

FILE NOTATIONS

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

Checked by Chief *PWB*
Approval Letter *11-28-69*
Disapproval Letter ✓

COMPLETION DATA:

Date Well Completed *2-9-70*
JW..... WW..... TA..... ✓
GW..... OS..... PA..... ✓

Location Inspected
Bond released
State or Fee Land

LOGS FILED

Driller's Log *2-9-70*
Electric Logs (No.) *3*
E..... I^E..... ✓ Dual I Lat..... GR-N..... Micro.....
BHC Sonic GR..... ✓ Lat..... Mi-L..... Sonic.....
CBLog..... CCLog..... Others..... *Fluorinated Acetylene*.....

df
11-5-90

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK
 DRILL DEEPEN PLUG BACK

b. TYPE OF WELL
 OIL WELL GAS WELL OTHER
 SINGLE ZONE MULTIPLE ZONE

2. NAME OF OPERATOR
TEXACO Inc.

3. ADDRESS OF OPERATOR
Box 810, Farmington

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)*
1980 f/No. & 1980 f/W. Line
 At proposed prod. zone
Same

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*
2.5 Mi. East of Thompson, Utah

10. DISTANCE FROM PROPOSED* LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT. (Also to nearest drlg. unit line, if any)
1980'

16. NO. OF ACRES IN LEASE

17. NO. OF ACRES ASSIGNED TO THIS WELL

18. DISTANCE FROM PROPOSED LOCATION* TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT.
Wildeat

19. PROPOSED DEPTH
5000'

20. ROTARY OR CABLE TOOLS
Rotary

21. ELEVATIONS (Show whether DF, RT, GR, etc.)
5051 Gr.

22. APPROX. DATE WORK WILL START*
12-15-69

23. PROPOSED CASING AND CEMENTING PROGRAM

| SIZE OF HOLE | SIZE OF CASING | WEIGHT PER FOOT | SETTING DEPTH | QUANTITY OF CEMENT |
|--------------|----------------|-----------------|---------------|----------------------------|
| 15" | 10 3/4" | 32.75# | 500' | 435 sx to surface |
| 8 3/4" | 7" | 20 & 23# | 5000 | 130 sx & 4% Gel. 50:50 Poz |
| | | | WHITE Rim | |

Well will be drilled w/ rotary tools to an estimated total depth of 5000' to penetrate the Cutler formation. 500' of 10 3/4" surface casing will be set and cemented to surface to protect water flows. Production casing, 7", will be set at TD and cemented w/ est. 130 sx, 4% Gel, 50/50 Poz. Est. three DST will be performed. Casing will be perforated and prod. zone acidized or fraced as necessary.

CONFIDENTIAL

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

24. SIGNED [Signature] TITLE **Dist. Supt.** DATE **11-25-69**

(This space for Federal or State office use)
 PERMIT NO. **43-019-3004P** APPROVAL DATE _____

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

USGS (3), OGCC (2), HHB, GLE
 SIC SIC
 *See Instructions On Reverse Side

COMPANY Texaco Inc.

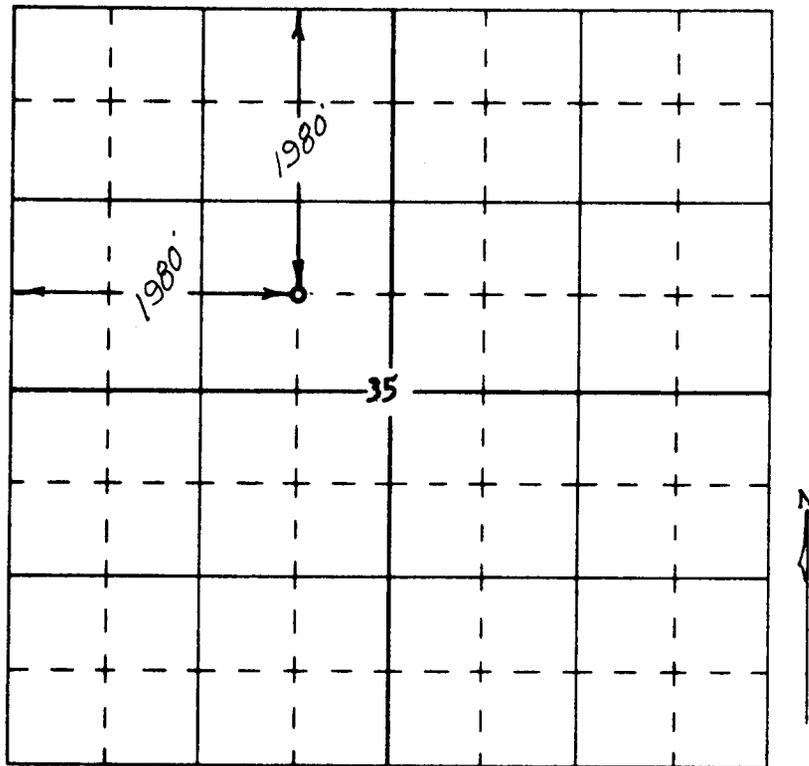
Well Name & No. Government "T" No. 1 Lease No. _____

Location 1980 feet from North line and 1980 feet from West line

Being in Grand County, Utah

Sec. 35, T.21S., R.20E., S.L.M.

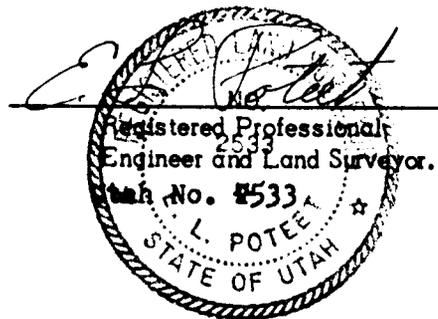
Ground Elevation 5051



Scale - 4 inches equals 1 mile

Surveyed November 22, 1969

This is to certify that the above plat was prepared from field notes of actual surveys made by me or under my supervision and that the same are true and correct to the best of my knowledge and belief.



November 28, 1969

Texaco, Inc.
P.O. Box 810
Farmington, New Mexico

Re: Well No. Gov't. "T"-1
Sec. 35, T. 21 S, R. 20 E,
Grand County, Utah

Gentlemen:

Insofar as this office is concerned, approval to drill the above mentioned well is hereby granted.

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

PAUL W. BURCHELL - Chief Petroleum Engineer
HOME: 277-2890
OFFICE: 328-5771

This approval terminates within 90 days if the well has not been spudded-in within said period.

Enclosed please find Form OGC-8-X, which is to be completed whether or not water sands (aquifers) are encountered during drilling. Your co-operation with respect to completing these forms will be greatly appreciated.

Texaco Inc.
November 28, 1969
Page 2

The API number assigned to this well is 43-019-30048 (see Bulletin D-12 published by the American Petroleum Institute).

Very truly yours,

DIVISION OF OIL & GAS CONSERVATION

CLEON B. FEIGHT
DIRECTOR

CBF:sd
Enclosures

cc: U.S. Geological Survey
8416 Federal Building
Salt Lake City, Utah 84111

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIP DATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

Fed. U-7888

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

Gov't "T"

9. WELL NO.

No. 1

10. FIELD AND POOL, OR WILDCAT

Wildcat

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

35-218-20E-S1M

12. COUNTY OR PARISH 13. STATE

Grand

Utah

1. OIL WELL GAS WELL OTHER **Wildcat**

2. NAME OF OPERATOR
TEXACO Inc.-Prod-U. S. West

3. ADDRESS OF OPERATOR
Box 810, Farmington, New Mexico 87401

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

1980 f. No. & 1980 f. W. Lines

14. PERMIT NO.
State 43-019-30048

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
5051 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)

(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.)*

CONFIDENTIAL

Drilled 15 inch hole to 507 ft. KB - Set 495 ft. of 10 3/4" csg. set @ 507' KB w/ 450 sx class A cement & 2% CC. Circulated cement to surface. Tested @ 1200 psig for 30 min. OK. KB 12'.

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

SIGNED

[Signature]

TITLE

Dist. Supt.

DATE

12-30-69

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

USGS(3)-OGCC(2)HHB-OLE

SLE

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

Fed. U-7888

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Wildcat | 7. UNIT AGREEMENT NAME Thompson Unit |
| 2. NAME OF OPERATOR Texaco Inc. - Prod U. S. West | 8. FARM OR LEASE NAME |
| 3. ADDRESS OF OPERATOR Box 810, Farmington, New Mexico 87401 | 9. WELL NO. 1 |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980 ft f/No. & 1980 ft. f/W. Lines | 10. FIELD AND POOL, OR WILDCAT Wildcat |
| 14. PERMIT NO. State 43-019-30048 | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 35-21S-20E-S1M |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5051 GR | 12. COUNTY OR PARISH Grand |
| | 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) Change Well Name | X | (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.)*

CONFIDENTIAL

The purpose of this Notice is to change the name of the well, as originally reported and subsequently approved, from Gov't "T" Well No. 1 to Thompson Unit Well No. 1.

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

SIGNED *[Signature]* TITLE Dist. Supt. DATE 1-9-70

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

PLUGGING PROGRAM FORM

Name of Company: DePaco Inc. Well Name: Gov't. "T" #1
Verbal Approval Given By: USGS Sec 35 T. 21S R. 20E County: Grand

Verbal Approval Was Given To Plug the Above Mentioned Well In The Following Manner:

T. D. 5300'

Surface casing ~~at~~ 10 3/4 @ 507' K.B.

Plugging as follows: (U.S.G.S.)

Cement Plugs at: 4870'-4770'; 3275'-3175';
2560'-2460'; 1775'-1675'; 570'-460' (over water bearing strata)

Minimum of 10 sack plug from surface w/ permanent marker.

Approximate Formations Top:

White Linn at 4858'
Ostrada " 2532'
Dakota " 1715'

Program from: Fred Huntington, DePaco,
Farmington 325-7533

Date Verbally Approved: 2-9-70 Signed: Schmitt

John Jen - Shell — 2/9/70

Miles #1

11,461 - Run 7"

Logging today

Will drill to 217,000

AMB

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIP. DATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

Fed. U-7888

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Thompson Unit

8. FARM OR LEASE NAME

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildecat

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

35-218-20E SLM

12. COUNTY OR PARISH 13. STATE

Grand

Utah

1. OIL WELL GAS WELL OTHER **Wildcat**

2. NAME OF OPERATOR
Texaco Inc.-Prod. U. S. West

3. ADDRESS OF OPERATOR
Box 810, Farmington, New Mexico 87401

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

1980 f/No. & 1980 f/w. Lines

14. PERMIT NO.
State 43-019-30048

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
5051-GR

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.)*

Well was drilled to a total depth of 5202' and no shows of oil or gas were encountered. Well was plugged as follows:

50 sx - 4870-4770
 50 sx - 3275-3175
 50 sx - 2560-2460
 60 sx - 1775-1675
 25 sx - 510-460
 10 sx - surface plug w/ marker.
 Last plug down @ 10 PM, 2-9-70

Verbal approval to proceed secured Mr. Rodney Smith, USGS & Mr. P. W. Burchell, State O&GCC, 2-9-70.

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

SIGNED *[Signature]*

TITLE **District Superintendent** DATE **2-10-70**

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

USGS(3)-OGCC(2)-Union Oil Co.-HHB-GLE-EHM
SLC SLC Durango
*See Instructions on Reverse Side

File Code 6.30(w)

Form 9-330 (Rev. 5-63)

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other instructions on reverse side)

Form approved. Budget Bureau No. 42-R355.5

5. LEASE DESIGNATION AND SERIAL NO.

Fed. U-7888

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Thompson Unit

8. FARM OR LEASE NAME

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat

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

35-21S-20E-SLM

12. COUNTY OR PARISH

Grand

13. STATE

Utah

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL [] GAS WELL [] DRY [x] Other []

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

2. NAME OF OPERATOR

TEXACO Inc.

3. ADDRESS OF OPERATOR

Box 810, Farmington, New Mexico 87401

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

At surface 1980 f/No. & 1980 f/W. Lines

At top prod. interval reported below

At total depth

Same

14. PERMIT NO. DATE ISSUED

State 43-019-30048

12. COUNTY OR PARISH

Grand

13. STATE

Utah

15. DATE SPUNDED 16. DATE T.D. REACHED 17. DATE COMPL. (Ready to prod.) 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 19. ELEV. CASINGHEAD

12-19-69

2-8-70

2-9-70

5051 GR

-

20. TOTAL DEPTH, MD & TVD 21. PLUG, BACK T.D., MD & TVD 22. IF MULTIPLE COMPL., HOW MANY* 23. INTERVALS DRILLED BY ROTARY TOOLS CABLE TOOLS

5202'

-

-

0-TD

0-TD

-

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

Dry.

25. WAS DIRECTIONAL SURVEY MADE

Yes

26. TYPE ELECTRIC AND OTHER LOGS RUN

IES, Gamma Ray, Sonic, Density

27. WAS WELL CORDED

Yes

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

Table with 6 columns: CASING SIZE, WEIGHT, LB./FT., DEPTH SET (MD), HOLE SIZE, CEMENTING RECORD, AMOUNT PULLED. Row 1: 10-3/4", 51.40.5, 32.75, 507'KB, 15", 450 sx Class A w/2%cc, -

29. LINER RECORD

Table with 4 columns: SIZE, TOP (MD), BOTTOM (MD), SACKS CEMENT*. All empty.

30. TUBING RECORD

Table with 3 columns: SIZE, DEPTH SET (MD), PACKER SET (MD). All empty.

31. PERFORATION RECORD (Interval, size and number)

Dry

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

Table with 2 columns: DEPTH INTERVAL (MD), AMOUNT AND KIND OF MATERIAL USED. Row 1: None, -

33.* PRODUCTION

Table with 8 columns: DATE FIRST PRODUCTION, PRODUCTION METHOD, WELL STATUS, DATE OF TEST, HOURS TESTED, CHOKER 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

None

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

SIGNED

[Signature]

TITLE

Dist. Supt.

DATE 2-16-70

USGS(2) OGCC(2) UNION OIL CO-Durango, Colo - HHB-EHM-GLE SLC SLC

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

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

REPORT OF WATER ENCOUNTERED DURING DRILLING

Well Name & Number Thompson Unit No. 1
Operator TEXACO Inc. Address P. O. Box 810
Farmington, NM 87401 Phone 325-7553
Contractor W. Pease Dlg. Co. Address P. O. Box 548
Grand Junction, Colo. Phone 303-242-6912
Location SE 1/4 NW 1/4 Sec. 35 T. 21 N, R. 20 E, Grand County, Utah.
S XX

Water Sands:

| <u>Depth</u> | | <u>Volume</u> | <u>Quality</u> |
|-------------------------------------|------------|--------------------------|--------------------------|
| <u>From:</u> | <u>To:</u> | <u>Flow Rate or Head</u> | <u>Fresh or Salty</u> |
| 1. _____ | _____ | <u>Not measured</u> | <u>No samples taken.</u> |
| 2. <u>Temp. survey taken</u> | _____ | _____ | _____ |
| 3. <u>indicated water flow</u> | _____ | _____ | _____ |
| 4. <u>in the Entrada formation,</u> | _____ | _____ | _____ |
| 5. <u>2590 to 3046'</u> | _____ | _____ | _____ |

(Continue on reverse side if necessary)

Formation Tops:

Entrada 2590

Remarks:

NOTE:

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