		\$	
CONSULT POSTMASTER FOR FEES	CERTIFIED FEE	¢	
	OPTIONAL SERVICES	SPECIAL DELIVERY	¢
		RESTRICTED DELIVERY	¢
	RETURN RECEIPT SERVICE	SHOW TO WHOM AND DATE DELIVERED	¢
		SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY	¢
		SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY	¢
		SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY	¢
TOTAL POSTAGE AND FEES		\$	

POSTMARK OR DATE



St #6 245 11E 36 Emery #2 245 12E 32

STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST CLASS POSTAGE, *Emery*
CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES. (see front)

1. If you want this receipt postmarked, stick the gummed stub on the left portion of the address side of the article, **leaving the receipt attached**, and present the article at a post office service window or hand it to your rural carrier. (no extra charge)
2. If you do not want this receipt postmarked, stick the gummed stub on the left portion of the address side of the article, date, detach and retain the receipt, and mail the article.
3. If you want a return receipt, write the certified-mail number and your name and address on a return receipt card, Form 3811, and attach it to the front of the article by means of the gummed ends if space permits. Otherwise, affix to back of article. Endorse front of article **RETURN RECEIPT REQUESTED** adjacent to the number.
4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article.
5. Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in Item 1 of Form 3811.
6. Save this receipt and present it if you make inquiry.

UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS

SENDER INSTRUCTIONS

Print your name, address, and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.

**RETURN
TO**



**PENALTY FOR PRIVATE
USE TO AVOID PAYMENT
OF POSTAGE, \$300**



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

(Name of Sender)

(Street or P.O. Box)

(City, State, and ZIP Code)

SENDER: Complete items 1, 2, 3, and
Add your address in the "RETURN TO" space
on reverse.

(CONSULT POSTMASTER FOR FEES)

1. The following service is requested (check one).

- Show to whom and date delivered —¢
 Show to whom, date, and address of delivery.. —¢

2. **RESTRICTED DELIVERY** —¢

(The restricted delivery fee is charged in addition to
the return receipt fee.)

TOTAL \$ 61 **CF**

3. ARTICLE ADDRESSED TO:

St. Croix Exploration Company
7850 Metro Parkway, Ste 102
Bloomington, Minn 55420

4. TYPE OF SERVICE:

- REGISTERED INSURED
 CERTIFIED COD
 EXPRESS MAIL

ARTICLE NUMBER

7076024

(Always obtain signature of addressee or agent)

I have received the article described above.

SIGNATURE Addressee Authorized agent

5.

DATE OF DELIVERY

5-10-82

POSTMARK

6. ADDRESSEE'S ADDRESS (Only if requested)

7. UNABLE TO DELIVER BECAUSE:

7. EMPLOYEE'S
INITIALS
BLOOMINGTON, MN
MAY 10 1982
USPO

July 20, 1981

St. Croix Explorations
7850 Metro Parkway, Suite 102
Bloomington, Minnesota 55420

Re: Well No. Utah State #2
Sec. 32, T. 24S, R. 12E
Emery County, Utah

Well No. Utah State #6
Sec. 36, T. 24S, R. 11E
Emery County, Utah

Gentlemen:

In reference to above mentioned wells, considerable time has gone by since approval was obtained from this office.

This office has not received any notification of spudding. If you do not intend to drill these wells, please notify this Division. If spudding or any other activity has taken place, please send necessary forms. If you plan on drilling these locations at a later date, please notify as such.

Your prompt attention to the above will be greatly appreciated.

Very truly yours,

DIVISION OF OIL, GAS, AND MINING


Sandy Bates
Clerk-Typist

/lm



STATE OF UTAH
NATURAL RESOURCES & ENERGY
Oil, Gas & Mining

Scott M. Matheson, Governor
Temple A. Reynolds, Executive Director
Cleon B. Feight, Division Director

4241 State Office Building • Salt Lake City, UT 84114 • 801-533-5771

February 4, 1982

St. Croix Explorations
7850 Metro Parkway, Suite 102
Bloomington, Minnesota 55420

Re: Well No. Utah State #6
Sec. 36, T. 24S, R. 11E
Emery County, Utah

Well No. Utah #2
Sec. 32, T. 24S, R. 12E
Emery County, Utah

SECOND NOTICE

Gentlemen:

In reference to the above mentioned wells, considerable time has gone by since approval was obtained from this office.

not or do do the not office has not received any notification of spudding. If you do i to drill these wells, please notify this Division. If spudding er activity has taken place, please send necessary forms. If we r from your company within fifteen (15) days, we will assume you end to drill these wells, and action will be taken to terminate the ation. If you plan to drill this location at a later date, please not such.

prompt attention to the above will be greatly appreciated.

Very truly yours,

DIVISION OF OIL, GAS AND MINING

Cari Furse
Clerk Typist



STATE OF UTAH
NATURAL RESOURCES & ENERGY
Oil, Gas & Mining

Scott M. Matheson, Governor
Temple A. Reynolds, Executive Director
Cleon B. Feight, Division Director

4241 State Office Building • Salt Lake City, UT 84114 • 801-533-5771

May 5, 1982

St. Croix Exploration Company
7850 Metro Parkway, Suite 102
Bloomington, Minnesota 55420

Re: Well No. Utah State #6
Sec. 36, T. 24S, R. 11E.
Emery County, Utah

Well No. Utah State #2
Sec. 32, T. 24S, R. 12E.
Emery County, Utah

Gentlemen:

Approval to drill the above mentioned wells, which was granted in our letter of October 17, 1980 & October 5, 1979, is hereby terminated for failure to spud them within a reasonable period of time.

If and when you should decide to drill these wells, it will be necessary for you to again obtain the approval of this Division.

Very truly yours,

DIVISION OF OIL, GAS AND MINING

Cleon B. Feight
Cleon B. Feight
Director

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

PRINT 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. <i>ML 33432</i>
2. NAME OF OPERATOR <i>SF. Croix Exploration</i>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <i>1360 Stetford Tower, Minneapolis, Mn. 55426</i>		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 <i>2620 FSL, 2384 FWL</i>		8. FARM OR LEASE NAME <i>Utah state</i>
14. PERMIT NO. <i>API 43015-3 007600</i>	15. ELEVATIONS (Show whether OF, RT, GR, etc.) <i>5372 Gr</i>	9. WELL NO. <i>3</i>
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		10. FIELD AND POOL, OR WILDCAT <i>wildcat</i>
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.)*		11. SEC., T., R., M., OR BLK. AND SUBVY OR ABQA <i>see 36, T24S, R11E</i>
		12. COUNTY OR PARISH 13. STATE <i>Emery Utah</i>

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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

This well was drilled to a depth of 187 feet in November of 1980. The Mossback member of the Chinle formation was cored and the well circulated to determine fluid entry into the well bore. No oil was produced. The feasibility of using microwave tools or other techniques are being analyzed. No further work will be done until the area studies are completed. No logs have been run.

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

SIGNED *S.F. Tyler*

TITLE *Vice Pres.*

DATE *5-27-82*

(This space for Federal or State office use)

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

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE: *6/2/82*
BY: *[Signature]*

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>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 2620FSL, 2384 FWL</p>		<p>9. WELL NO. 3</p>
<p>14. PERMIT NO. API 43-015-30076-00</p>		<p>10. FIELD AND POOL, OR WILDCAT Wildcat</p>
<p>15. ELEVATIONS (Show whether OF, RT, GR, etc.) 5372 Gr</p>		<p>11. SEC., T., E., 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) _____ <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 Stanley R. Styles TITLE Vice President DATE _____

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

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

SUBMIT IN TRIPLICATE
(See instructions on
reverse side)

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.
3

10. FIELD AND POOL, OR WILDCAT
Wildcat

11. SEC., T., R., N., OR S.E. AND
SUBST OR ASBA
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
2620FSL, 2384 FWL

14. PERMIT NO.
API 43-015-30076-00

15. ELEVATIONS (Show whether OF, RT, OR, etc.)
5372 Gr

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 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.)

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. Pyles 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
(See instructions on
reverse side)

D

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.)		3. LEASE DESIGNATION AND SERIAL NO. ML 33432
		8. IF INDIAN, ALLOTTEE OR TRIBE NAME
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR St. Croix Exploration		8. FARM OR LEASE NAME Utah State
3. ADDRESS OF OPERATOR 1360 Shelard Tower, Minneapolis, MN 55426		9. WELL NO. 3
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2620FSL, 2384 FWL		10. FIELD AND POOL, OR WILDCAT Wildcat
14. PERMIT NO. API 43-015-30076-00	15. ELEVATIONS (Show whether DP, ST, GR, etc.) 5372 Gr	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"/>	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 _____ TITLE Vice President DATE 8-30-82

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CURTIAL OF APPROVAL, IF ANY:



STATE OF UTAH
NATURAL RESOURCES & ENERGY
Oil, Gas & Mining

Scott M. Matheson, Governor
Temple A. Reynolds, Executive Director
Cleon B. Feight, Division Director

4241 State Office Building • Salt Lake City, UT 84114 • 801-533-5771

December 9, 1982

St. Croix Exploration
Att: Stanley R. Tyles
1360 Shelard Tower
Minneapolis, Mn. 55426

Re: Well No. Utah State #3 (6)
Sec. 36, T. 24S, R. 11E.
Emery County, Utah

Dear Mr. Tyles,

On May 5, 1982, our office contacted your company in reference to the above well. We terminated your Application for Permit to Drill on the above mentioned well for failure to spud within a reasonable amount of time. We received a certified signed mail receipt that your office had received this letter of termination and accepted this (all above information enclosed). Then we received Sundries dated 7-30-82 and 8-30-82 stating that no further work would be planned for the time being. This letter is just a friendly reminder that if you do plan to drill this well, you must again submit another "Application for Permit to Drill", for the one you submitted on October 1, 1980 has been terminated.

Thank you for your time.

Sincerely,

DIVISION OF OIL, GAS AND MINING

Cari Furse
Clerk Typist

CF/cf
Enclosures

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

SUBMIT IN TRIPLICATE*
(See instructions on
reverse side)

2 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 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
2620 FSL, 2384 FWL

14. PERMIT NO.
API 43-015-30076-00

15. ELEVATIONS (Show whether OF, RT, GR, etc.)
5372 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.
3

10. FIELD AND POOL, OR WILDCAT
Wildcat

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

12. COUNTY OR PARISH
Emery

13. STATE
utah

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

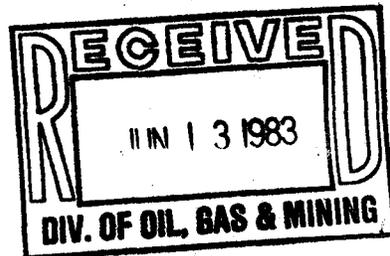
TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<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"/>
(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 A. Taylor 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 TRIPPLICATE*
(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 2629 FSL, 2384 FWL		8. FARM OR LEASE NAME Utah State
14. PERMIT NO. API 43-015-30076-00	15. ELEVATIONS (Show whether OF, RT, GR, etc.) 5372 Gr	9. WELL NO. 3
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 proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*		11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Sec 32, T24S, R12E
		12. COUNTY OR PARISH Emery
		13. STATE Utah

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 <input type="checkbox"/>		

(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. Styles 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 2629 FSL, 2384 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. 3</p> <p>10. FIELD AND POOL, OR WILDCAT Wildcat</p> <p>11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA Sec 32, T24S, R11E</p> <p>12. COUNTY OR PARISH 13. STATE Emery Utah</p>
<p>14. PERMIT NO. API 43-015-30076-00</p>	<p>15. ELEVATIONS (Show whether OF, RT, GR, etc.) 5372 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"/> 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 PLANS <input checked="" type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/> FRACTURE TREATMENT <input type="checkbox"/> SHOOTING OR ACIDIZING <input type="checkbox"/> (Other) <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> ABANDONMENT* <input type="checkbox"/>

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

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SIGNED *Stanley A. Nye* 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**

PERMIT IN TRIPLICATE*
(Other instructions on reverse side)

5. LEASE DESIGNATION AND SERIAL NO.

ML 33432

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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.)

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Utah State

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

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

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

14. PERMIT NO.

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

5298 Gr

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

XX

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

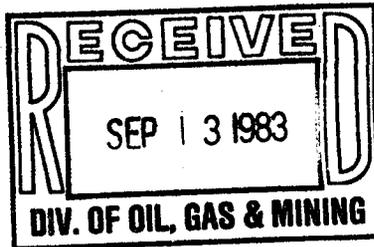
ALTERING CASING

ABANDONMENT*

(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

D. J. Smith

TITLE

Vice President

DATE

9/09/83

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

M

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

SUNDRY NOTICES AND REPORTS ON WELLS

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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 2629 FSL, 2384 FWL		8. FARM OR LEASE NAME Utah State
14. PERMIT NO. API 43-015-30076-00	15. ELEVATIONS (Show whether DF, RT, OR, etc.) 5372 Gr	9. WELL NO. 3
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 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		11. SEC., T., S., M., OR BLE. AND SURVEY OR ABBA Sec 32, T24S, R12E
		12. COUNTY OR PARISH 18. STATE Emery Utah

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

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



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

SIGNED [Signature] TITLE Vice President DATE 10/10/83

(This space for Federal or State office use)

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

2 M

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 2629 FSL, 2384 FWL		8. FARM OR LEASE NAME Utah State
14. PERMIT NO. API 43-014-30076-00	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5372 Gr.	9. WELL NO. 3
		10. FIELD AND POOL, OR WILDCAT Wildcat
		11. SBC., T., E., M., OR BLE, 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 checked="" type="checkbox"/>	(Other) <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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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

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.
3

10. FIELD AND POOL, OR WILDCAT
Wildcat

11. SEC., T., S., M., OR B.L. AND SURVEY OR ASSA
Sec 32, 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

2629 FSL, 2384 FWL

14. PERMIT NO.
API 43-015-30076-00

15. ELEVATIONS (Show whether DF, ST, GR, etc.)
5372 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

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(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 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
DEC 19 1983
DIVISION OF
OIL, GAS & MINING

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

SIGNED

Anthony R. Styles

TITLE

Vice President

DATE

12/12/83

(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*
(See instructions on reverse side)

5. LEASE DESIGNATION AND SERIAL NO.
ML 33432

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR
St. Croix Exploration

8. FARM OR LEASE NAME

Utah State

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

9. WELL NO.

3

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

10. FIELD AND POOL, OR WILDCAT

Wildcat

11. SEC., T., R., M., OR B.L.K. AND SUBST. OR AREA

Sec 32, T24S, R11E

2629 FSL, 2384 FWL

14. PERMIT NO.
API 43-015-30076-00

15. ELEVATIONS (Show whether OF, BT, GR, etc.)
5372 Gr.

12. COUNTY OR PARISH

Emery

13. STATE

Utah

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

FULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(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 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. Lytle

TITLE Vice President

DATE 1/12/84

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

COMMENTS 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"/>		3. LEASE DESIGNATION AND SERIAL NO. ML 33432
2. NAME OF OPERATOR St. Croix Exploration		6. IF INDIAN, ALLOTED 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 2629 FSL, 2384 FWL		8. FARM OR LEASE NAME Utah State
14. PERMIT NO. API 43-015-30076-00		9. WELL NO. 3
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5372 Gr.		10. FIELD AND POOL, OR WILDCAT Wildcat
		11. SEC., T., R., N., OR S.E. AND SUBST. OR AREA Sec 32, T24S, R11E
		12. COUNTY OR PARISH 13. STATE Emery Utah

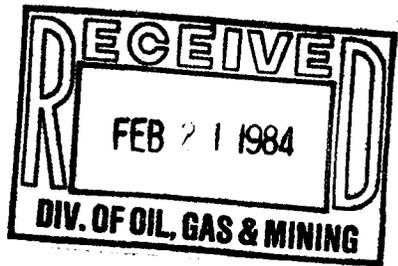
16. **Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data**

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"/>			

(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 Henry A. Pyles 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

PRINT 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

2629 FSL, 2384 FWL

14. **PERMIT NO.**
API 43-015-30076-00

15. **ELEVATIONS** (Show whether OF, ST, GR, etc.)
5372 Gr.

5. **LEASE DESIGNATION AND SERIAL NO.**
ML 33432

6. **IF INDIAN, ALLOTED OR TRIBE NAME**

7. **UNIT AGREEMENT NAME**

8. **FARM OR LEASE NAME**
Utah State

9. **WELL NO.**
3

10. **FIELD AND POOL, OR WILDCAT**
Wildcat

11. **SEC., T., S., M., OR B.L.K. 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**

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"/>

(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 By Carl 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.)

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

2629 FSL, 2384 FWL

14. PERMIT NO.
API 43-015-30076-00

15. ELEVATIONS (Show whether OF, AT, OR, etc.)
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ML 33432

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

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

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 [Signature] 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"/> 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 2629' FSL, 2384' FWL		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. 3 10. FIELD AND POOL, OR WILDCAT Wildcat 11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA Sec 32, T24S, R11E 12. COUNTY OR PARISH 13. STATE Emery Utah
14. PERMIT NO. API 43-015-30076-00	15. ELEVATIONS (Show whether DF, RT, OR, etc.) 5372 Gr	

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

MAY 4 1984

DIVISION OF OIL
GAS & MINING

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

SIGNED Stanley A. Taylor 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 TRIPLICATE*
(Other instructions on reverse side)

SUNDRY NOTICES AND REPORTS ON WELLS

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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 43-015-30076-00		9. WELL NO. 3
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		11. SEC., T., R. N., OR BLE. 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:

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 ACIDISE <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 or 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 D. Taylor* TITLE Vice President DATE 6/8/84

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:



STATE OF UTAH
NATURAL RESOURCES
State Lands & Forestry

Scott M. Matheson, Governor
Temple A. Reynolds, Executive Director
Ralph A. Miles, Division Director

3100 State Office Building • Salt Lake City, UT 84114 • 801-533-5381

June 15, 1984

St. Croix Exploration
430 First Avenue North #640
Minneapolis, Minnesota 55401

Gentlemen

SUBJECT: STATUS ON WELL NO. UTAH STATE #6

Enclosed is a copy of a recent inspection on Well No. Utah State #6,
API #43-015-30076, Sec. 36, T. 24S., R. 11E., Emery County, Utah with its
recommendations.

This well has been under an operation suspended status for quite some time.
Please inform this office as to what operations are being performed or planned
for this well location. Enclosed is Form OGC-1b, "Sundry Notices and Reports
on Wells", that you may use to report this information to the Division.

We will be happy to acknowledge receipt of your response to this notice
if you will include an extra copy of the transmittal letter with a place
for our signature and a self addressed envelope for the return. Such
acknowledgement should avoid unnecessary mailing of a second notice from
our agency.

Thank you for your prompt attention to the above matter.

Sincerely

A handwritten signature in cursive script that reads "Claudia L. Jones".

Claudia L. Jones
Well Records Specialist

clj
Enclosure

cc Dianne R. Nielson
Ronald J. Firth
John R. Baza
File

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> 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 2629' FSL, 2384' FWL 14. PERMIT NO. API 43-015-30076-00		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. 3 10. FIELD AND POOL, OR WILDCAT Wildcat 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 32, T24S, R11E 12. COUNTY OR PARISH Emery 13. STATE Utah	
15. ELEVATIONS (Show whether DF, RT, OR, etc.) 5372 Gr			

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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 <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
 JUL 13 1984
 DIVISION OF OIL
 GAS & MINING

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

SIGNED *Stanley A. Taylor* 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 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.)

<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 430 First Avenue North, Suite #640, Minneapolis, MN 55401</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2629' FSL, 2384' 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. 3</p> <p>10. FIELD AND POOL, OR WILDCAT Wildcat</p> <p>11. SEC., T., R., M., OR BLK. AND SUBVST OR AREA Sec 32, T24S, R11E</p> <p>12. COUNTY OR PARISH Emery</p> <p>13. STATE Utah</p>
<p>14. PERMIT NO. API 43-015-30076-00</p>	<p>15. ELEVATIONS (Show whether DF, RT, OR, etc.) 5372 Gr</p>	

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FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETS <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"/>
(Other) <input type="checkbox"/>	<input checked="" 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 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
AUG 3 1984
DIVISION OF OIL
GAS & MINING

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

SIGNED *Monty A. Taylor* 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

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 that reads "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

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



STATE OF UTAH
NATURAL RESOURCES
Oil, Gas & Mining

Norman H. Bangerter, Governor
Dee C. Hansen, Executive Director
Dianne R. Nielson, Ph.D., Division Director

355 W. North Temple • 3 Triad Center • Suite 350 • Salt Lake City, UT 84180-1203 • 801-538-5340

April 8, 1985

St. Croix Exploration
430 First Avenue North #640
Minneapolis, Minnesota 55401

Gentlemen:

Re: Well No. Utah State #3(6) - Sec. 36, T. 24S, R 11E,
Emery County, Utah - API #43-015-30076

The above listed well has been under an operation suspended status for six months or longer. Please inform this office of the current status of this well location or what operations are currently being performed on this well.

Enclosed is Form OGC-1b, "Sundry Notices and Reports on Wells", that you may use to inform our office regarding this matter.

Sincerely,

A handwritten signature in cursive script that reads "Pam Kenna".

Pam Kenna
Well Records Specialist

Enclosure

cc: Dianne R. Nielson
Ronald J. Firth
John R. Baza
File

0161S/50

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

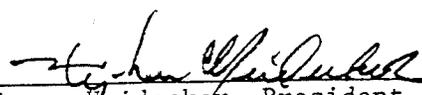
as his operator and local agent, with full authority to act in his behalf in complying with the terms of the leases and regulations applicable thereto and on whom the Director of the Division of State Lands or his representative may serve written or oral instructions in securing compliance with the Rules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

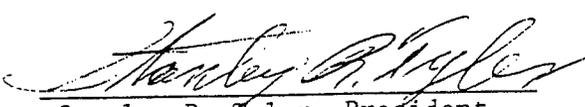
Section 36, T24S, R11E, Emery County, Utah, as part of Lease No. ML33432 *Utah State #6*

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


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

Date 9/15/85

Date 4-11-85

OPS

RAINY RIVER RESOURCES

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

RECEIVED

October 25, 1985

OCT 29 1985

Ms. Pam Kenna
Well Records Specialist
State of Utah - Natural Resources
Division of Oil, Gas & Mining
355 W. North Temple
3 Triad Center, Suite #350
Salt Lake City, UT 84180-1203

DIVISION OF OIL
GAS & MINING

RE: Well No. Utah State #3 - Sec. 32, T. 24S., R. 12 E.,
Emery County, Utah - API #43-015-30069

Dear Ms. Kenna:

As per the enclosed correspondence dated July 10, 1985, Rainy River Resources has already forwarded a copy of the Compensated Formation Density log for the Utah State #3 well in Section 32.

In my correspondence of October 8, 1985 (copy enclosed), I was in error when I stated that no log had been run on this well; I was mistakenly referring to our Utah State #3 well in Section 36.

I apologize for this error and ask that you contact our offices at (612) 343-0310 if you have any questions.

Thank you.

Sincerely,

RAINY RIVER RESOURCES, INC.
DBA ST. CROIX EXPLORATION CO.



Patrice M. Carlson

Encl.

:pmc

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

SUBMIT IN TRIPLICATE*
(See instructions on reverse side)

111922

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		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 2620 FSL, 2384 FWL		8. FARM OR LEASE NAME Utah State
14. PERMIT NO. API 43015-3 0076-00		9. WELL NO. #3
15. ELEVATIONS (Show whether DF, RL, GR, etc.) 5372 GR		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

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 #3
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.

Bottomhole plug across casing show - 40 sacks. Surface plug - 10 sacks.

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 Mark A. Meyer 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. Bar

*See Instructions on Reverse Side

Macdonald Resources, Inc.

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

012813

January 21, 1987

RECEIVED
JAN 23 1987

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

DIVISION OF
OIL, GAS & MINING

re: Rainy River Resources dba St. Croix Exploration
Applications to Plug & Abandon Wells in Emery County

Dear Mr. Baza:

Further to our telephone conversation today, on behalf of Rainy River Resources, we have enclosed a revised application to plug & abandon the Utah State #3 well which changes the cement plug to 20 sacks to match the wellbore diameter. An application to plug & abandon the Utah State #3-A well is also enclosed. The program is similar to the other wells and this application had just been missed out when the previous applications were filed.

We plan to proceed with plugging and abandoning these wells and the six others that were permitted for abandonment as soon as field conditions allow. We hope to commence about 1/28/87. We will stay in contact with your office regarding the schedule.

Thank you for your cooperation.

Yours truly,



Bruce N. Gies

cc: Mr. Stan Tyler
Rainy River Resources

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

SUBMIT THIS TRIPPLICATE
(Instructions on reverse side)

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.
#3

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

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 Revised 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 State requirements. See also space 17 below.)
At surface
2620 FSL, 2384 FWL

14. PERMIT NO.
API 43015-3 0076-00

15. ELEVATIONS (Show whether DF, TD, or G.S.)
5372 GR

DIVISION OF OIL, GAS & MINING

RECEIVED
JAN 23 1987

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 #3
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.

Bottomhole plug across casing shoe - 20 sacks. Surface plug - 10 sacks. Cut off surface casing 3½ 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 Bruce N. Gies *Bruce N. Gies* TITLE Consultant

DATE 1-21-87

(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 1-27-87

BY John R. Day

*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 TRIPLICATE*
(Other instructions on reverse side)

OPS

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"/> 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 030410
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 2620 FSL, 2384 FWL		8. FARM OR LEASE NAME Utah State
14. PERMIT NO. API 43015-3-0076-00	15. ELEVATIONS (Show whether DF, RT, OR, etc.) 5372 GR	9. WELL NO. 3
		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

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"/>	

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

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

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

Feb. 10, 1987

Move & rig up on Well #3. Ran bailer test, fluid level @ 75 ft below surface, fluid was water. RIH w drill pipe & tag bottom @ 200 ft. Mix & pump 20 sack cement plug @ 175 ft. Water returns to surface during pumping. POOH. Rig down to leave bottom plug set up.

Feb. 12, 1987- Mix & place 10 sack surface cement plug & 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: John R. Bue

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

9. WELL NO.

STATE # 3

10. FIELD AND POOL, OR WILDCAT

WILDCAT

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

245, 11E, SEC 36

12. COUNTY OR PARISH

EMERY

13. STATE

UT

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

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

b. TYPE OF COMPLETION: NEW WELL WORK OVER DEEP-EN PLUG BACK DIFF. RESVR. Other _____

2. NAME OF OPERATOR

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)*

At surface 2446 FSL 2183 FWL

At top prod. interval reported below _____

At total depth _____

14. PERMIT NO. 43 015 30076 | DATE ISSUED 10-17-80

15. DATE SPUNDED 11-4-80 | 16. DATE T.D. REACHED 11-10-80 | 17. DATE COMPL. (Ready to prod.) 11-11-80 CORE | 18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 5372 GA | 19. ELEV. CASINGHEAD _____

20. TOTAL DEPTH, MD & TVD 205 | 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)* NONE | 25. WAS DIRECTIONAL SURVEY MADE NO

26. TYPE ELECTRIC AND OTHER LOGS RUN NONE | 27. WAS WELL CORRED. YES

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

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8 5/8		150	12 1/4	10 SXS	

29. LINER RECORD | 30. TUBING RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)

31. PERFORATION RECORD (Interval, size and number) NONE

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) P/A 2-10-87

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
N/A							
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.) WELL NEVER COMPLETED OR TESTED - NO PRODUCTION | TEST WITNESSED BY 870306

35. LIST OF ATTACHMENTS INFO PROVIDED BY TEL. ON 3-5-87 BY STAN TYLER TO NORM STOUT OF ODGM

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records (612) 343-0310

SIGNED _____ TITLE _____ DATE 3-5-87

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

