



SOHIO PETROLEUM COMPANY
EXPLORATION AND PRODUCTION

P. O. BOX 30
CASPER, WYOMING 82602

February 27, 1984
WHW: 108

Frank Snell, District Manager
Bureau of Land Management
2370 South, 2300 West
Salt Lake City, UT 84119

Re: Application for Permit to Drill
Sugarloaf 11-6
Sec. 11, T10N, R6E
Rich County, Utah
U-29126

Dear Mr. Snell:

Attached is the original and two copies of the above-referenced APD, as we discussed on February 23, 1984. Permitting originally began during December, 1983 on this location. The NOS has been submitted and an archeological inventory was completed. Plans were then cancelled in January, 1984, at which time further permitting was not pursued.

Due to availability of additional funds, it has become feasible once again to drill this well. The proposed Sugarloaf Unit includes leases expiring on March 31, 1984. Therefore, it is necessary to spud this well on or before that date.

We apologize for such short notice and will greatly appreciate your prompt attention to this matter. An onsite inspection has been scheduled with members of your office for Wednesday, February 29, 1984.

We will have the H₂S Contingency Plan shortly. All necessary applications are being filed at this time with Utah Division Oil, Gas and Mining and State Engineer's office. The Rich County Commissioners were previously informed of our intention to drill this well.

Once again, we certainly appreciate your cooperation with this matter. Please contact Terry Rooney (307-237-3861) with any questions or comments.

Sincerely,


W.H. Ward
District Manager

TR/jc

cc: Ed Guynn
Norm Stout
J.H. Walters
T. Rooney
File

Attachment #1
 Drilling Program
 Sohio Petroleum Company
 Sugarloaf 11-6

2683' FWL, 2449' FNL
 Sec. 11, T10N, R6E
 Rich County, Utah

1) Geology: Surface, Markers and Possible Contents

Wasatch	Surface	Water
Nugget	1800	NA
Dinwoody	8800	Gas
Phosphoria	9300	Gas
Brazer	10350	Gas
Fish Haven	13200	Gas
T.D.	16000	Gas

2) Proposed Casing Program:

SF Tension - 1.6/1.3
 Collapse - 1.125
 Burst - 1.25

Hole	Depth	O.D.	Weight	Grade	Joint	New/Used
17½"	0-2000'	13-3/8"	54.5#	K-55	ST&C	New
12¼"	0-5000'	9-5/8"	40#	K-55	LT&C	New
	5000-6500'	9-5/8"	36#	K-55	ST&C	New
8½"	0-4000'	7"	32#	L-80	Butt.	New
	4000-6000'	7"	29#	L-80	Butt.	New
	6000-11500'	7"	29#	L-80	LT&C	New
	11500-16000'	7"	32#	L-80	LT&C	New

Conductor Casing - 20" conductor will be set @ 100' and cemented to surface.

Proposed Cement Program:

Cement Program *Volumes and additives will change subject to conditions encountered during drilling operations.

Surface (13-3/8") 0-2000'
 Lead - 2000 sx. light + 3% CaCl₂ + 10#/sx. gilsonite + ½#/sx. flocele
 Tail - 1400 sx. 'H' + 2% CaCl₂ + ¼#/sx. flocele

Protection (9-5/8") 0-6500'
 Lead - 1000 sx. light + 2% CaCl₂ + 10#/sx. gilsonite + ½#/sx. flocele
 Tail - 300 sx. 'H' + .1% HR-5 + ¼#/sx. flocele

Production/Protection (7") 0-16000'
 Lead - 550 sx. light + .75% CFR-2 + .1% HR-5 + ¼#/sx. flocele
 Tail - 200 sx. H + .75% CFR-2 + .4% Halad 24 + ¼#/sx. flocele

3) Pressure Control Equipment - See Attachments 2A and 2B

After NU BOP'd:

1. Ram type preventers shall be tested to 5000 W.P.
2. Annulus preventers shall be tested to 3000 psi.

Pipe rams shall be operated every 24 hours. The blind rams shall be operated after each trip.

Blowout prevention drills shall be held by each crew at least every week and the drills must be posted in the tour reports.

Stack will be fully tested after any use under pressure or if it is broken down at any time. Tests to the above pressure are to be conducted every 30 days.

The accumulator system will be 3000 psi working pressure with a minimum of 120 gallons with remote controls on the rig floor and manual controls at the unit.

4) Type and Characteristics of Circulating Muds:

	Weight (#/gal.)	Viscosity (Sec/Qt)	Fluid Loss (cc's)
0-16000 Low Solids- Slightly Dispersed	8.8-9.2	30-50	10 or less

An adequate supply of sorptive materials will be on hand in the event of unanticipated downhole problems. Weight additives will be on location as required.

5) Auxillary Equipment

Kelly cock, stabbing valve and pit level monitor from surface to total depth. A mud logger with gas detection will be on location from below surface casing setting point to total depth.

6) Testing, Coring and Logging Program:

A) Drill Stem Tests:

DST's will be run per conditions encountered while drilling the well. Potential tests below ±6500' are anticipated.

B) Cores:

Cores will be run per conditions encountered while drilling the well. Potential cores below ±6500' are anticipated.

Testing, Coring, and Logging Program - (Cont'd)

C) Logs

DIL/GR/Sonic	0-2000	
DLL/MSFL	2000-6500	16000-6500
FDC/CNL/GR	2000-6500	16000-6500
GR/BH Sonic	2000-6500	16000-6500
LDT/CNL/NGT		16000-6500
Dipmeter	2000-6500	16000-6500
VSP	16000-Surf.	

D) Stimulation and completion procedures will be determined after evaluation of the drilling and testing information. If these procedures are deemed necessary, they will be submitted via a Sundry Notice for approval.

7) Anticipated Abnormal Conditions

No abnormal pressures or ~~temperatures~~ are expected. H₂S gas is possible below 6500'. ✓ An H₂S contingency plan has been developed and will be submitted upon its receipt.

8) The anticipated spud date is March 15, 1984. Operations should last 185 days.

TO BE USED ON
13-3/8" TO T.D.

Rotating Head
OPTIONAL

ANNULAR PREVENTER
13-5/8" x 3000#
H₂S Trim

BLIND RAMS
13-5/8" x 5000#
H₂S Trim

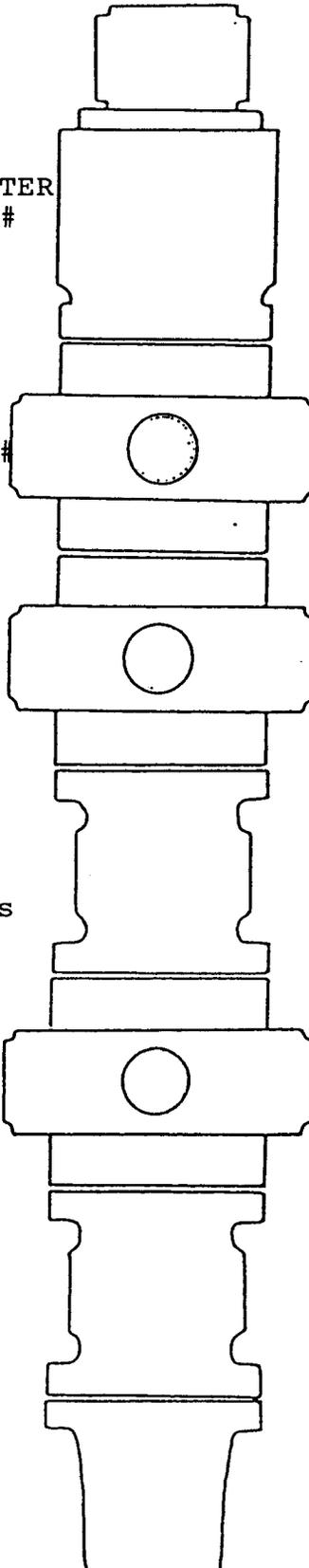
PIPE RAMS
13-5/8"x5000#
H₂S Trim

DRILLING SPOOL
13-5/8"x5000#
w/5000# Outlets
H₂S Trim

PIPE RAMS
13-5/8"X5000#
H₂S Trim

DRILLING SPOOL
(OPTIONAL)

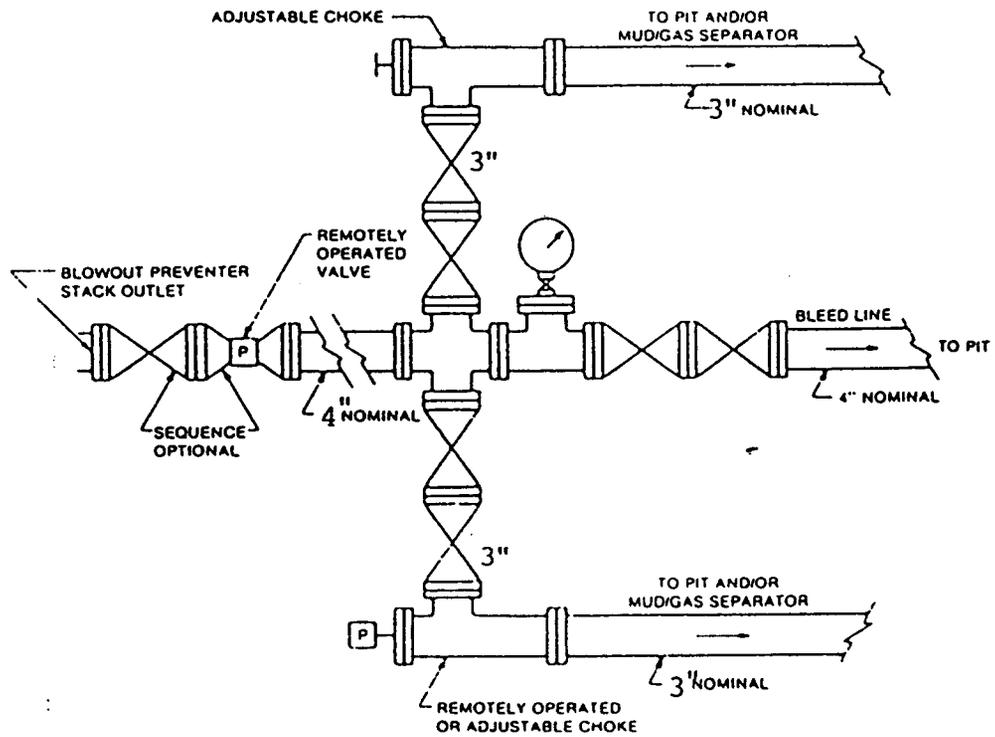
WELLHEAD



CASING SPOOL TO BE USED
IF ANY INTERMEDIATE STRING
OF CASING IS SET.

NOTE: ALL CONNECTIONS FLANGE TYPE, H₂S TRIM

SOHIO PETROLEUM COMPANY
SUGARLOAF 11-6
RICH COUNTY, UTAH
ATTACHMENT 2A



Typical choke manifold assembly for 5M rated working pressure service

SUGARLOAF 11-6
RICH COUNTY, UTAH

ATTACHMENT 2B

Attachment #3
Surface Use Plan
Sohio Petroleum Company
Sugarloaf 11-6

2683' FWL, 2449' FNL
Section 11, T10N, R6E
Rich County, Utah
U-29126

1) Existing Roads

- a) Surveyor's Plat - Attachment #4.
- b) Route and Distance - Attachment #5.
- c) Plans for improvements and/or maintenance of existing roads - existing roads need no improvements and will be maintained in their current or better condition.

2) Planned Access Road - Attachment #5

- a) The drill pad is situated directly off the county road. The access will be an 18' gravelled surface ditched along the sides. An 18" minimum culvert will be installed where the access road crosses the irrigation ditch. The fence along the road will be cut and a cattleguard and/or gate will be installed if requested by the landowner.
- b) No turnouts are necessary.

3) Existing Wells Within a One Mile Radius:

Water - 1, Injection - 0, Disposal - 0, Drilling - 0, Producing - 0.

4) Existing or Proposed Facilities if Well is Productive:

- a) Existing - None.
- b) Proposed - A location plat identifying proposed facilities has not been included. Any discovery in this area would most likely require further drilling to determine the extent of the discovery prior to placement of production facilities. Therefore, it is unknown at this time what facilities would be installed or their location. Prior to the placement of production facilities, an accurate plat will be submitted for approval.

5) Location and Type of Water Supply

- a) The primary source of water will be pumped from Big Creek directly east of the location. A Temporary Change Application to Appropriate Water will be filed with the State Engineer's Office.
- b) A secondary source, if needed, would be to drill a water well on location.

- 6) Construction Materials
 - a) The amount of topsoil to be stockpiled will be specified by landowner.
 - b) Gravel will be hauled in from an outside source to be arranged by the dirt contractor.
- 7) Methods for Handling Waste Disposal:
 - a) Cuttings will be contained and buried in the reserve pit.
 - b) Drilling fluids will be contained in the reserve pit and allowed to evaporate prior to backfilling the pit.
 - c) All test fluids will be contained in test tanks and hauled off location by service company.
 - d) Sewage will be contained in holding tanks buried on location and removed upon completion.
 - e) Garbage and other waste materials will be handled in a trash/burn pit which will be entirely enclosed with wire mesh and buried upon completion. When necessary, garbage will be hauled to the Woodruff landfill.
 - f) Upon completion, all unnecessary materials will be hauled off location.
- 8) Ancillary Facilities - None.
- 9) Well Site Layout
 - a) Cuts and Fills - Attachment #6.
 - b) Well Site Facilities and Rig Orientation - Attachment #7.
 - c) The reserve pit will be lined if rock or gravel is encountered.
- 10) Plans for Reclamation
 - a) Well Site

If this well is productive, those portions of the pad not required for operations will be recontoured and reseeded as soon as possible.

Upon abandonment, the reserve pit will be completely fenced and any remaining oil will be skimmed from the surface. Waste disposal will be handled as outlined in #7. All pits and holes will be backfilled.

10) Plans for Reclamation - (Cont'd)

When the reserve pit fluids have evaporated, the location will be restored to its approximate original contour. Topsoil will then be replaced and the seed mix recommended by the landowner will be applied. The entire well site will be fenced until the new vegetation has established itself, if requested by landowner.

b) Access Road

The access road will be obliterated at the same time and in the same manner as the drill pad due to its limited acreage.

c) Other

Initial reclamation efforts will commence during the 1985 field season. Completion will be as soon as possible, dependent upon production or abandonment and the length of each field season.

11) Surface Owner

Wayne and Sherla Ann Argyle
Randolph, Utah
No Phone Number is Available

12) Other

Surface use is livestock grazing by above landowners. Their specific requests for surface restoration will direct our reclamation efforts.

13) Operator's Representative and Certification

I hereby certify that I, or persons under my direct supervision, have inspected the proposed drillsite and access route; that I am familiar with the conditions which currently exist; that the statements made in this plan are, to the best of my knowledge, true and correct; and, that the work associated with the operations proposed herein will be performed by Sohio Petroleum Company and its contractors and subcontractors in conformity with this plan and the terms and conditions under which it is approved.

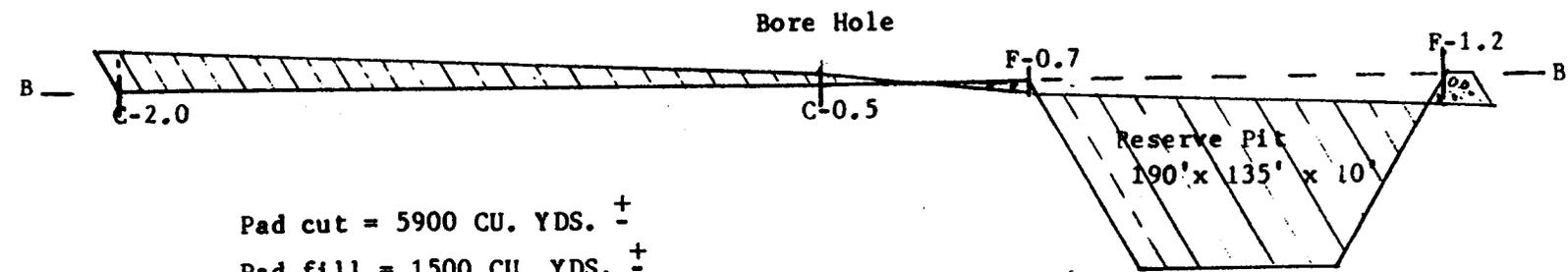
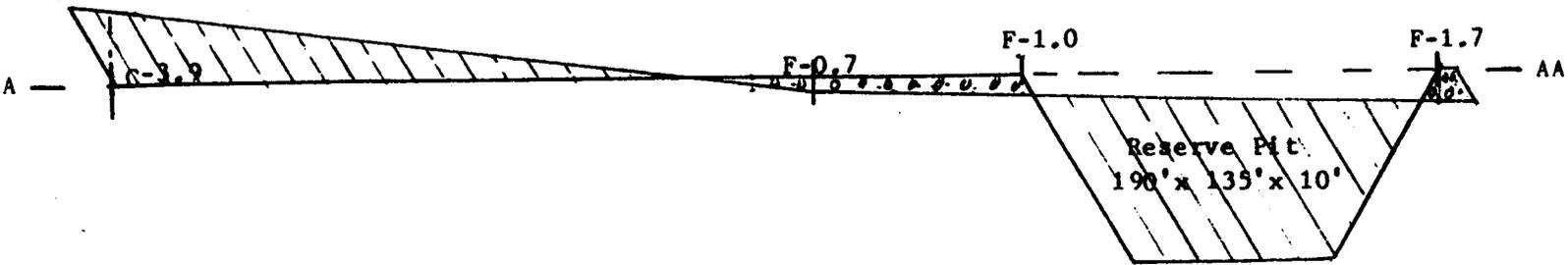
This statement is subject to the provisions of 18 U.S.C. 1001 for the filing of a false statement.


W.H. Ward
District Manager

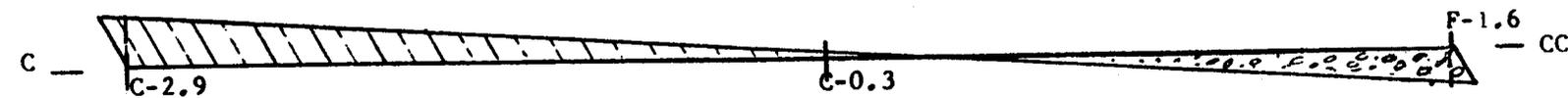
2-27-84
Date

SOHIO PETROLEUM CO.
 #11-6 Sugarlaof
 2449' FNL & 2683' FWL
 Sec. 11 T. 10N R. 6E
 Rich County, Utah

Prepared by:
 R. Johanson
 Powers Elevation
 Dec. 10, 1983

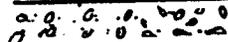


Pad cut = 5900 CU. YDS. \pm
 Pad fill = 1500 CU. YDS. \pm
 Pit cut = 7200 CU. YDS. \pm



Scale

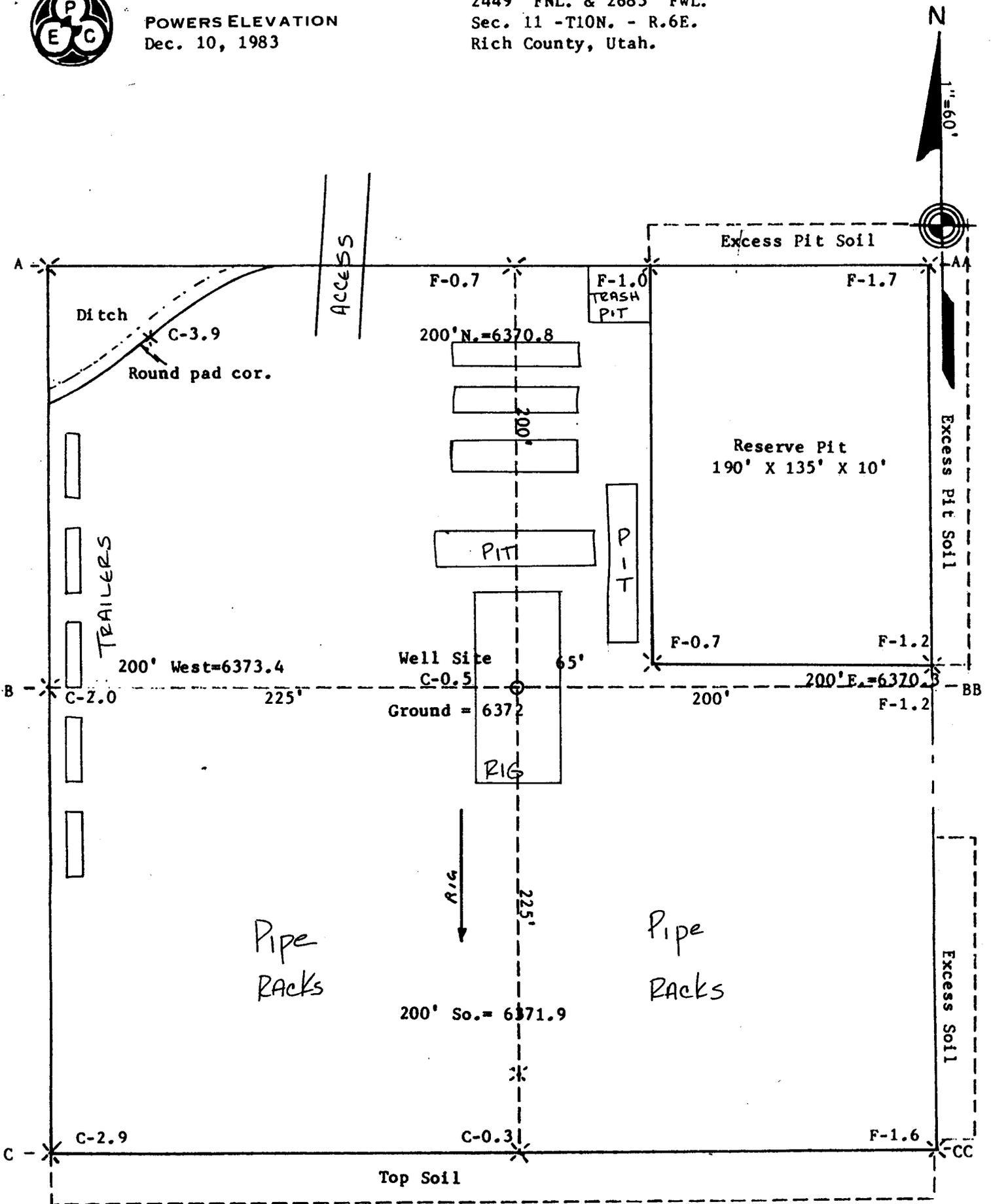
Vert. 1" = 10'
 Horiz. 1" = 60'

Cut 
 Fill 



POWERS ELEVATION
Dec. 10, 1983

SOHIO PETROLEUM CO. ✓
#11-6 Sugarloaf
2449' FNL. & 2683' FWL.
Sec. 11 - T10N. - R.6E.
Rich County, Utah.



DESIGNATION OF OPERATOR

The undersigned is, on the records of the Bureau of Land Management, holder of lease

DISTRICT LAND OFFICE: Salt Lake
SERIAL NO.: USA U-29126

and hereby designates

NAME: Sohio Petroleum Company, a Delaware Corp.
ADDRESS: 633 - 17th Street, Suite 2200
Denver, CO 80202

as his operator and local agent, with full authority to act in his behalf in complying with the terms of the lease and regulations applicable thereto and on whom the supervisor or his representative may serve written or oral instructions in securing compliance with the Operating Regulations with respect to (describe acreage to which this designation is applicable):

Township 10 North, Range 6 East
Section 11: W/2NE/4, SE/4NW/4,
W/2SW/4, NE/4SW/4

Rich County, Utah

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 Operating 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 Secretary of the Interior or his representative.

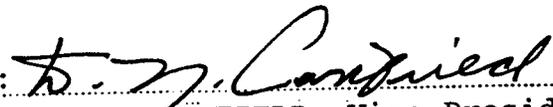
The lessee agrees promptly to notify the supervisor of any change in the designated operator.

ATTEST:


Assistant Secretary

December 27, 1963
(Date)

EL PASO EXPLORATION COMPANY

BY: 
D. N. CANFIELD, Vice-President

P. O. Box 1492
El Paso, Texas 79978
(Address)



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SERIAL No.: USA U-29126

and hereby designates

NAME: Sohio Petroleum Company, a Delaware Corp.
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The lessee agrees promptly to notify the supervisor of any change in the designated operator.

AMERICAN OUASAR PETROLEUM COMPANY OF
NEW MEXICO

BY: 

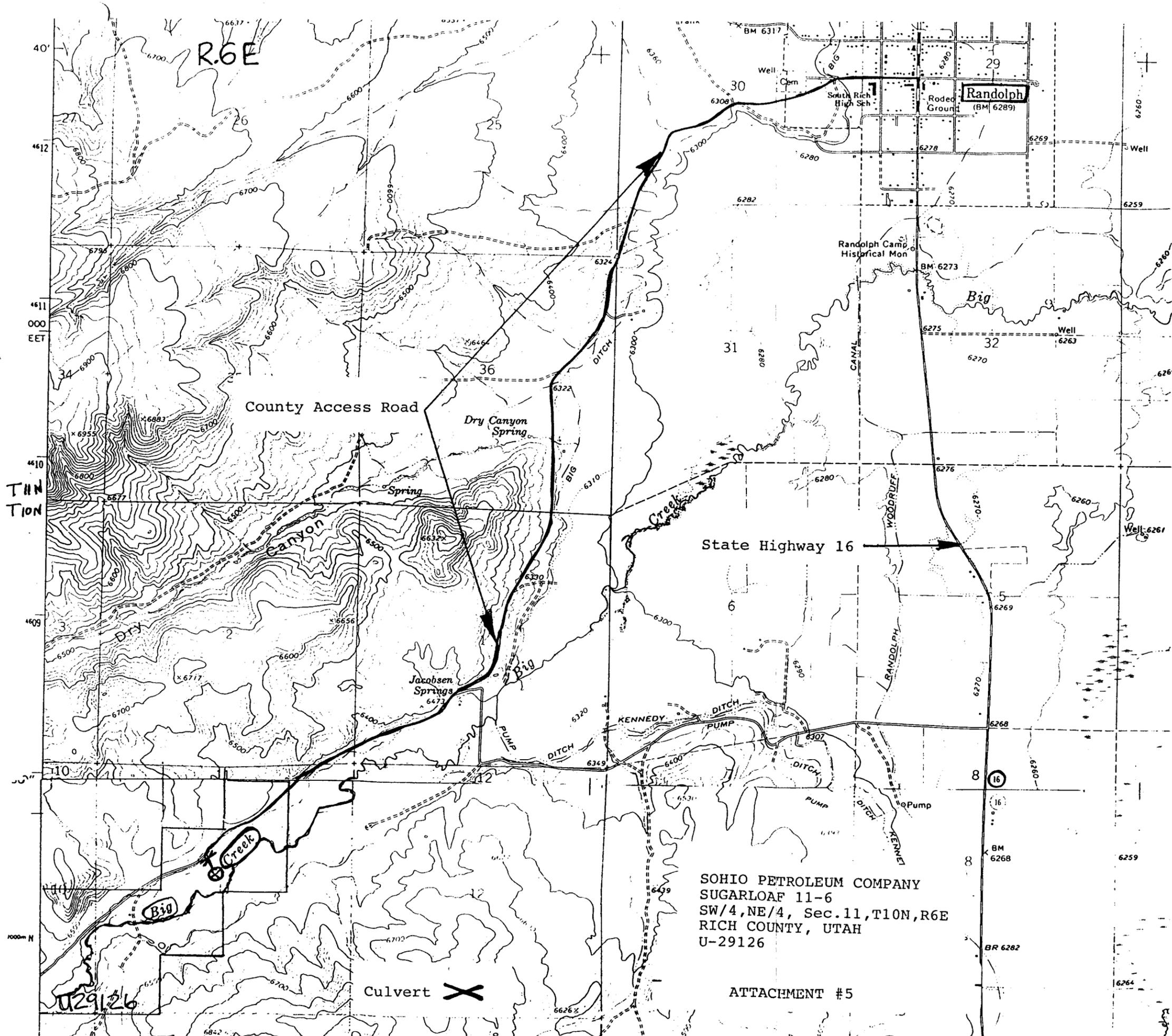
(Signature of lessee)

Vice President & Agent and Attorney-in-Fact

1700 Broadway, Suite 707
Denver, Colorado 80290

(Address)

12/12/83
(Date)



R.6E

Randolph
(BM 6289)

County Access Road

Dry Canyon Spring

State Highway 16

Jacobsen Springs
6473

SOHIO PETROLEUM COMPANY
SUGARLOAF 11-6
SW/4, NE/4, Sec. 11, T10N, R6E
RICH COUNTY, UTAH
U-29126

Culvert X

ATTACHMENT #5

T10N

000
EET

10

1000m N

U-29126

8 16

8 BM 6268

BR 6282

6264

6259

Well 6261

626

6259

6260

6260

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
 Sohio Petroleum Company 307-237-3861

3. ADDRESS OF OPERATOR
 P.O. Box 30, Casper, WY 82602

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)*
 At surface
 2683' FWL, 2449' FNL (SW/4, NE/4)
 At proposed prod. zone

5. LEASE DESIGNATION AND SERIAL NO.
 U29126

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
 NA

7. UNIT AGREEMENT NAME
 Sugarleaf

8. FARM OR LEASE NAME
 Sugarloaf

9. WELL NO.
 11-6

10. FIELD AND POOL, OR WILDCAT
 Wildcat

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
 Sec. 11, T10N, R6E

12. COUNTY OR PARISH
 Rich

13. STATE
 Utah

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*
 4 miles southwest of Randolph, Utah

15. DISTANCE FROM PROPOSED* LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT. (Also to nearest drlg. unit line, if any)
 161'

16. NO. OF ACRES IN LEASE
 320

17. NO. OF ACRES ASSIGNED TO THIS WELL
 Unspaced

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

19. PROPOSED DEPTH
 ±16000'

20. ROTARY OR CABLE TOOLS
 Rotary

21. ELEVATIONS (Show whether DF, RT, GR, etc.)
 6372' GR

22. APPROX. DATE WORK WILL START*
 March 15, 1984

PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
17½"	13-3/8"	54.5#	2000'	±3400 sx.
12¼"	9-5/8"	40, 36#	6500'	±1300 sx.
8½"	7"	32, 29#	16000'	±750 sx.

20" conductor will be set and cemented @ ±100'

ATTACHMENTS:

- #1 Drilling Program
 - #2A, 2B Pressure Equipment Diagrams
 - #3 Surface Use Plan
 - #4 Surveyor's Plat
 - #5 USGS Quadrangle
 - #6 Cuts & Fill Diagram
 - #7 Well Site Plat
 - #8 Designation of Operator - American Quasar Texas El Paso
- ✓ H2S Contingency Plan*

*Will be mailed separately, as soon as completed.

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.

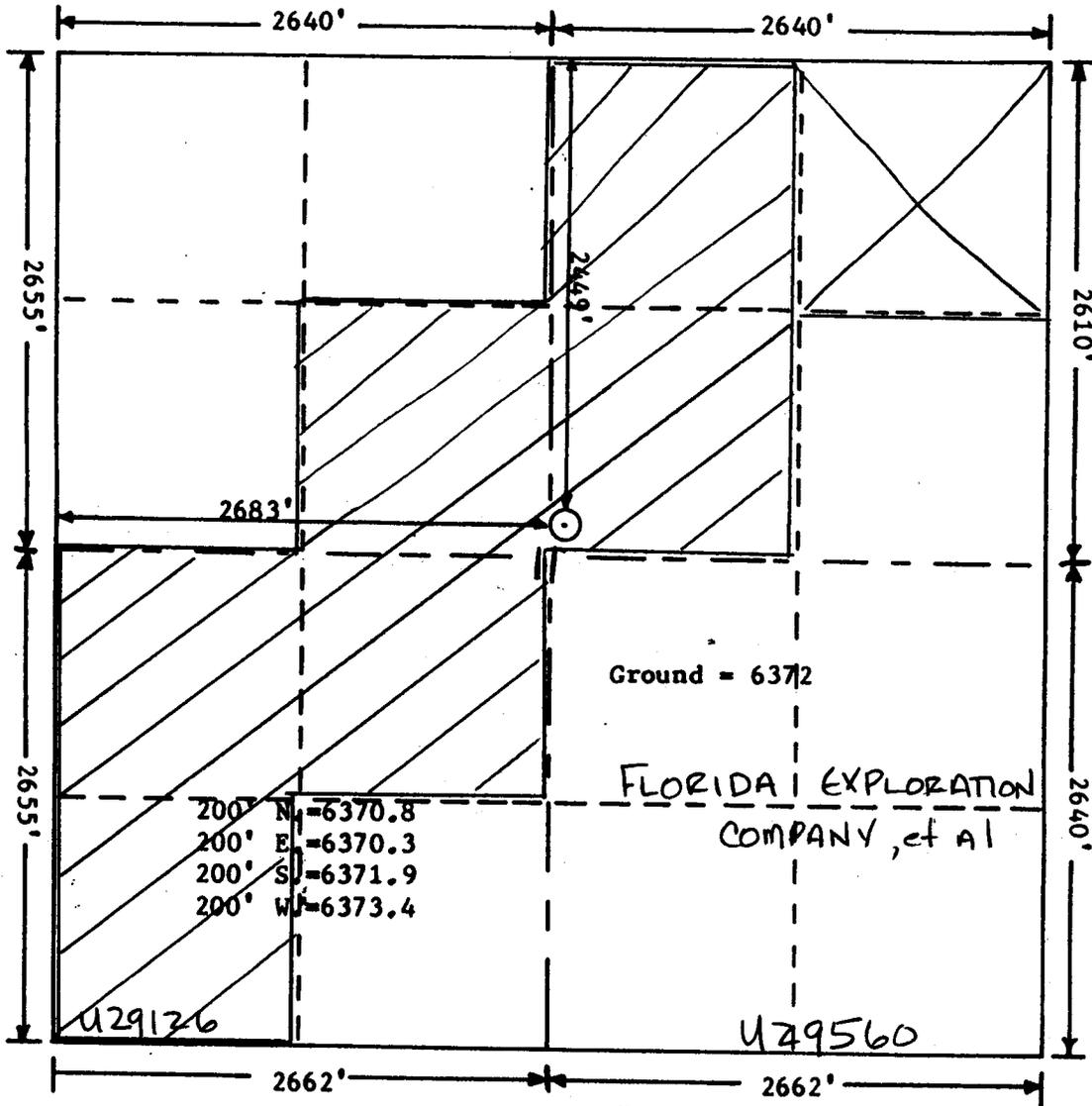
24. SIGNED W.H. Ward TITLE District Manager DATE 2/27/84
 (This space for Federal or State office use)

PERMIT NO. _____ APPROVAL _____
 APPROVED BY _____ TITLE _____
 CONDITIONS OF APPROVAL, IF ANY:

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



R. 6E.



T. 10N.

Scale... 1" = 1000'

Powers Elevation of Denver, Colorado
 has in accordance with a request from Terry Rooney
 for Sohio Petroleum Co.
 determined the location of #11-6 Sugarloaf
 to be 2449' FNL. & 2683' FWL. Section 11 Township 10N
 Range 6 E. at the Salt Lake Base & Meridian
 Rich County, Utah.



I hereby certify that this plat is an
 accurate representation of a correct
 survey showing the location of # 11-6
 Sugarloaf.

Richard Johanson
 Licensed Land Surveyor No. 4386
 State of UTAH.



SOHIO PETROLEUM COMPANY
EXPLORATION AND PRODUCTION

P. O. BOX 30
CASPER, WYOMING 82602

February 27, 1984

WHW:

RECEIVED
FEB 29 1984

Norm Stout
Division Oil, Gas and Mining
4241 State Office Bldg.
Salt Lake City, UT 84114

**DIVISION OF
OIL, GAS & MINING**

Re: Rule C-3 Exception Request
Sugarloaf 11-6
2683' FWL, 2449' FNL
Sec. 11, T10N, R6E
Rich County, Utah

Dear Mr. Stout:

Sohio Petroleum Company proposes drilling the Sugarloaf 11-6 well at the above referenced location. This location does not conform to the spacing regulations as outlined in Rule C-3 of the Utah Oil and Gas Conservation General Rules and Regulations. Therefore, an Exception to Rule C-3 is being requested to allow for placement of this drill pad in an environmentally acceptable spot.

A drill site which conformed to Rule C-3 spacing regulation would have been placed within Big Creek, on the county road or on a steep side hill. This unorthodox location allows for placement on a flat pasture area thereby minimizing the impact of building the location and subsequent rehabilitation.

The attached plat outlines leaseholders within 660' of the well bore. Florida Exploration Company, et al acreage is within this limit. They will be part of the Sugarloaf Unit, now being formed, and are in agreement with this location.

A copy of this letter is being sent to their offices. ✓ You should receive a phone call stating their agreement to be followed by a letter of response.

Please advise if further information is required to process this exception letter and attached APD.

Sincerely,

F.J. Hoffer
District Production Superintendent

TR/jc

cc: Union Texas
Florida Exploration Co.
Southern Union Expl.
BLM, Salt Lake City
J.H. Walters

K. Wardlaw
T. Rooney
File

OPERATOR Schind Petroleum Co DATE 2-29-84
WELL NAME Sugarloaf 11-6
SEC SUNE 11 T 10N R 6E COUNTY Rich

43-033-30043-
API NUMBER

Fed.
TYPE OF LEASE

POSTING CHECK OFF:

INDEX MAP HL
 NLD PI

PROCESSING COMMENTS:

Exception loc. req. enclosed - Verbal app. ^{from interest owners} for exception location:
Water 1 Union Texas Expl. Corp.
Ed Dunn.
No other gas wells 4960' 2 Florida Expl. Co.
R. J. Leuenberger
Sugarloaf unit not approved 3 Southern Union Expl.
Dan Kochling

CHIEF PETROLEUM ENGINEER REVIEW:

3/1/84
Sugarloaf Unit.
(Approve pending)

APPROVAL LETTER:

SPACING: A-3 UNIT c-3-a CAUSE NO. & DATE
 c-3-b c-3-c

SPECIAL LANGUAGE:

1- Water
2- Submittal ~~to the Director~~ of a copy of the
H₂S Contingency Plan prior to spudding well.

RECONCILE WELL NAME AND LOCATION ON APD AGAINST SAME DATA ON PLAT MAP.

AUTHENTICATE LEASE AND OPERATOR INFORMATION

VERIFY ADEQUATE AND PROPER BONDING

AUTHENTICATE IF SITE IS IN A NAMED FIELD, ETC.

APPLY SPACING CONSIDERATION

ORDER _____

UNIT _____

c-3-b

c-3-c

CHECK DISTANCE TO NEAREST WELL.

CHECK OUTSTANDING OR OVERDUE REPORTS FOR OPERATOR'S OTHER WELLS.

IF POTASH DESIGNATED AREA, SPECIAL LANGUAGE ON APPROVAL LETTER

IF IN OIL SHALE DESIGNATED AREA, SPECIAL APPROVAL LANGUAGE.

No VERIFY LEGAL AND SUFFICIENT DRILLING WATER

March 1, 1984

Sohio Petroleum Company
P. O. Box 30
Casper, Wyoming 82602

RE: Well No. Sugarloaf 11-6
SWNE Sec. 11, T. 10N, R. 6E
2449' PNL, 2683' FWL
Rich County, Utah

Gentlemen:

Approval to drill the above referenced gas well is hereby granted in accordance with Rule C-3(c), General Rules and Regulations and Rules of Practice and Procedure, subject to the following stipulations:

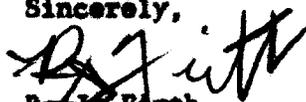
1. Prior to commencement of drilling, receipt by the Division of evidence providing assurance of an adequate and approved supply of water.
2. Submittal of a copy of the H2S Contingency Plan prior to spudding well.

In addition, the following actions are necessary to fully comply with this approval:

1. Spudding notification to the Division within 24 hours after drilling operations commence.
2. Submittal to the Division of completed Form OGC-8-X, Report of Water Encountered During Drilling.
3. Prompt notification to the Division should you determine that it is necessary to plug and abandon this well. Notify R. J. Firth, Chief Petroleum Engineer, Telephone (801) 533-5771 (Office), 571-6068 (Home).
4. This approval shall expire one (1) year after date of issuance unless substantial and continuous operation is underway or an application for an extension is made prior to the approval expiration date.

The API number assigned to this well is 43-053-30043.

Sincerely,



R. J. Firth
Chief Petroleum Engineer

RJF/as
cc: Branch of Fluid Minerals



STATE OF UTAH
NATURAL RESOURCES & ENERGY
Water Rights

Scott M. Matheson, Governor
Temple A. Reynolds, Executive Director
Dee C. Hansen, State Engineer

55 East First North • Logan, UT 84321 • 801-752-8755

March 1, 1984

tu

Sohio Petroleum Company
Attn: Terry Rooney
P.O. Box 30
Casper, WY 82602

RE: Temporary Change 84-23-1
Sugarloaf 11-6
Section 11, T10N, R6E
Rich County, Utah

Dear Ms. Rooney:

The above numbered Temporary Change Application has been approved.

A copy is herewith returned to you for your records and future reference.

Sincerely yours,

R. Michael Turnipseed

R. Michael Turnipseed, P.E.
Northern Area Engineer

RMT:hw
Enclosure

cc: Wayne Arglye, Jr.
File

RECEIVED
MAR 1 1984

DIVISION OF
OIL, GAS & MINING

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
 Sohio Petroleum Company 307-237-3861

3. ADDRESS OF OPERATOR
 P.O. Box 30, Casper, WY 82602

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*)
 At surface
 2683' FWL, 2449' FNL (SW/4, NE/4)
 At proposed prod. zone

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*
 4 miles southwest of Randolph, Utah

15. DISTANCE FROM PROPOSED* LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT. (Also to nearest drlg. unit line, if any)
 161'

16. NO. OF ACRES IN LEASE
 320

17. NO. OF ACRES ASSIGNED TO THIS WELL
 Unspaced

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

19. PROPOSED DEPTH
 ±16000'

20. ROTARY OR CABLE TOOLS
 Rotary

21. ELEVATIONS (Show whether DF, RT, GR, etc.)
 6372' GR

22. APPROX. DATE WORK WILL START*
 March 15, 1984

5. LEASE DESIGNATION AND SERIAL NO.
 U29126 *Acquired*

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
 NA

7. UNIT AGREEMENT NAME
 Sugarloaf (*Proposed*)

8. FARM OR LEASE NAME
 Sugarloaf

9. WELL NO.
 11-6

10. FIELD AND POOL, OR WILDCAT
 Wildcat

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
 Sec. 11, T10N, R6E

12. COUNTY OR PARISH
 Rich

13. STATE
 Utah

23. PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
17½"	13-3/8"	54.5#	2000'	±3400 SX.
12½"	9-5/8"	40, 36#	6500'	±1300 SX.
8½"	7"	32, 29#	16000'	± 750 SX.

20" conductor will be set and cemented @ ±100'

ATTACHMENTS:

- #1 Drilling Program
 - #2A, 2B Pressure Equipment Diagrams
 - #3 Surface Use Plan
 - #4 Surveyor's Plat
 - #5 USGS Quadrangle
 - #6 Cuts & Fill Diagram
 - #7 Well Site Plat
 - #8 Designation of Operator - American Quasar
 Texas El Paso
- H₂S Contingency Plan*

RECEIVED
 MAR 21 1984

DIVISION OF
 OIL, GAS & MINING

*Will be mailed separately, as soon as completed.

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 W.H. Ward TITLE District Manager DATE 2/27/84
 (This space for Federal or State office use)

PERMIT NO. _____ APPROVAL DATE _____
 APPROVED BY [Signature] TITLE District Manager DATE 3/8/84
 CONDITIONS OF APPROVAL, IF ANY:

CONDITIONS OF APPROVAL ATTACHED
 TO OPERATOR'S COPY

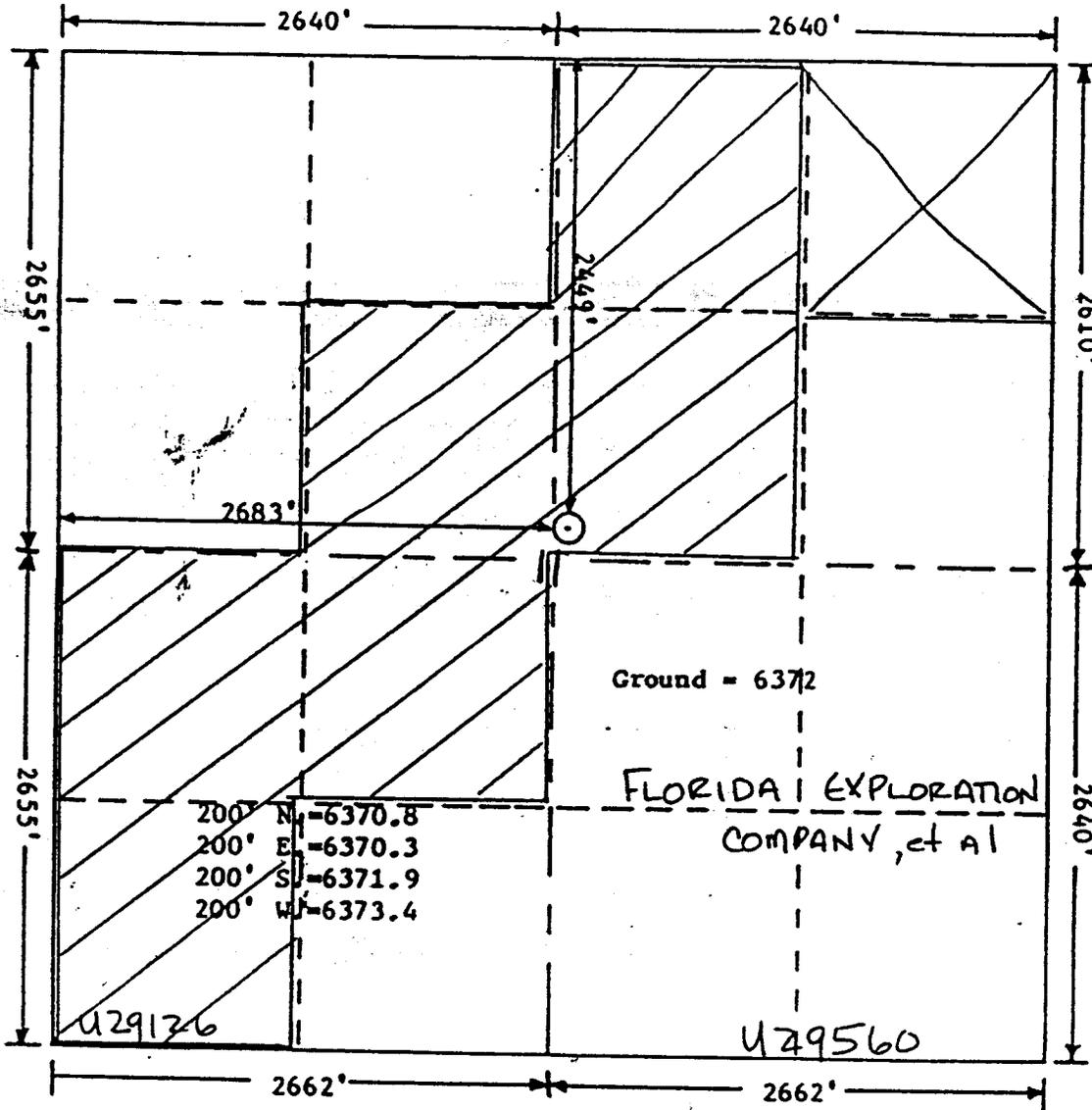
FLARING OR VENTING OF
 GAS IS SUBJECT TO NTL 4-A
 DATED 1/1/80

NOTICE OF APPROVAL

UTAH Div. of Oil, Gas, & Mining



R. 6E.



T. 10N.

Scale... 1" = 1000'

Powers Elevation of Denver, Colorado
 has in accordance with a request from Terry Rooney
 for Sohio Petroleum Co.
 determined the location of #11-6 Sugarloaf
 to be 2449' FNL. & 2683' FWL. Section 11 Township 10N
 Range 6 E. at the Salt Lake Base & Meridian
 Rich County, Utah.



I hereby certify that this plat is an
 accurate representation of a correct
 survey showing the location of # 11-6
 Sugarloaf.

Richard Johanson
 Licensed Land Surveyor No. 4386
 State of UTAH.

3000
O&G-4003

Sohio Petroleum Company
Well No. Sugarloaf 11-6
Section 11, T10N, R6E
Rich County, Utah

Lease No. U-29126 (Acquired)

SUPPLEMENTAL STIPULATIONS:

1. If a successful Water Well is drilled on location, the BLM would like the opportunity to obtain a water right, if the private landowner does not want the right, and utilize the well for livestock watering after drilling and production uses are terminated.
2. A waste disposal permit should be obtained from Rich County for solid and liquid waste. (if required)
3. The top 14 inches of surface material will be considered topsoil and should be signed as topsoil and stockpiled separate from other subsoils. All gravel for road and location stabilization should be removed prior to site restoration and these areas should be ripped to a depth of about three feet to loosen compacted soil, the topsoil spread over the location and then final contoured. Prior to beginning restoration a more detailed plan should be agreed upon with the private surface owner and the BLM.
4. The location must conform to State of Utah spacing requirements.
5. a) The H₂S contingency plan should address an alternate escape route.
(upslope, upwind)
b) The appendix to the H₂S plan does not follow the index.
6. Big Creek which lies adjacent to the location is an important state fisheries, therefore, proper precautions should be taken to protect this stream.
7. The location lies within the protected areas for a Raptor Nesting Area and a historic Sage Grouse Strutting Ground, therefore, proper precautions should be taken to protect these wildlife resources.

POST IN A CONSPICUOUS LOCATION, IN ACCORDANCE WITH OSHA REG. 1926.50

UTAH EMERGENCY ASSISTANCE

DIAL 911

EMERGENCY PHONE NUMBERS

SOHIO PETROLEUM COMPANY

SUGARLOAF 11-6

PHYSICIAN DONALD R. DAINS, M.D.
307-789-3522 EVANSTON, WYOMING or 307-789-3636 **MEMORIAL HOSPITAL OF
UINTA COUNTY**
EVANSTON, WYOMING

HOSPITAL MEMORIAL HOSPITAL OF UINTA COUNTY
307-789-3636 EVANSTON, WYOMING or _____

AMBULANCE DIAL 911 or _____

FIRE DEPARTMENT DIAL 911 or _____

POLICE DIAL 911 or _____

RICH COUNTY SHERIFF'S DEPARTMENT 801-793-2285 RANDOLPH, UTAH



H₂S

ENVIRONMENTAL SAFETY SERVICE & EQUIPMENT

HOUSTON, TX. 713/498-4800	DENVER, COLO. 303/782-1471
EVANSTON, WYO. 307/789-4885	TYLER, TX. 214/566-4079
DICKINSON, N.D. 701/227-0315	CARRIZO SPRINGS, TX. 512/876-5011
WILLISTON, N.D. 701/572-8611	LAUREL, MS. 601/648-3451

This Contingency Plan was prepared by:

ESSE INTERNATIONAL, INC.

P.O. BOX 424

DICKINSON, NORTH DAKOTA 58601

(701) 227-0315

ESSE International, Inc. is recognized by the International Association of Drilling Contractors and is a member of IADC's H₂S Safety Committee.

CONTINGENCY & EVACUATION PLAN

This Contingency Plan was written specifically for:

SOHIO PETROLEUM COMPANY

BOX 30

CASPER, WYOMING 82602

(307) 237-3861

Action Plan for Accidental Release of H₂S

#11-6 SUGARLOAF

RICH COUNTY, UTAH

This Plan is Subject to Updating

March 22, 1984

CONTINGENCY PLAN INDEX

- I. INTRODUCTION
 - A. Oil Company Address and Legal Description of Well Site
 - B. Directions to Well Site
 - C. Purpose of plan
- II. LOCATION LAYOUT
 - A. Location Map
 - 1) Safety Briefing Areas
 - 2) Directions of Prevailing Winds
 - 3) Wind Sock Locations
 - 4) 2nd Emergency Escape Route
 - B. Cuts & Fills
 - C. General & Specific Area Maps
- III. SAFETY EQUIPMENT
 - A. Safety Equipment Provided by ESSE INTERNATIONAL, INC.
 - B. Type of Equipment and Storage Locations
 - C. Maximum Number of People on Location at any one time
- IV. OPERATING PROCEDURES
 - A. Blowout Prevention Measures During Drilling
 - B. Gas Monitoring Equipment
 - C. Crew Training & Protection
 - D. Metallurgical Considerations
 - E. Drilling Mud Program
- V. OPERATING CONDITIONS
 - A. Definition of Warning Flags
 - B. Circulating Out Kick
 - C. Coring Operations in H₂S Bearing Zones
 - D. Drill Stem Testing
 - E. Well Killing Worksheets
- VI. EMERGENCY PROCEDURES
 - A. Sounding Alarm
 - B. Drilling Crew Actions
 - C. Responsibilities of Personnel
 - D. Steps to be Taken
 - 1) Company Personnel
 - 2) Contract Personnel
 - E. Leak Ignition
 - F. General Equipment

VII. LIST OF APPENDICES

1. Emergency & Medical Facilities
2. Law Enforcement Agencies & Fire Fighting Facilities
3. Governmental Agencies
4. Radio & Television Stations
5. Air Service & Motels/Hotels

VIII. RESIDENTS AND LANDOWNERS

- A. Residents Within 2 Mile Radius and Telephone Numbers
- B. 2 Mile Radius Map with Residences Shown
- C. Landowners Within 2 Mile Radius

IX. ADDITIONAL INFORMATION

- A. Hydrogen Sulfide Essay
- B. Do you know?
- C. Rescue Breathing
- D. The Use of Self-contained Breathing Equipment
- E. Instruction Manual for Use of Scott SKA-PAK
- F. Operating & Maintenance Instruction for Scott Air-Pak IIA

CONTINGENCY & EVACUATION PLAN

SOHIO PETROLEUM COMPANY

BOX 30

CASPER, WYOMING 82602

(307) 237-3861

WELL: #11-6 SUGARLOAF

LOCATION: Section 11, T10N, R6E
2449' FNL & 2683' FWL
Rich County, Utah

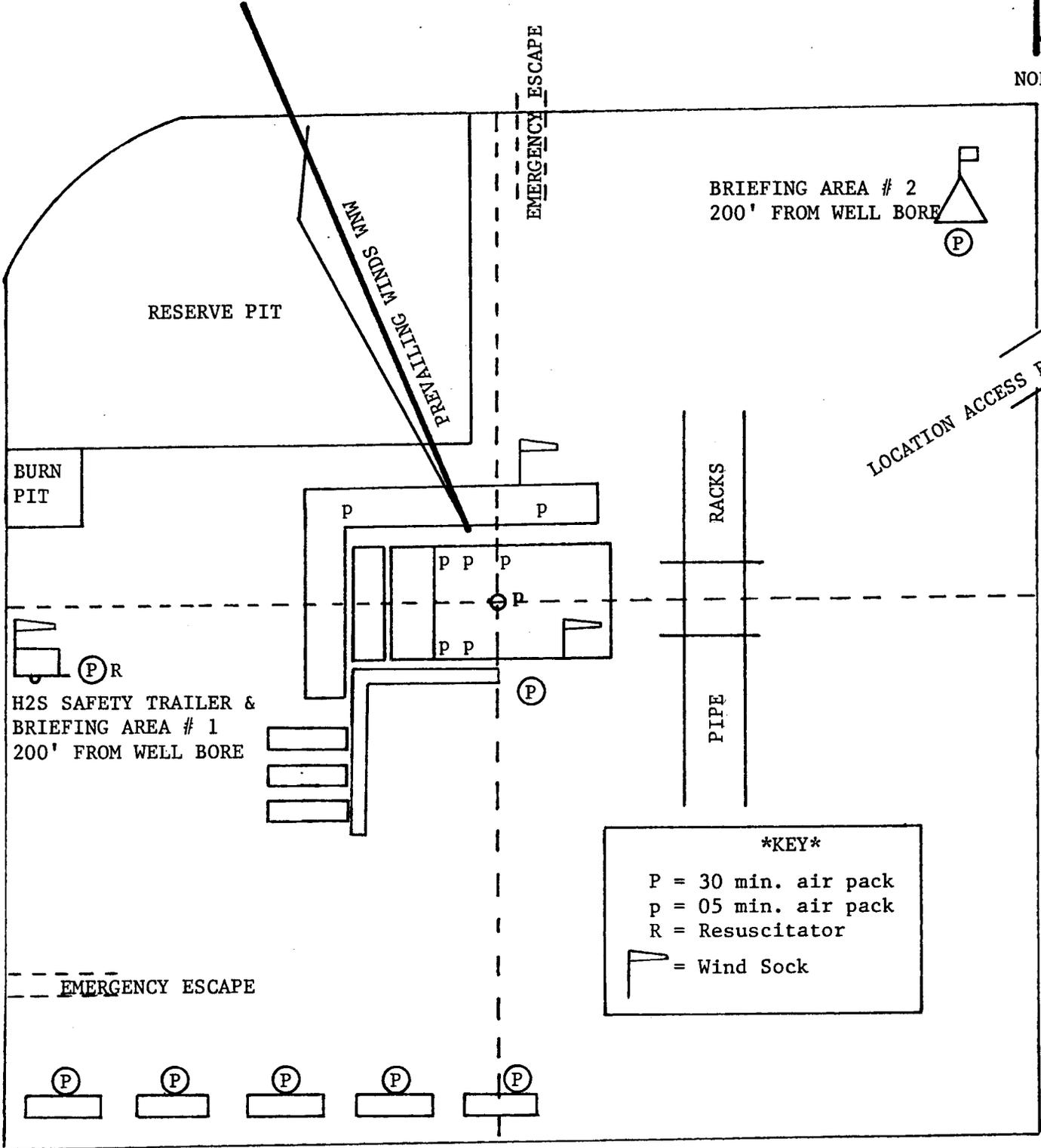
DIRECTIONS TO WELL SITE: From Randolph, Utah; travel south on Highway 89 approximately 2.5 miles and turn west at Argyle Lane. Travel west 4.6 miles. Well site is approximately 300 feet off Argyle Lane road.

PURPOSE OF PLAN:

The purpose of this plan is to safeguard the lives of the public, contract personnel and company personnel in the event of equipment failures or disaster during drilling or completion operations in formations which may contain Hydrogen Sulfide Gas (H₂S).

Sohio Petroleum Company has specified materials and practices for the drilling or completion of this well to insure the safety of all concerned. However, as a precautionary measure, this contingency plan has been prepared to further assure the safety of all concerned, should a disaster occur.

LOCATION MAP FOR: SOHIO PETROLEUM CO.
 #11-6 SUGARLOAF
 2449' FNL & 2683' FWL
 SEC. 11, T10N, R6E
 RICH COUNTY, UTAH

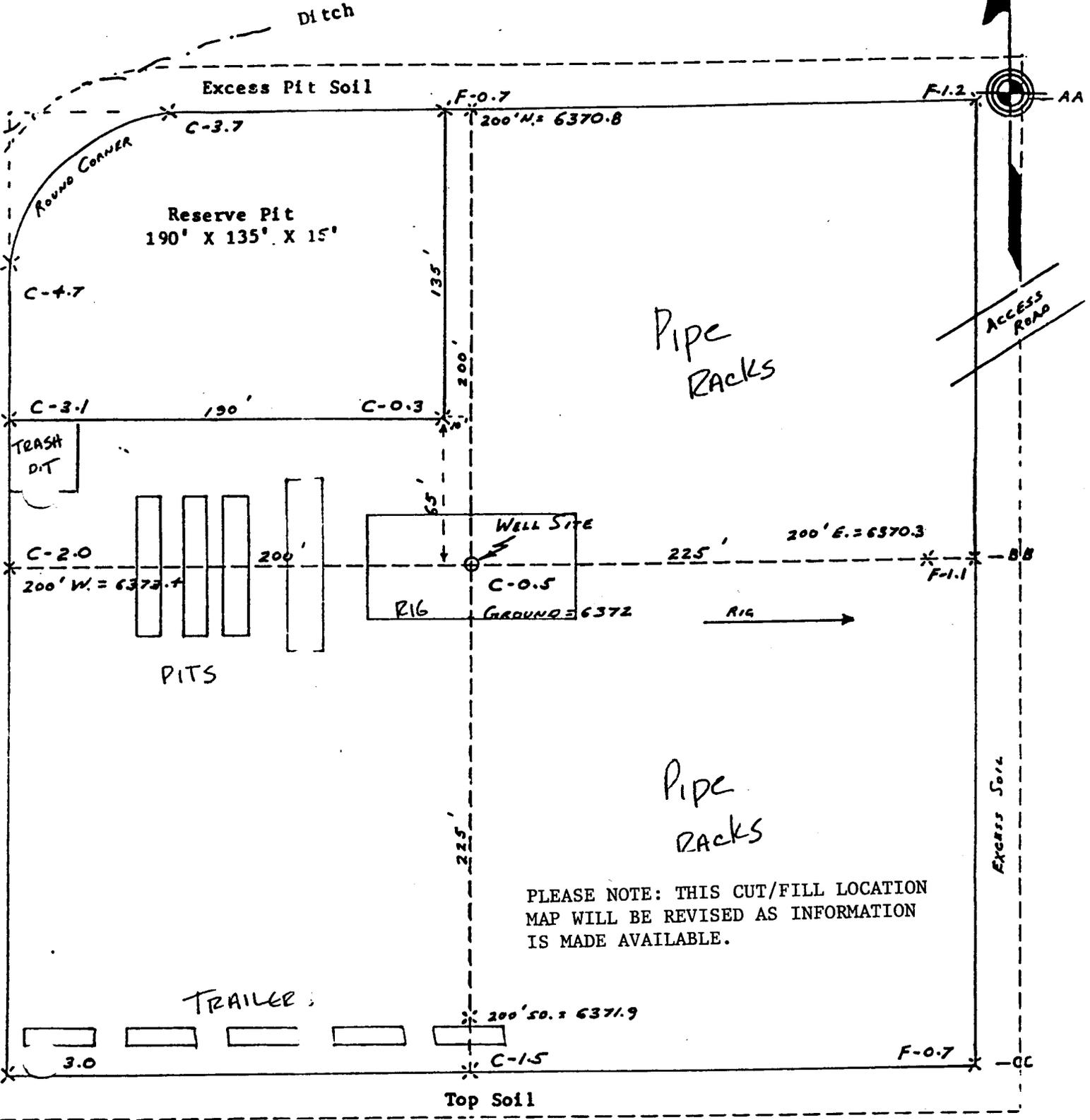


KEY
 P = 30 min. air pack
 p = 05 min. air pack
 R = Resuscitator
 = Wind Sock



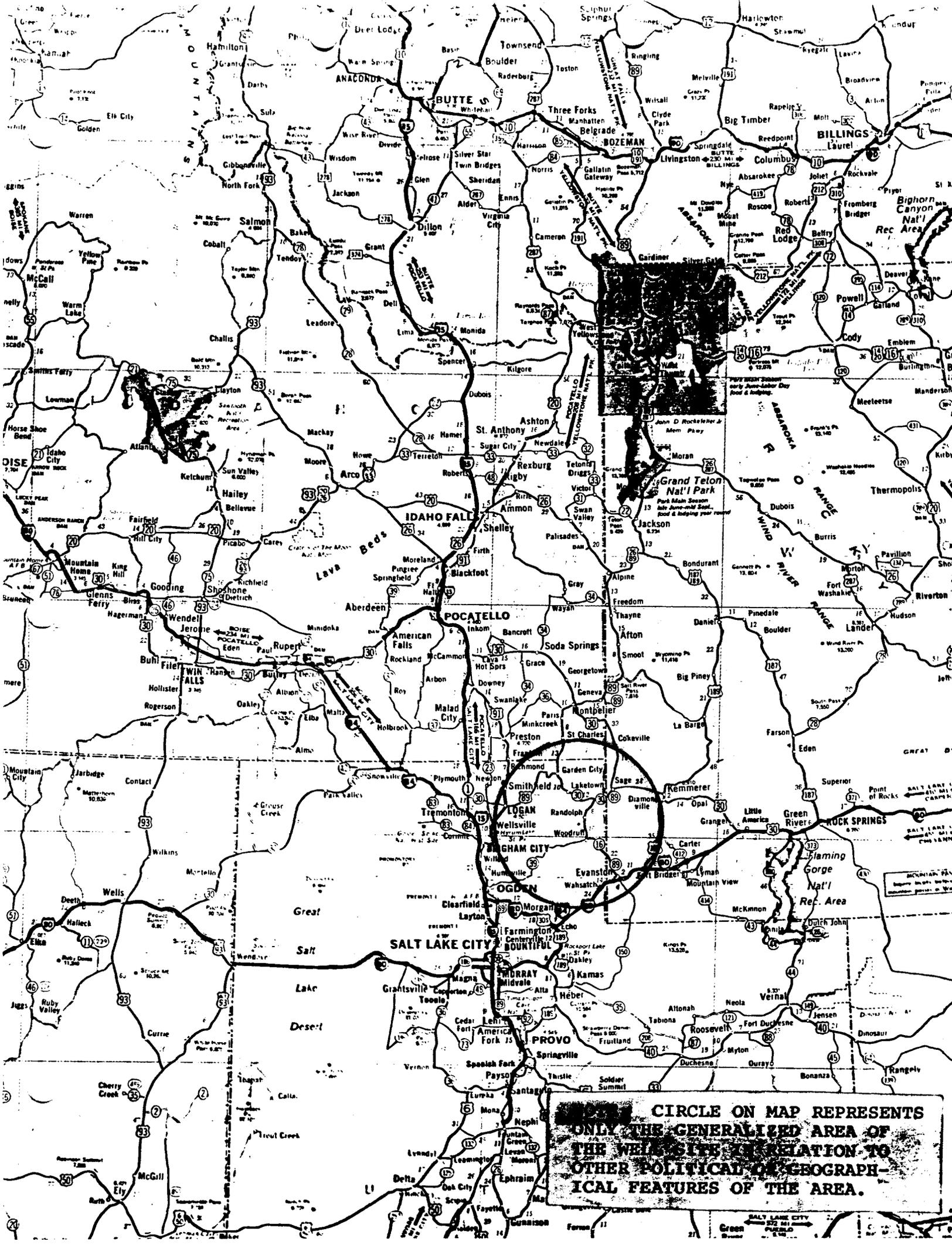
POWERS ELEVATION
MARCH 1, 1984

SOHIO PETROLEUM CO.
#11-6 Sugarloaf
2449' FNL. & 2683' FWL.
Sec. 11 - T10N. - R.6E.
Rich County, Utah.



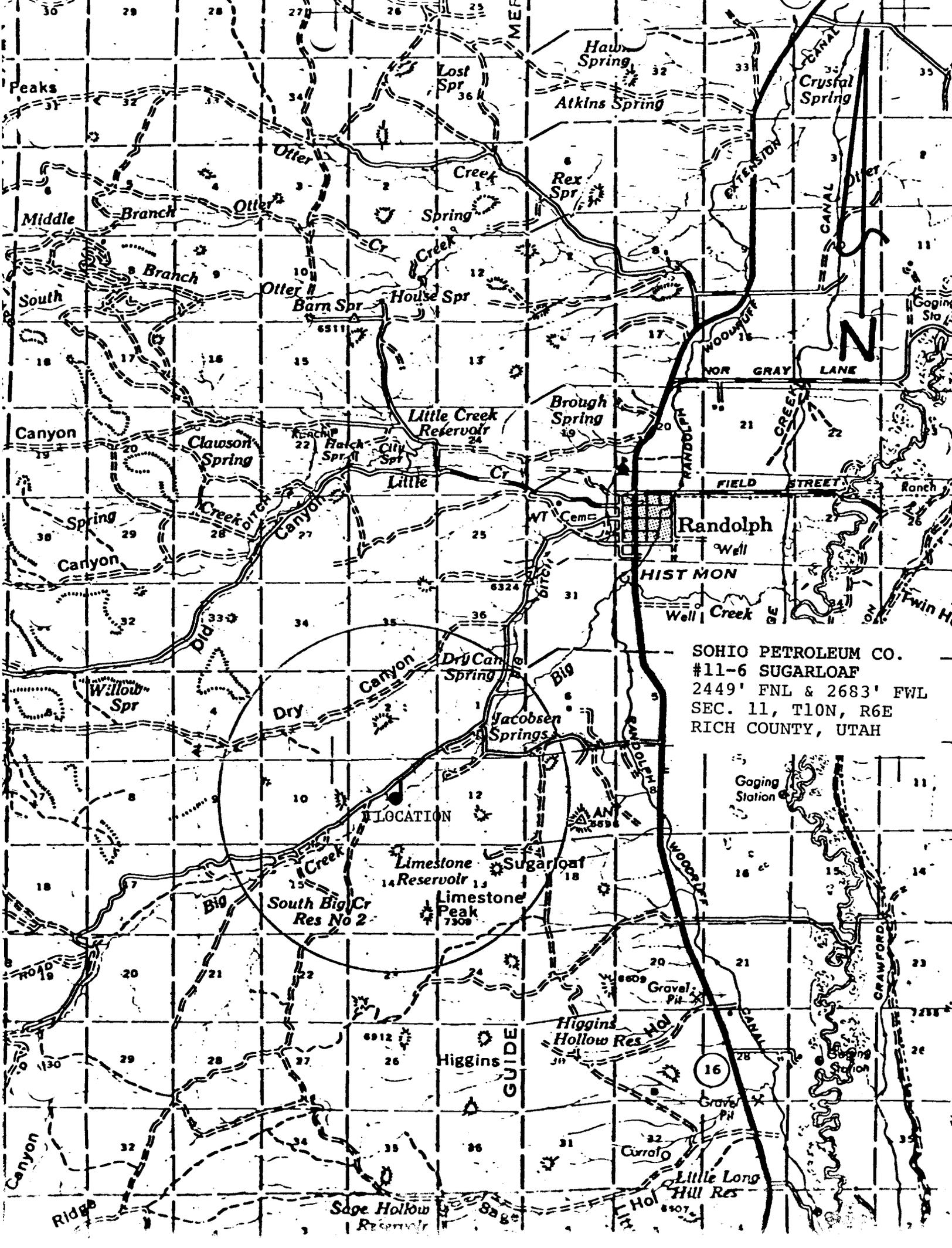
PLEASE NOTE: THIS CUT/FILL LOCATION
MAP WILL BE REVISED AS INFORMATION
IS MADE AVAILABLE.

AMENDED ATTACHMENT #7



CIRCLE ON MAP REPRESENTS ONLY THE GENERALIZED AREA OF THE WELL SITE IN RELATION TO OTHER POLITICAL OR GEOGRAPHICAL FEATURES OF THE AREA.

SALT LAKE CITY
Green
Blue



SOHIO PETROLEUM CO.
 #11-6 SUGARLOAF
 2449' FNL & 2683' FWL
 SEC. 11, T10N, R6E
 RICH COUNTY, UTAH

16

GUIDE

LOCATION

Gaging Station

Gravel Pit

Gravel Pit

Curralo

Little Long Hill Res

Higgins Hollow Res

Higgins

Limestone Reservoir

Limestone Peak 7309

South Big Cr Res No 2

Sugarloaf

Jacobson Springs

Dry Canyon Spring

HIST MON

Well Creek

Well

WT Cem

FIELD STREET

NOR GRAY LANE

WOODRUFF

EXTENSION

CANAL

WOODRUFF

WOODRUFF

WOODRUFF

WOODRUFF

WOODRUFF

WOODRUFF

WOODRUFF

WOODRUFF

WOODRUFF

A. SAFETY EQUIPMENT PROVIDED BY ESSE INTERNATIONAL, INC.

- . Safety trailer with 10-380 C.F. cylinder cascade air supply system
- . 1000' low pressure air line hose with quick connects
- . One 4 man work pack stand with low pressure manifolds
- . One 2 man work pack stand with low pressure manifolds
- . Eight air line masks with emergency escape cylinders
- . Eight 30 minute self contained breathing apparatus
- . Three wind socks
- . Oxygen powered resuscitator with spare O₂ cylinder
- . One 36 unit first aid kit
- . One 20 lb. fire extinguisher
- . One stretcher
- . Flare gun with shells (supplied on request)
- . Gastec pump type gas detector with full range of H₂S detector tubes
- . One 380 C.F. cylinder with regulator and filler hose for Briefing Area # 2
- . H₂S and Briefing Area signs
- . Well Condition gate sign and flags
- . Explosion-proof bug blower - See EMERGENCY PROCEDURES, F. GENERAL EQUIPMENT, # 11.

Detection Equipment:

- . 3 Channel electronic monitor with explosion-proof warning system

NOTE:

ADDITIONAL EQUIPMENT WILL BE ADDED AS CONDITIONS REQUIRE.

B. TYPE OF EQUIPMENT AND STORAGE LOCATIONS

1. There will be eight SCOTT air line masks on location. Five will be located on the rig floor. One will be in the derrick, one at shale shaker and one at mud pits. Each air line mask will have an easily accessible air line hose.
2. There will be eight 30 minute self contained breathing apparatus on location. They will be positioned as follows: one at each live in trailer on location (5), one at Briefing Area # 1, one at Briefing Area # 2 and one at rig dog house stairway.
3. Briefing Area # 1 will also have the following equipment: 1-Resuscitator, 1-First aid kit (36 unit), 1-Stretcher and 1-20 lb. Fire extinguisher.
4. A gastec pump type gas detector and tubes will be located in the dog house.

C. NOTE: There will be a maximum of 16 persons on location at any one time.

OPERATING PROCEDURES

A. BLOWOUT PREVENTION MEASURES DURING DRILLING

1. Blowout preventor requirements:

All BOP equipment shall meet the American Petroleum Institute's specifications as to materials acceptable for H₂S service. All ram-type preventors will be tested to 70% of the rated working pressure of the stack. The annular-type preventors will be tested to 50% of their rated working pressures. Tests must be run at the time of installation, prior to drilling out of each casing shoe, and at least every 30 days.

2. Drill string requirements:

All drill string components are to be of material that meet The American Petroleum Institute's specifications for H₂S service. All drill string components will be inspected to IADC critical service specifications prior to running in well. Corrosion will be monitored by coupons to protect drill string.

B. GAS MONITORING EQUIPMENT

1. A continuous H₂S monitoring system with two or more H₂S detection heads will be in operation, one sampling from the shale shaker and one sampling from the bell nipple below the rotary table. A third sensor head, if used, will be located on the rig floor. All units should be monitored in the mud logger's trailer and/or the dog house. Each unit will be set to trigger a blinking light on the rig floor should the amount of H₂S reach 10 PPM and to trigger the alarm should the amount of H₂S reach 20 PPM. Any time it is necessary to deactivate the alarm (if H₂S is continuously present), a trained operator or H₂S supervisor will monitor the H₂S detection system.
2. When approaching or completing H₂S formations, crew members may attach 8 hour H₂S electronic personnel monitors to their person, if warranted.
3. Hand held H₂S sampling gas detectors will be used to check areas not covered by automatic monitoring equipment.

OPERATING PROCEDURES (cont'd.)

C. CREW TRAINING & PROTECTION

1. Blowout prevention drills:

Pit drill and trip drill training will be held with each crew until proficient in closing the well in. Drills will be held on a regular basis with the completion foreman or contract tool pusher triggering the alarm. Reaction time will be checked from the time the alarm goes off until well is simulated closed in. Closing time should be under two minutes. A copy of the Operators/ Contractors blowout drill procedures will be posted on the rig floor.

2. H₂S Training and drills:

- A. H₂S safety training will be given to all personnel at 1,000 feet above the expected H₂S formation. The training sessions will cover, but will not be limited to, the following:
- a. General information on H₂S and SO₂ gas.
 - b. Hazards of these gases.
 - c. Safety equipment on location.
 - d. Proper use and care of personal protective equipment.
 - e. Operational procedures in dealing with H₂S gas.
 - f. Evacuation procedures.
 - g. Chemicals to be used in mud to control H₂S.
 - h. First aid, reviving an H₂S victim, toxicity, etc.
 - i. Buddy system (working in pairs).
 - j. Designated safe briefing areas (S.B.A.).
 - k. Regulations.
- B. H₂S drills should be held on a surprise basis during drilling (or completion) and tripping operations. The drilling foreman or contract tool pusher will trigger the H₂S alarm and crews will proceed to get the masks on, and secure well as per posted B.O.P. drill procedures.

OPERATING PROCEDURES (cont'd.)

- a. When H₂S alarm is activated:
 1. Mask up.
 2. Raise tool joint above rotary table and shut down pump.
 3. Close-in hydril.
 4. Go to Safe Briefing Area.

3. Safety Equipment:

As outlined in the Safety Equipment index, H₂S safety protection equipment will be available to/or assigned each person on location and training given in correct usage, 1000' or 7 days prior to entering the first H₂S bearing formation.

D. METALLURGICAL CONSIDERATIONS

1. Steel drill pipe used in Hydrogen Sulfide environment should have a yield strength of 95,000 psi or less because of potential embrittlement problems. Drill stem joints near the top of the drill string are normally under the highest stress levels during drilling and do not have the protection of elevated downhole temperatures. These factors should be considered in design of the drill string. Precautions will be taken to minimize drill string stresses caused by conditions such as excessive dogleg severity, improper torque, whip, abrasive wear on tool joints and joint imbalance. American Petroleum Institute, Bulletin RR 7G, will be used as a guideline for drill string precautions.
2. A pH of 10.0 or above shall be maintained in a waterbase mud system to control corrosion and stress cracking. Corrosion inhibitors may be applied to the drill pipe or to the mud system as an additional safeguard.
3. Blowout preventors should meet or exceed the recommendations for Hydrogen Sulfide service as set forth in the latest edition of API RP 53.

OPERATING PROCEDURES (cont'd.)

E. MUD PROGRAM AND TREATING

1. It is of utmost importance that the mud be closely monitored for detection of H₂S and reliability of the H₂S treating chemicals.
2. Identification and analysis of sulfides in the mud and mud filtrate will be carried out regularly with the Garrett Gas Train Method.
3. The water base mud system will be pre-treated with Zinc Carbonate and Ironite Sponge or similar chemicals for H₂S control prior to drilling into the H₂S bearing formation. Continue maintaining residual concentration of 2 to 3 PPM by monitoring. Sufficient chemical will be on location to increase residual concentration, if needed, to control larger influxes of H₂S. Mud ph will be maintained at 10 or above at 1,000 feet prior to the same.
Sufficient quantities of Failsafe 17, Corrosion Inhibitor, will be on location to treat the drill string during Drill Stem Test operations. Additionally, Aqua Ammonia will be on hand to treat the drill string for crew protection, should H₂S be encountered while tripping string following Drill Stem Testing.

OPERATING CONDITIONS

A Well Condition sign and flag will be posted on all access roads into the location.

A. DEFINITION OF WARNING FLAGS

1. Condition:

GREEN -- NORMAL OPERATIONS

2. Condition:

YELLOW -- POTENTIAL DANGER, CAUTION

a. Cause for condition:

- (1) Circulating up drilling breaks.
- (2) Trip gas after trip.
- (3) Circulating out gas on choke.
- (4) Poisonous gas present, but below threshold concentrations.

b. Safety action:

- (1) Check safety equipment and keep it with you.
- (2) Be alert for a change in condition.
- (3) Follow instructions.

3. Condition:

RED -- EXTREME DANGER

a. Cause for condition:

- (1) Uncontrolled flow from well with lethal concentrations of H₂S.

b. Safety action:

- (1) Mask up. All personnel will have protective breathing equipment with them. All personnel will stay in safe briefing area unless instructed to do otherwise.
- (2) The decision to ignite the well is the responsibility of the operators on-site representative and should be made only as a last resort, when it is clear that:

OPERATING CONDITIONS (cont'd.)

- a. Human life is endangered.
 - b. There is no hope of controlling the well under prevailing conditions.
- (3) Order evacuation of local people within the danger zone. Request help from local authorities, State Police, Sheriff's Department, and Service Representative.

B. CIRCULATING OUT KICK

If it is suspected that H₂S is present with the gas, whenever a kick is taken, the driller's method or the wait & weight method of eliminating gas and raising the mud weight will be followed.

1. Driller's Method:

- a. The driller's method is maintaining sufficient back pressure on the annulus to keep any additional gas from coming into the hole while circulating the gas up.
- b. After the gas is eliminated, raise the mud weight and circulate around, maintaining back pressure on the annulus until the well is dead.
- c. If a kick has occurred, the standard blowout procedure will be followed and the driller's method will be used to kill the well. When the well has been put on the choke and circulating has been established, the following safety procedure must be established.
 - (1) Determine when gas is anticipated to reach surface.
 - (2) All non-essential personnel must be moved to safe briefing areas.
 - (3) All remaining personnel will check out and keep with them their protective breathing apparatus.
 - (4) Mud man will see that the proper amount of H₂S scavenging chemical is in the mud and record times checked.
 - (5) Make sure ignition flare is burning and valves are open to designated flare stacks or pits.

OPERATING CONDITIONS (cont'd.)

(6) Should anything develop where additional personnel are required, the operator's on-site representative will immediately proceed to Safe Briefing Area for necessary crew with protective breathing apparatus to assist.

2. Wait & Weight Method:

- a. Increase density of mud in pits to "kill" weight mud.
- b. Open choke and bring pump to initial circulating pressure (I.C.P.) by holding casing pressure at original valve only until pump is up to predetermined speed (S.P.M.)
- c. When initial circulating pressure is obtained on drill pipe, zero pump stroke counter and record time.
- d. Reduce drill pipe pressure from initial circulating pressure (I.C.P.) to final circulating pressure (F.C.P.) by using pump strokes and/or time according to graph.
- e. When "kill" weight mud is at the bit, hold final circulating pressure (F.C.P.) until kill weight mud is to surface.

If a kick has occurred, the standard blowout procedure will be followed and the wait and weight method will be used to kill the well. When the well has been put on the choke and circulation has been established, the following safety procedure must be established:

- a. Determine when gas is anticipated to reach surface.
- b. All non-essential personnel must be moved to safe briefing area.
- c. All remaining personnel will check out and keep with them their protective breathing apparatus.
- d. Mud men will see that the proper amount of H₂S scavenging chemical is in the mud and record times checked.
- e. Make sure ignition flare is burning and valves are open to designated flare stacks or pits.
- f. Should anything develop where additional personnel are required, the operator's on-site representative will immediately proceed to a Safe Briefing Area for necessary apparatus to assist.

OPERATING CONDITIONS (cont'd.)

C. CORING OPERATIONS IN H₂S BEARING ZONES

1. Personnel protective breathing apparatus should be worn from 10 to 20 stands in advance of retrieving the core barrel. Cores to be transported should be sealed and marked for the presence of H₂S.
 - a. Yellow caution flag will be flown at the well condition sign.
 - b. The No Smoking rule will be enforced.

D. DRILL STEM TESTING

1. Drill Stem Testing of Hydrogen Sulfide zones will be permitted in daylight hours only.
2. The necessary authorities will be notified of the intention to conduct a drill stem test of a formation suspected of, or known, containing Hydrogen Sulfide.
3. All non-essential personnel will be moved to a "Safe Briefing Area".
4. Put on air mask before formation fluids are expected at the surface and continue "MASK ON" until flares are lighted and work areas test no more than 10 PPM Hydrogen Sulfide and the area has been declared safe.
5. If warranted, the use of Ammonia Hydroxide, (26 Degree Beaume' Aqua Ammonia) for neutralizing the toxicity of Hydrogen Sulfide from drill string.
 - a. During drill stem tests, adequate Filming Amine for H₂S corrosion and Aqua Ammonia for neutralizing H₂S, will be on location.
6. The DST subsurface equipment will be suitable for H₂S service as recommended by the American Petroleum Institute.
7. The No Smoking rule will be enforced.
8. DST fluids will be circulated through a separator to permit flaring of gas. A continuous pilot light will be used.
9. A yellow or red flag will be flown at entrance to location depending on present gas conditions.

CONSTANT DRILL PIPE PRESSURE METHOD (Driller's Method)

PRE-RECORDED INFORMATION

Kick control circ. press. at _____ stks/min. gpm _____ = _____ psi
 Casing size _____ grade _____ weight/ft. _____ shoe depth _____ ft.
 Maximum safe pressure on casing (use 80%) _____ psi.

WHEN KICK OCCURS:

1. WELL SHUT IN PROCEDURE:

- a. Stop pumps
- b. Open choke & valves thru manifold
- c. Close Hydril
- d. Close choke

2. MEASURE:

- a. Shut in drill pipe pressure _____ psi.
- b. Shut in casing pressure _____ psi.
- c. Pit volume increase _____ bbls.
- d. Determine depth of bit _____ feet

3. DETERMINE MUD WEIGHT REQUIRED TO BALANCE KICK.

- a. Calculate mud weight increase (Chart No. 1) _____ lbs/gal.
- b. Original mud weight _____ lbs/gal.
- c. Mud weight required (a+b) _____ lbs/gal.

4. DETERMINE INITIAL CIRCULATION PRESSURE:

- a. Kick control circulation pressure (From Above) _____ psi.
- b. Shut in drill pipe pressure (From 2a) _____ psi.
- c. 100 psi safety factor (50 psi in 20" csg). _____ psi.
- d. Total initial circulating pressure (a + b + c) _____ psi.

5. DETERMINE FINAL CIRCULATING PRESSURE:

- a. Total initial circulating pressure (From 4d) _____ psi.
- b. Shut in drill pipe pressure (From 2a) _____ psi.
- c. Total final & constant circulating pressure (a - b) _____ psi.

6. DETERMINE CIRCULATION TIMES AT KICK CONTROL RATES:

- a. Surface to bit travel time (Chart No.2) _____ min.
- b. Bit to surface travel time (Chart No.3) _____ min.
- c. Total circulation travel time (a + b) _____ min.

7. GRAPHICAL ANALYSIS: (Chart No. 4)

- a. Plot initial circulating pressure (From 4d) at time = 0 min.
- b. Plot final circulating pressure at surface to bit travel time.
- c. Connect the points then draw a line parallel to the time axis.

STEP BY STEP KILL PROCEDURES:

- 1. Circulate out all influx at initial circulating pressure and rate.
- 2. Raise mud weight in pits to required weight. (3c).
- 3. Kill well with new mud weight as per plotted pressure on Chart No. 4.
- 4. After kill, raise mud weight 0.3 ppg for trip margin.

Well No. _____ Date _____ Supervisor _____ Rig No. _____ Contractor _____

Chart 1

TRIP MARGIN
(Bump - Surge)

$$\Delta P = \frac{Y}{11.7(D_h - D_p)} \text{ lb/gal}$$

Yield point lb/100 ft²

Hole, in.	D.P., in.	2	4	6	8	10	12	14	16	18	20	22	24	26	28	30
12 1/4	5	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.2	0.2	0.2	0.3	0.3	0.3	0.3	0.4
9 7/8	5	0.1	0.1	0.1	0.1	0.2	0.2	0.2	0.3	0.3	0.4	0.4	0.4	0.5	0.5	0.5
8 3/4	4 1/2	0.1	0.1	0.1	0.2	0.2	0.2	0.3	0.3	0.4	0.4	0.4	0.5	0.5	0.6	0.6
7 7/8	4 1/2	0.1	0.1	0.2	0.2	0.2	0.3	0.4	0.4	0.5	0.5	0.6	0.6	0.7	0.7	0.8
6 3/4	4 1/2	0.1	0.2	0.2	0.3	0.4	0.5	0.5	0.6	0.7	0.7	0.8	0.9	1.0	1.1	1.1
6 1/4	3 1/2	0.1	0.1	0.2	0.2	0.3	0.4	0.4	0.5	0.5	0.6	0.7	0.7	0.8	0.8	0.9
6	2 7/8	0.1	0.1	0.2	0.2	0.3	0.3	0.4	0.4	0.5	0.5	0.6	0.7	0.7	0.8	0.8

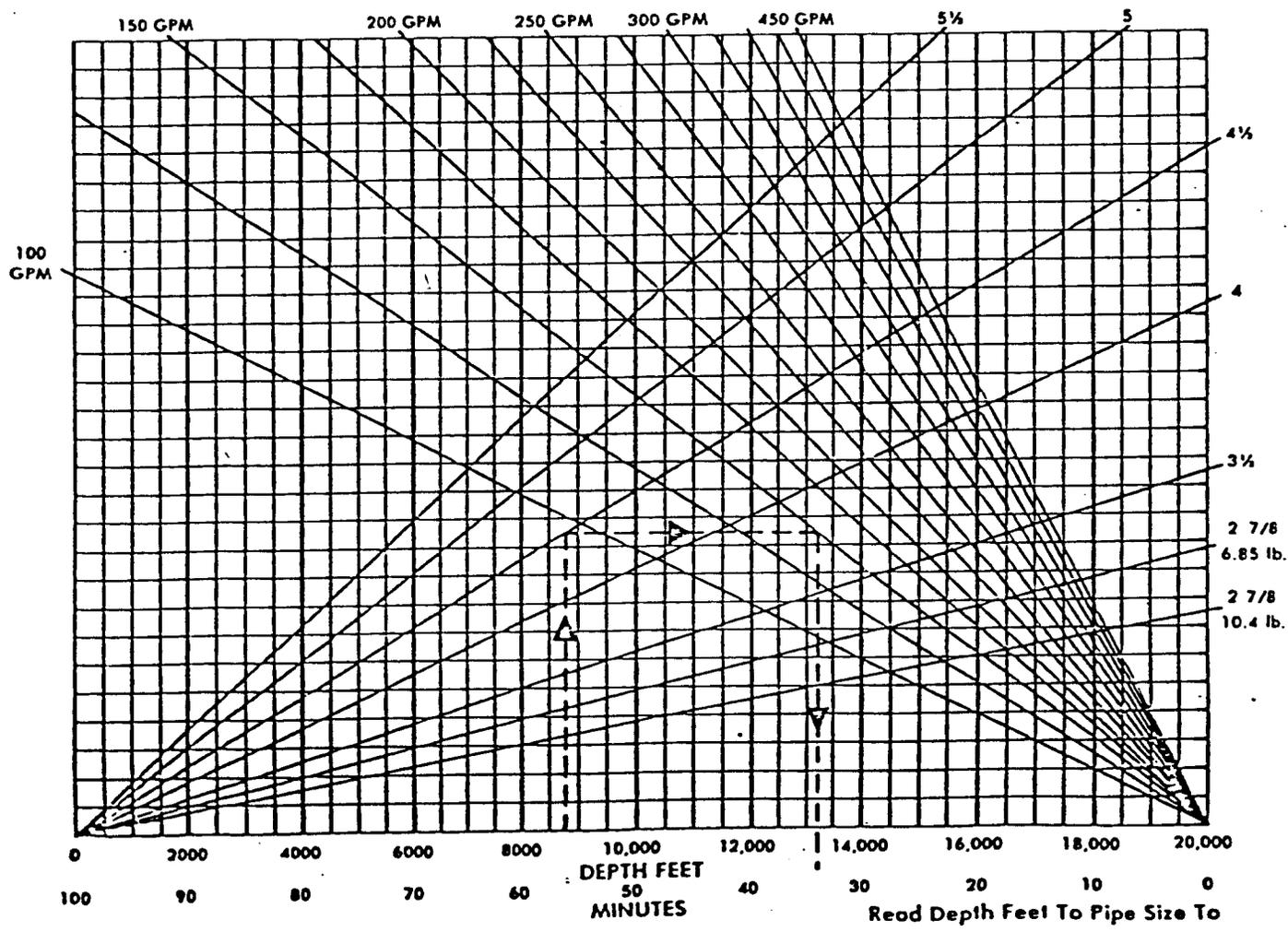
Chart 2

MUD WEIGHT INCREASE REQUIRED TO BALANCE A KICK (lb/gal)

$$\text{lb/gal. Increase} = \frac{\text{Shut in Drill Pipe Pressure} - \text{SIDPP} \pm 19.2}{\text{Depth} \pm 0.052}$$

DEPTH (feet)	DRILL PIPE PRESSURE, PSI										psi
	100	200	300	400	500	600	700	800	900	1000	
1000	1.9	3.8	5.8	7.7	9.6	11.5	13.5	15.7	17.3	19.2	
2000	1.0	1.9	2.9	3.8	4.8	5.8	6.7	7.7	8.6	9.6	
3000	0.6	1.3	1.9	2.6	3.2	3.8	4.5	5.1	5.8	6.4	
4000	0.5	1.0	1.4	1.9	2.4	2.9	3.4	3.8	4.3	4.8	
5000	0.4	0.8	1.2	1.5	1.9	2.3	2.7	3.1	3.5	3.8	
6000	0.3	0.6	1.0	1.3	1.6	1.9	2.3	2.6	2.9	3.2	
7000	0.3	0.6	0.8	1.1	1.4	1.7	1.9	2.2	2.5	2.8	
8000	0.2	0.5	0.7	1.0	1.2	1.4	1.7	1.9	2.2	2.4	
9000	0.2	0.4	0.6	0.9	1.1	1.3	1.5	1.7	1.9	2.1	
10000	0.2	0.4	0.6	0.8	1.0	1.2	1.3	1.5	1.7	1.9	
11000	0.2	0.4	0.5	0.7	0.9	1.1	1.2	1.4	1.6	1.8	
12000	0.2	0.3	0.5	0.6	0.8	1.0	1.1	1.3	1.4	1.6	
13000	0.1	0.3	0.4	0.6	0.7	0.9	1.0	1.2	1.3	1.5	
14000	0.1	0.3	0.4	0.6	0.7	0.8	0.9	1.1	1.2	1.4	
15000	0.1	0.3	0.4	0.5	0.6	0.8	0.9	1.0	1.2	1.3	
16000	0.1	0.2	0.4	0.5	0.6	0.7	0.8	1.0	1.1	1.2	
17000	0.1	0.2	0.3	0.5	0.6	0.7	0.8	0.9	1.0	1.1	
18000	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	1.0	1.1	
19000	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	
20000	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	

Chart 3



EMERGENCY PROCEDURES

A. The fact is to be instilled in the minds of all rig personnel that the sounding alarm means only one thing: H₂S IS PRESENT. Everyone is to proceed to his assigned station and the contingency plan is put into effect.

B. DRILLING CREW ACTIONS

1. All personnel will don their protective breathing apparatus. The driller will take necessary precautions as indicated in OPERATING PROCEDURES.
2. The Buddy system will be implemented. All personnel will act upon directions from the operator's on-site representative.
3. If there are non-essential personnel on location, they will move off location.
4. Entrance to the location will be patrolled, and the proper well condition flag will be displayed at the entrance to the location.

C. RESPONSIBILITIES OF PERSONNEL

In order to assure the proper execution of this plan, it is essential that one person be responsible for and in complete charge of implementing these procedures. The responsibility will be as follows:

1. The operator's on-site representative or his assistant.
2. Contract tool pusher. Should he become disabled.
3. ESSE International, Inc.'s representative.

D. In the event of an accidental release of a potentially hazardous volume of H₂S the following steps will be taken:

1. Contact by the quickest means of communications:
The main offices of Oil Company & Contractor as listed on the following page.
2. An assigned crew member will blockade the entrance to the location. No unauthorized personnel will be allowed entry into the location.
3. The operator's on-site representative will remain on location and attempt to regain control of the well.

COMPANY & CONTRACT PERSONNEL

1. Oil Company:

SOHIO PETROLEUM COMPANY
Box 30
Casper, Wyoming 82602
(307) 237-3861

Bill H. Ward - District Manager
Office.....307/237-3861
Home.....307/266-6387

Dick Vasser - District Drilling Superintendent
Office.....307/237-3861

Floyd J. Hoffer - District Production Superintendent
Office.....307/237-3861
Home.....307/234-9465

Steve Bryant - Production Engineer
Office.....307/237-3861

Mark Pajak - Engineer
Office.....307/237-3861

Company Representatives on Location:

Kit Hatfield
Bob Strickler
Dick Vasser
Mark Pajak

2. Drilling Contractor:

NOTE: Contractor will be added as Amendment as soon as information is available.

EMERGENCY PROCEDURES (cont'd.)

4. The Drilling Company's rig superintendent will begin evacuation of those persons in immediate danger. He will begin by telephoning residents in the danger zone.

In the event of no contact by telephoning, the tool pusher will proceed at once to each dwelling for a person-to-person contact. In the event the tool pusher cannot leave the location, he will assign a responsible crew member to proceed in the evacuation of local residents. Upon arrival, the Sheriff's Department and ESSE International personnel will aid in further evacuation.

E. LEAK IGNITION

Leak Ignition procedure: (used to ignite a leak in the event it becomes necessary to protect the public)

1. Two men, the operator's on-site representative and the contractor's rig superintendent or ESSE International's representative, wearing self-contained pressure demand air masks must determine the perimeter of the flammable area. This should be done with one man using an H₂S detector and the other one using a flammable gas detector. The flammable perimeter should be established at 30% to 40% of the lower flammable limits.
2. After the flammable perimeter has been established and all employees and citizens have been removed from the area, the ignition team should move to the up-wind area of the leak perimeter and fire a flare into the area. If the leak isn't ignited on the first attempt, move in 20 to 30 feet and fire again. Continue moving in and firing until the leak is ignited or the flammable gas detector indicates the ignition team is moving into hazardous area (75-80% of lower flammable limits.) If trouble is incurred in igniting the leak by firing toward the leak, try firing 40° to 90° to each side of the area where you have been firing. If still no ignition is accomplished, ignite the copper line burner and push it into the leak area. This should accomplish ignition. If ignition is not possible due to the makeup of the gas, the toxic leak perimeter must be established and maintained to insure evacuation is completed and continued until the emergency is secure.

EMERGENCY PROCEDURES (cont'd.)

3. The following equipment and man-power will be required to support the ignition team:
 - a. One 25 mm type flare gun or one sawed-off 12-gauge shotgun, or one 12 gauge flare pistol.
 - b. Four pressure demand air packs.
 - c. Two 250' lengths of 3/8" nylon rope tied to the ignition teams waists.
 - d. Two men in a clear area equipped with air packs, who are capable of rescuing the ignition team.
 - e. Portable butane bottle with 100' of copper line attached to a burner.

F. GENERAL EQUIPMENT

1. Two areas on location will be designated as BRIEFING AREAS. The one that is upwind from the wellbore will be designated as the "SAFE BRIEFING AREA".
2. In the case of an emergency, personnel will assemble in the upwind "SAFE BRIEFING AREA" as per prior instructions from the operator's representative.
3. The H2S "SAFETY" trailer provided by ESSE International, Inc. will contain 10-380 C.F. cylinders, a resuscitator, one 30 minute air pack, and will have a wind sock or streamer to indicate wind direction.
4. Two other wind socks will be installed so as to be visible from all parts of the location.
5. A condition warning sign will be displayed at the location entrances of current operating conditions.
6. A list of emergency telephone numbers will be kept on rig floor, contract tool pusher's trailer, the Oil Company's trailer and in "SAFETY" trailer.
7. Two barricades will be available to block the entrance to location should an emergency occur.

EMERGENCY PROCEDURES (cont'd.)

8. An external communication system should be installed in the operator's trailer, mud logger's unit and on rig floor.
9. An internal communications system should be installed between company trailer house, contract tool pusher's quarters, mud logger's unit, rig floor, shale shaker, mud mixer area and choke manifold.
10. An undulating high and low pitch siren will be installed in the derrick "A" leg.
11. An explosion proof bug blower (fan) will be installed under the rig floor to disperse possible accumulations of H₂S. This blower will be provided by ESSE International, Inc. and delivered to the rig. However, due to the many various types of electrical connections in use, it will be the responsibility of the operator to provide the proper electrical hookup to the rig power source.

LIST OF APPENDICES

APPENDIX I.....EMERGENCY & MEDICAL
FACILITIES

APPENDIX II.....LAW ENFORCEMENT AGENCIES
& FIRE FIGHTING FACILITIES

APPENDIX III.....GOVERNMENTAL AGENCIES

APPENDIX IV.....RADIO & T.V. STATIONS

APPENDIX V.....AIR SERVICE & MOTELS/HOTELS

APPENDIX I

EMERGENCY & MEDICAL FACILITIES

DIAL 911

UTAH EMERGENCY ASSISTANCE

Ambulance Service:

Dial 911 Emergency

OR

Rich County EMT Association

Randolph, Utah.....801/793-2175
or 801/793-2645

Hospital:

Memorial Hospital of Uinta County

Evanston, Wyoming.....307/789-3636

Doctors in the Area:

Evanston, Wyoming

Donald R. Dains, M.D.....307/789-3522
night..307/789-3636

Dean A. Holt, M.D.....307/789-2162
night..307/789-3636

Veterinary Clinic:

Bear River Veterinary Clinic

Star Rt. 2, Box 124

Evanston, Wyoming 82930

Dr. Dennis C. Law, D.M.V.....307/789-5230

APPENDIX II

LAW ENFORCEMENT AGENCIES & FIRE FIGHTING FACILITIES

DIAL 911

UTAH EMERGENCY ASSISTANCE

Sheriff's Department:

Rich County Sheriff's Department
P.O. Box 38
Randolph, Utah.....801/793-2285
Gary Ogilvie

Police Department:

Dial 911 or 801/793-2285

Fire Fighting Facilities:

Randolph Volunteer Fire Department
Randolph, Utah.....DIAL 911

APPENDIX III

GOVERNMENTAL AGENCIES

OIL SPILLS DISASTER REPORTING - 24 HOURS - 1-800-424-8802

Minerals Management Service:

Bureau of Land Management
2370 South 2300 West
Salt Lake City, Utah 84119
801-524-5330 - Dan Washington

National Response Center
Washington, D.C.
800-424-8802 (24 Hour Phone)

U.S. Environmental Protection Agency
Regional Response Center
1860 Lincoln Street
Denver, Colorado 80295
303-837-3880 (24 Hour Phone)

Utah Division of Social Services
Bureau of Water Quality
150 West North Temple
Salt Lake City, Utah 84103
Calvin Sudweeks/Dale Parker
801-533-6145 (24 Hour Phone)

APPENDIX IV

RADIO & TELEVISION STATIONS

KEVA AM 1240
137 10th
Evanston, Wyoming 82939
307-789-9255

KMER Broadcasting Station
436 Fossil Butte Dr.
Kemmerer, Wyoming 82101
307/877-4422

APPENDIX V

AIR SERVICE & MOTELS/HOTELS

Air Service:

Evanston Municipal Airport
Star Rt. 2, P.O. Box 141
Evanston, Wyoming.....307/789-2256

Evanston Aviation Inc.
Evanston Airport 89
Evanston, Wyoming.....307/789-2256

Motels/Hotels:

Evanston, Wyoming
 Vagabond Motel.....307/789-2902
 Roadway Inn.....307/789-6010
 Hillcrest Motel.....307/789-3286

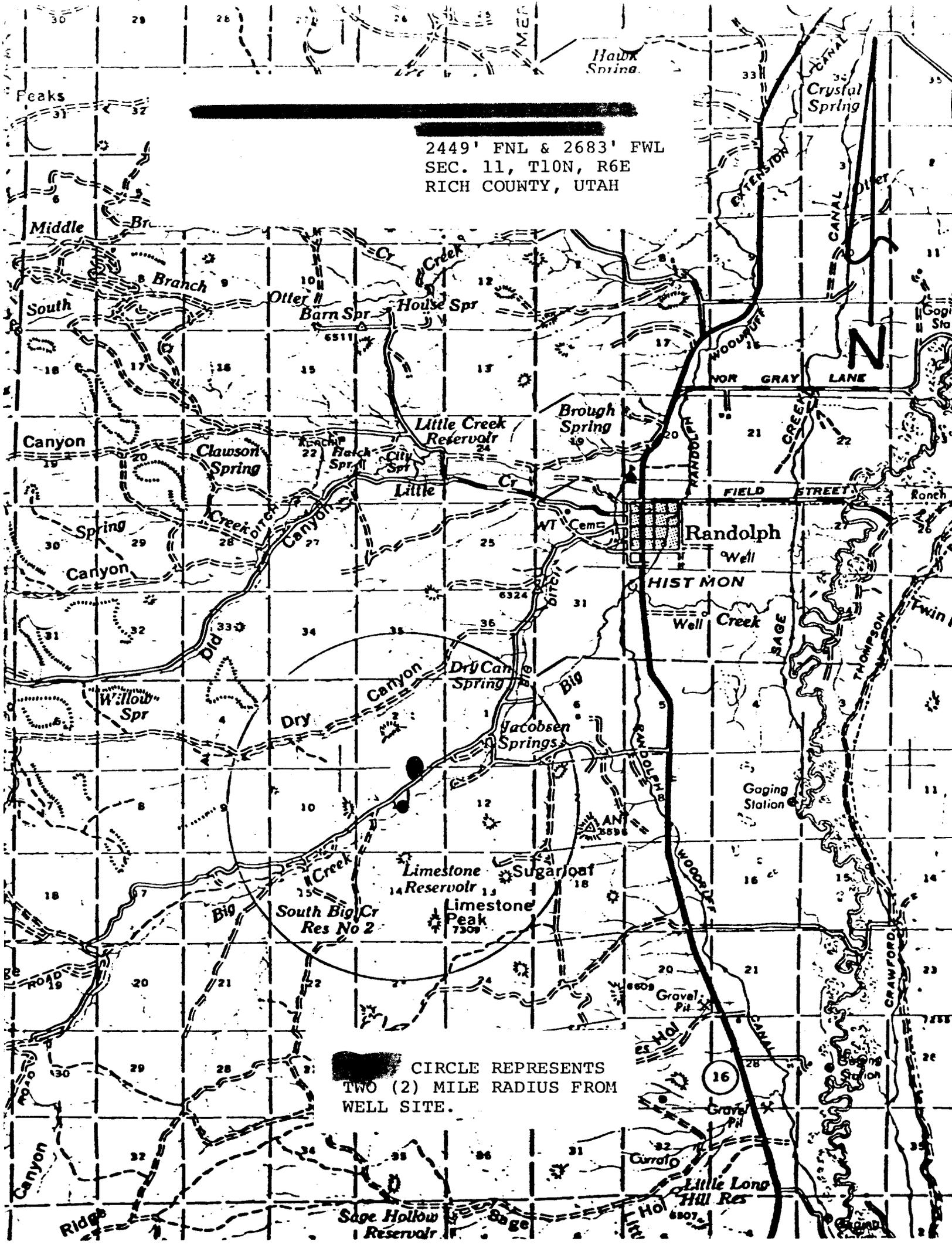
RESIDENTS WITHIN 2 MILE RADIUS OF WELL

1. Wayne Argyle Jr.....No Phone
5 Persons - No special assistance necessary

NOTE: See following page for map locating residence.

2449' FNL & 2683' FWL
SEC. 11, T10N, R6E
RICH COUNTY, UTAH

CIRCLE REPRESENTS
TWO (2) MILE RADIUS FROM
WELL SITE.



LANDOWNERS WITHIN 2 MILE RADIUS OF WELL

1. Randolph Land and Livestock Company
Randolph, Utah
2. Wayne Argyle Jr.
Randolph, Utah
3. Von M. Argyle.....801/793-2565
Box 255, Randolph, Utah
4. Ross S. Argyle.....801/793-5345
Randolph, Utah
5. Hazen Cornia.....801/793-2405
Randolph, Utah
6. Norman C. Call.....801/793-2575
Box 64, Randolph, Utah
7. Hannah Wilson
c/o William H. Wilson
2200 South Rancho Drive
Las Vegas, Nevada

LEGAL DESCRIPTION

LANDOWNERS IN 2 MILE RADIUS OF WELL

Township 11N, Range 6E

Section 34 - BLM

Section 35 - BLM

Section 36 - S $\frac{1}{2}$ of NW $\frac{1}{4}$ - State of Utah
S $\frac{1}{2}$ of S $\frac{1}{2}$ - Ross S. Argyle

Township 10N, Range 6E

Section 4 - SE $\frac{1}{4}$ of SE $\frac{1}{4}$ - Randolph Land & Livestock Company
Balance of Section - BLM

Section 3 - SW $\frac{1}{4}$ of SW $\frac{1}{4}$ - Randolph Land & Livestock Company
NE $\frac{1}{4}$ of NE $\frac{1}{4}$ - Randolph Land & Livestock Company
Balance of Section - BLM

Section 2 - SW $\frac{1}{4}$ of NW $\frac{1}{4}$ - Randolph Land & Livestock Company
Balance of Section - State of Utah

Section 1 - NW $\frac{1}{4}$ - BLM
NW $\frac{1}{4}$ of SW $\frac{1}{4}$ - BLM
NE $\frac{1}{4}$ - Von M. Argyle
S $\frac{1}{2}$ of SW $\frac{1}{4}$ - Von M. Argyle
E $\frac{1}{2}$ - Hazen Cornia

Section 9 - BLM

Section 10 - SW $\frac{1}{4}$ of SE $\frac{1}{4}$ - Randolph Land & Livestock Company
E $\frac{1}{2}$ of SE $\frac{1}{2}$ - Wayne Argyle Jr.

Section 11 - W $\frac{1}{2}$ of NE $\frac{1}{4}$ - Wayne Argyle Jr.
W $\frac{1}{2}$ of SW $\frac{1}{4}$ - Wayne Argyle Jr.
SE $\frac{1}{4}$ of NW $\frac{1}{4}$ - Wayne Argyle Jr.
NE $\frac{1}{4}$ of SW $\frac{1}{4}$ - Wayne Argyle Jr.
NW $\frac{1}{4}$ of SE $\frac{1}{4}$ - Wayne Argyle Jr.
NE $\frac{1}{4}$ of NE $\frac{1}{4}$ - Von M. Argyle
Balance of Section - BLM

Section 12 - NE $\frac{1}{2}$ of NE $\frac{1}{4}$ - Hazen Cornia
N $\frac{1}{2}$ of NW $\frac{1}{4}$ - Von M. Argyle

Section 16 - SE $\frac{1}{4}$ - BLM
NW $\frac{1}{4}$ of NE $\frac{1}{4}$ - BLM
S $\frac{1}{2}$ of NE $\frac{1}{4}$ - Dierenia Nicholls, c/o Argyle Ranch
NE $\frac{1}{4}$ of NE $\frac{1}{4}$ - Dierenia Nicholls, c/o Argyle Ranch

LEGAL DESCRIPTION

LANDOWNERS IN 2 MILE RADIUS OF WELL (cont.)

Township 10N, Range 6E

Section 15 - NW $\frac{1}{4}$ of NE $\frac{1}{4}$ - Wayne Argyle Jr.
NW $\frac{1}{4}$ of NW $\frac{1}{4}$ - Hannah Wilson, c/o William H. Wilson
NW $\frac{1}{4}$ of NE $\frac{1}{4}$ - Randolph Land & Livestock Company
S $\frac{1}{2}$ of NW $\frac{1}{4}$ - Randolph Land & Livestock Company
Balance of Section - BLM

Section 14 - BLM

Section 13 - BLM

Section 22 - BLM

Section 23 - BLM

Section 24- BLM

Township 10N, Range 7E

Section 6 - W $\frac{1}{2}$ of NW $\frac{1}{2}$ - Hazen Cornia

Section 7 - NW $\frac{1}{4}$ Klea E. Cornia
SW $\frac{1}{4}$ BLM

Section 18 - BLM

HYDROGEN SULFIDE

A deadly enemy of those people employed in the petroleum industry, this gas can paralyze or kill quickly. At least part of the answer lies in education in the hazards, symptoms, characteristics, safe practices, treatment, and the proper use of personal protective equipment.

Hydrogen Sulfide Hazards

The principal hazard to personnel is asphyxiation or poisoning by inhalation. Hydrogen Sulfide is a colorless, flammable gas having an offensive odor and a sweetish taste. It is highly toxic and doubly hazardous because it is heavier than air (specific gravity = 1.19). Its offensive odor, like that of a rotten egg, has been used as an indicator by many old timers in the oil fields, but is not a reliable warning of the presence of gas in a dangerous concentration because people differ greatly in their ability to detect smells. Where high concentrations are encountered, the olfactory nerves are rapidly paralyzed, denuding the sense of smell as a warning indicator. A concentration of a few hundredths of one percent higher than that causing irritation, can cause asphyxia and death - in other words, there is a very narrow margin between consciousness and unconsciousness, and between unconsciousness and death.

Where high concentrations cause respiratory paralysis, spontaneous breathing does not return unless artificial respiration is applied. Although breathing is paralyzed, the heart may continue beating for ten minutes after the attack.

Physiological Symptoms

Acute: Results in almost instantaneous asphyxia, with seeming respiratory paralysis. Acute poisoning, or strangulation, may occur after even a few seconds inhalation of high concentrations and results in panting respiration, pallor, cramps, paralysis and almost immediate loss of consciousness with loss of speech, and no other warning than a cry. Death may follow with extreme rapidity from respiratory and cardiac paralysis. One breath of a sufficiently high concentration may have this result.

Subacute: Results in irritation, principally of the eyes, persistent cough, tightening or burning in the chest and skin irritation followed by depression of the central nervous system. The eye irritation ranges in severity from mild conjunctivitis to swelling and bulging of the conjunctiva, photophobia (abnormal intolerance of light) and temporary blindness.

Treatment

1. Victim should be removed to fresh air immediately by rescuers wearing respiratory protective equipment. Protect yourself while rescuing.
2. If the victim is not breathing, begin immediately to apply artificial respiration. If a resuscitator is available, let another employee get it and prepare for use.
3. Treat for shock, keep victim warm and comfortable.
4. Call a doctor. In all cases, victims of poisoning should be attended by a physician.

Characteristics of H₂S

1. Extremely toxic.
2. Heavier than air. Specific gravity = 1.19.
3. Colorless, has odor of rotten eggs.
4. Burns with a blue flame and produces Sulphur Dioxide (SO₂) gas, which is very irritating to eyes and lungs. The SO₂ is also toxic and can cause serious injury.
5. H₂S forms explosive mixture, with air between 4.3% and 46% by volume.
6. H₂S is almost as toxic as hydrogen cyanide.
7. Between 5 and 6 times as toxic as carbon monoxide.
8. Produces irritation to eyes, throat and respiratory tract.
9. Threshold Limit Value (TLV) maximum of eight hours exposure without protective respiratory equipment - 20 PPM.

Safe Practices

If you are faced with an H₂S problem in your operations, the following safe practices are recommended:

1. Be absolutely sure all concerned are familiar with the hazards concerning H₂S and how to avoid it.
2. All employees should know how to operate and maintain a resuscitator and respiration equipment.
3. Be able to give and demonstrate artificial respiration.
4. Post areas where there is poisonous gas with suitable warning signs.

5. Be sure all new employees are thoroughly schooled before they are sent to the field -- tomorrow may be too late.
6. Teach men to avoid gas whenever possible - work on the windward side, have fresh air mask available.
7. Never let bad judgement guide you - wear respiratory equipment when gauging tanks, etc. Never try to hold your breath in order to enter a contaminated atmosphere.
8. In areas of high concentration, a two-man operation is recommended.
9. Never enter a tank, cellar or other enclosed place where gas can accumulate without proper respiratory protective equipment and a safety belt secured to a life line held by another person outside.
10. Always check out danger areas first with H₂S detectors before allowing anyone to enter. Do not try to determine the presence of gas by its odor.
11. Wear proper respiratory equipment for the job at hand. Never take a chance with equipment with which you are unfamiliar. If in doubt, consult your supervisor.
12. Carry out practice drills every month with emergency and maintenance breathing equipment. Telling or showing a group how to operate equipment is not enough - make them show you.
13. Maximum care should be taken to prevent the escape of fumes into the air of working places by leaks, etc.
14. Communications such as radios and telephones should be provided for those people employed where H₂S may be present.

DO YOU KNOW

THERE IS NO TIME TO WASTE

WHEN BREATHING STOPS!

RESCUE BREATHING MUST

BE STARTED FAST!!

After Breathing is Stopped for:	The Chances for Life are:
1 Minute	98 out of 100
2 Minutes	92 out of 100
3 Minutes	72 out of 100
4 Minutes	50 out of 100
5 Minutes	25 out of 100*
6 Minutes	11 out of 100*
7 Minutes	8 out of 100*
8 Minutes	5 out of 100*
9 Minutes	2 out of 100*
10 Minutes	1 out of 100*
11 Minutes	1 out of 1,000*
12 Minutes	1 out of 10,000*

* Authorities State:
Irreparable brain damage starts at about fifth minute.

LEARN HOW TO USE

LIFE SAVING EQUIPMENT

WHEN BREATHING STOPS



IF A VICTIM APPEARS TO BE UNCONSCIOUS

TAP VICTIM ON THE SHOULDER AND SHOUT, "ARE YOU OKAY?"



IF THERE IS NO RESPONSE

TILT THE VICTIM'S HEAD, CHIN POINTING UP. Place one hand under the victim's neck and gently lift. At the same time, push with the other hand on the victim's forehead. This will move the tongue away from the back of the throat to open the airway.



IMMEDIATELY LOOK, LISTEN, AND FEEL FOR AIR

While maintaining the backward head tilt position, place your cheek and ear close to the victim's mouth and nose. Look for the chest to rise and fall while you listen and feel for the return of air. Check for about 5 seconds.



IF THE VICTIM IS NOT BREATHING

GIVE FOUR QUICK BREATHS.

Maintain the backward head tilt, pinch the victim's nose with the hand that is on the victim's forehead to prevent leakage of air, open your mouth wide, take a deep breath, seal your mouth around the victim's mouth, and blow into the victim's mouth with four quick but full breaths just as fast as you can. When blowing, use only enough time between breaths to lift your head slightly for better inhalation. For an infant, give gentle puffs and blow through the mouth and nose and do not tilt the head back as far as for an adult.



If you do not get an air exchange when you blow, it may help to reposition the head and try again.

AGAIN, LOOK, LISTEN, AND FEEL FOR AIR EXCHANGE.

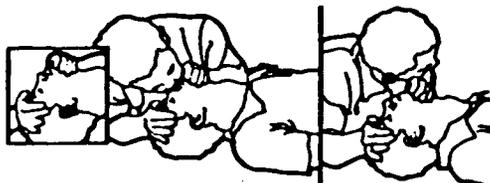


IF THERE IS STILL NO BREATHING

CHANGE RATE TO ONE BREATH EVERY 5 SECONDS FOR AN ADULT.

FOR AN INFANT, GIVE ONE GENTLE PUFF EVERY 3 SECONDS.

MOUTH-TO-NOSE METHOD



The mouth-to-nose method can be used with the sequence described above instead of the mouth-to-mouth method. Maintain the backward head-tilt position with the hand on the victim's forehead. Remove the hand from under the neck and close the victim's mouth. Blow into the victim's nose. Open the victim's mouth for the look, listen, and feel step.



ENVIRONMENTAL SAFETY SERVICE AND EQUIPMENT

H₂S SAFETY PROFESSIONALS
Equipment - Supervision - Training - Chemicals

P.O. BOX 770489
3100 S. WILCREST STE. 325
HOUSTON, TEXAS 77042
(713) 266-4141

CALL TOLL FREE:
Texas 1-800-392-3935
Out of State 1-800-231-6578

DENVER, CO
(303) 896-8824

DICKINSON, ND
(701) 227-0315

EVANSTON, WY
(307) 789-4885

LAUREL, MS
(601) 849-3451

SEGUINE, TX
(512) 372-2128

TYLER, TX
(214) 566-4079

THE USE OF SELF-CONTAINED BREATHING EQUIPMENT

1. Written procedures shall be prepared covering safe use of respirators in dangerous atmospheres which might be encountered in normal operations or in emergencies. Personnel shall be familiar with these procedures and the available respirators.
2. Respirators shall be inspected frequently at random to insure that they are properly used, cleaned and maintained.
3. Anyone who may use the respirators shall be trained in how to insure proper face piece to face seal. They shall wear respirators in normal air and then wear it in a test atmosphere. (Note: Such items as facial hair (beard or sideburns) and eyeglass temple pieces will not allow a proper seal). Anyone that may be reasonably expected to wear respirators should have these items removed before entering a toxic atmosphere. A special mask must be obtained for anyone who must wear eyeglasses.
4. Maintenance and care of respirators:
 - A. A program for maintenance and care of respirators shall include the following:
 - (1) Inspection for defects, including leak checks.
 - (2) Cleaning and disinfecting.
 - (3) Repair.
 - (4) Storage.
 - B. Inspection: Self-contained breathing apparatus for emergency use shall be inspected monthly for the following and a permanent record kept of these inspections:
 - (1) Fully charged cylinders.
 - (2) Regulator and warning device operation.
 - (3) Condition of face piece and connections.
 - (4) Elastomer or rubber parts shall be stretched or massaged to keep them pliable and prevent deterioration.
 - C. Routinely used respirators shall be collected, cleaned and disinfected as frequently as necessary to insure proper protection is provided.

5. Person assigned task that requires using self-contained breathing equipment shall be certified physically fit for breathing equipment usage by the local company physician at least annually.
6. Respirators should be worn when:
 - A. Any employee works near the top or on top of any tank unless test reveals less than 20 PPM of H₂S.
 - B. When breaking out any line where H₂S can reasonably be expected.
 - C. When sampling air in areas to determine if toxic concentrations of H₂S exist.
 - D. When working in areas where over 20 PPM H₂S has been detected.
 - E. At any time there is a doubt as to the H₂S level in the area to be entered.



**INSTRUCTION MANUAL
FOR USE OF SCOTT
SKA-PAK® EMERGENCY
ESCAPE UNIT**

P/N 900055 SERIES

SECTION I

DESCRIPTION AND APPLICATION

WARNING: IMPROPER USE OF THIS APPARATUS IN A HAZARDOUS ATMOSPHERE MAY RESULT IN INJURY OR DEATH. PERSONNEL SHOULD RECEIVE ADEQUATE TRAINING PRIOR TO USE.

The Scott Ska-Pak provides instant emergency respiratory protection for anyone suddenly exposed to an atmosphere immediately dangerous to life or health. This lightweight, compact unit is available in two basic configurations; a 5-minute self-contained air supply for escape only, and a combination 5-minute self-contained air supply for escape and Type C supplied-air respirator used for entry into areas immediately dangerous to life or health. The combination self-contained and supplied-air unit is available in demand and positive pressure models. All demand models can be supplied with either a half facepiece or the Scottoramic® full facepiece, while the positive pressure models are available with the Scottoramic full facepiece only.

The Scottoramic facepiece model is designed for use where

full face protection is necessary or desirable. The half facepiece is for use where integral-eye protection is not required.

OPERATION

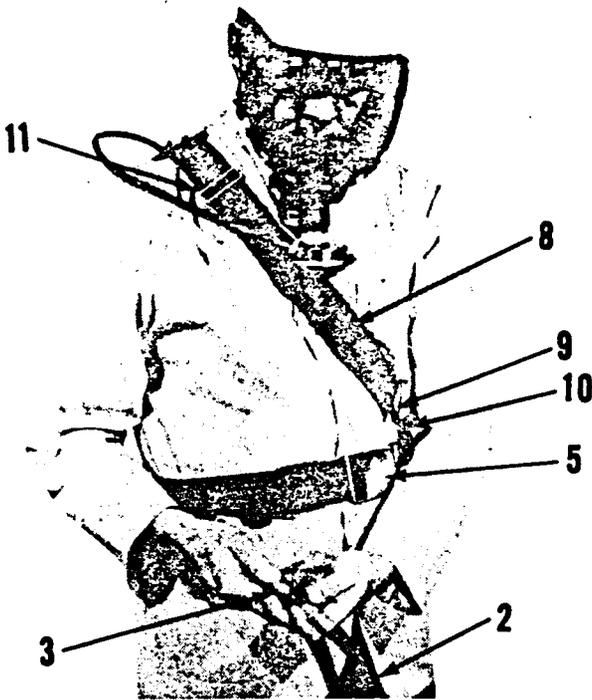
Ska-Pak cylinder air, with a 5-minute rated duration, is for emergency egress only. With the unit connected to, and operating from an external air supply, it is permissible to enter areas immediately dangerous to life or health. The hoseline system is designed to operate with an inlet supply of 60 to 125 psig, with hoseline lengths between 10 feet and 250 feet.

Some Ska-Pak models are available with a life-sustaining "Breakaway" hose coupling which releases with a 100 lb. pull. This enables the user to move rapidly toward the nearest exit in the event of an imminent explosion, fire or other emergency where seconds can mean the difference between life and death.

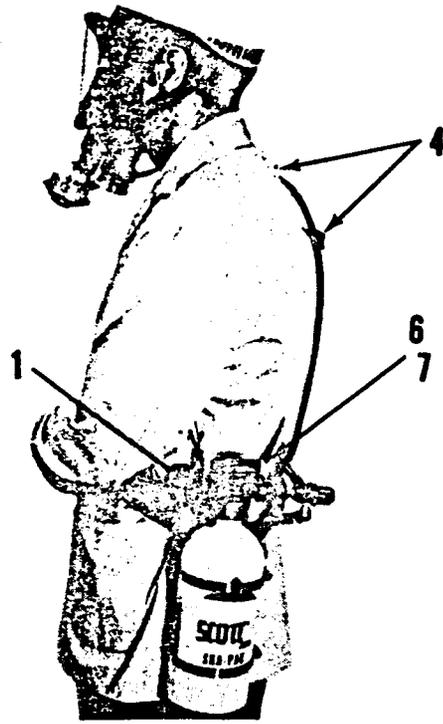
APPROVALS: TC-13F-66 for 900055-01, -03 and -04
TC-13F-67 for 900055-09, -10, -17 and -18
TC-13F-68 for 900055-13 and -14

Approved units meet the requirements of 30 CFR Part 11.

Go for safety, first...go SCOTT



(FRONT VIEW)



(REAR VIEW)

FIGURE 1
P/N 900055-13 Ska-Pak

TABLE I

	PART NUMBER ¹	REGULATOR ASSY TYPE	FACEPIECE TYPE	DISCONNECT TYPE	BREAKAWAY HOSE	SUPPLY HOSE ³	NIOSH/MESA APPROVAL NO. ⁴
EGRESS ONLY UNITS	900055-01 ²	Demand	Half	None	None	None	TC-13F-66
	900055-02	Demand	Duo-Seal®	None	None	None	
	900055-03	Demand	Half	None	None	None	TC-13F-66
	900055-04 ²	Demand	Scottoramnic	None	None	None	TC-13F-66
ENTRY/EGRESS UNITS	900055-05	Demand	Duo-Seal	Hansen	None	30010-	
	900055-06	Demand	Duo-Seal	Schrader	None	30020-	
	900055-07	Demand	Duo-Seal	Hansen	Yes	30010-	
	900055-08	Demand	Duo-Seal	Schrader	Yes	30020-	
	900055-09	Demand	Scottoramnic	Hansen	None	30010-	TC-13F-67
	900055-10	Demand	Scottoramnic	Schrader	None	30020-	TC-13F-67
	900055-11	Demand	Scottoramnic	Hansen	Yes	30010-	
	900055-12	Demand	Scottoramnic	Schrader	Yes	30020-	
	900055-13	Pressure-Demand	Scottoramnic	Hansen	None	30010-	TC-13F-68
	900055-14	Pressure-Demand	Scottoramnic	Schrader	None	30020-	TC-13F-68
	900055-15	Pressure-Demand	Scottoramnic	Hansen	Yes	30010-	
	900055-16	Pressure-Demand	Scottoramnic	Schrader	Yes	30020-	
	900055-17	Demand	Half	Hansen	None	30010-	TC-13F-67
	900055-18	Demand	Half	Schrader	None	30020-	TC-13F-67
	900055-19	Demand	Half	Hansen	Yes	30010-	
	900055-20	Demand	Half	Schrader	Yes	30020-	

NOTES:

- ¹ All Ska-Pak units include 7 cu. ft. aluminum cylinder.
- ² These units supplied with single strap harness; all others are supplied with waist and shoulder harness, P/N 802200-01.
- ³ Hose lengths are supplied as required. NIOSH/MESA approved lengths per dash configuration are 10 ft. minimum, 250 ft. maximum.
- ⁴ Approved units meet the requirements of 30 CFR Part 11.

SECTION II

OPERATING INSTRUCTIONS

NOTE

The following instructions include the harness assembly and the supply hose (see Table I and figure 1).

1. Don the harness assembly (refer to Section III) or the single strap harness.
2. Check that the cylinder valve knob (1, figure 1) is adjusted fully clockwise to its closed position. Push valve handle inward and turn clockwise.
3. Connect supply hose (2) to the respirable air supply, and mate hose assembly (3) to supply hose (2) as follows:
 - a. Hansen fitting mating (see figure 5).
 - (1) Line up slight recess (drill point) in socket body "A" with the semi-circular cutout in spring loaded socket "B".
 - (2) Slide spring loaded socket "B" back on supply hose; insert coupling "C" into socket body "A", and release socket "B".
 - (3) Rotate socket "B"; locking coupling "C" in place.

NOTE

To uncouple, rotate socket "B" until socket body "A" and socket "B" are lined up (refer to step 1); slide socket "B" back and remove coupling "C". Release socket "B".

- b. Schrader fitting mating (see figure 6).

- (1) Insert coupling "C" into socket body "A".

NOTE

To uncouple, rotate socket "B", remove coupling "C" and release socket "B".

4. Bring mask and hose assembly over shoulder (see figure 1) and secure hose assembly in place with webbing loops (4).
5. Don appropriate mask (refer to Section III).
6. Turn the cylinder valve knob (1) counterclockwise to its open position if external air supply fails or when disconnecting from the supply.

SECTION III

DONNING PROCEDURE WHEN USING 802200-01 HARNESS ASSEMBLY

1. Don the harness assembly as follows:
 - a. Unbuckle waist belt (5, figure 1).
 - b. Snap clip (6) of shoulder strap (8) into "D" ring (7).
 - c. Snap clip (9) of shoulder strap (8) into "D" ring (10).
 - d. Unsnap webbing loops (4).
 - e. Place shoulder strap (8) over right shoulder.
 - f. Adjust and secure waist belt (5). Pass tongue of waist belt through the loop on belt.
 - g. Adjust shoulder strap (8) as required at slide (11) to allow waist belt (5) to be at waist level.

2. Don Scottoramic facepiece (figure 2) as follows:
 - a. Adjust the straps of the facepiece harness full out.
 - b. Don facepiece chin first, then pull down and center the harness on back of head.
 - c. Adjust the bottom straps first, then the middle pair of straps. In most cases, the top head strap will be tight on the full out position.
3. Don Scott half facepiece (figure 3) as follows:
 - a. Adjust the bottom straps of the facepiece full out.
 - b. Don the facepiece, place the upper strap above the ears to the top of the head and attach the hooks to the eyes on the low strap.
 - c. Adjust the straps as required for proper seal.
4. Don the pressure-demand units (figure 4) using one of the following procedures:
 - a. If the unit is connected to a respirable air supply prior to donning the facepiece, a constant flow of air will be present in the facepiece. As the Scottoramic facepiece is donned as noted in step 2 above, the air flow will subside. It will cease once the facepiece is fitted to the face. A slight positive pressure (+1.5 inches of water pressure max.) inside the facepiece will prevent any external contaminated environment from entering the system.
 - b. An alternate method may also be used. If desirable, the facepiece may be donned prior to connecting to the air supply. No air will flow to the unit until the air supply connection is completed. If this method of donning is used, the user must hold his breath until the connection is completed.

NOTE

Due to an unlimited supply of air in a hoseline system, the Pressure-Demand Ska-Pak is not fitted with an additional "ON-OFF" provision other than the Quick Disconnect.

SECTION IV

MAINTENANCE

NOTE

The following procedures should be performed following each use.

1. Carefully inspect the unit for defects, such as rips or tears in the mask or hoses, loose or damaged fittings and damaged head harness, which might render the unit inoperable.
2. Prior to cleaning and disinfecting the mask, remove the regulator and exhalation valve as follows:
 - a. On all units, unthread the regulator at the knurled fitting.
 - b. On pressure-demand units, remove the clamp securing the exhalation valve to the mask. Carefully remove the exhalation valve.

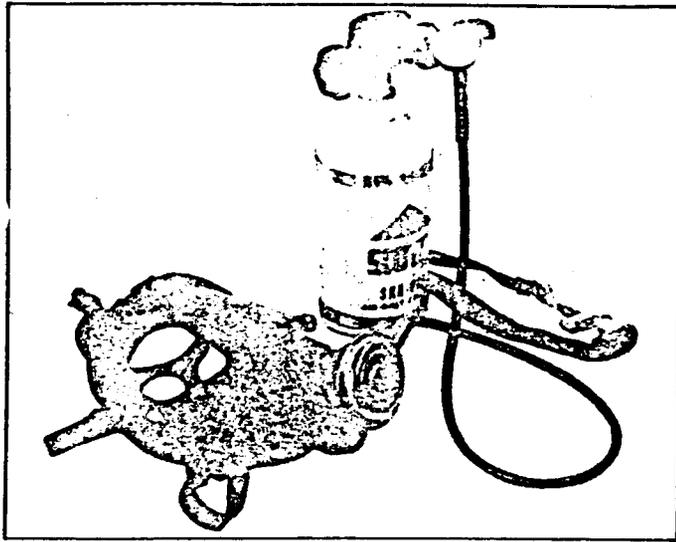


FIGURE 2 — 900055-04 Ska-Pak
With 5 Strap Head Harness

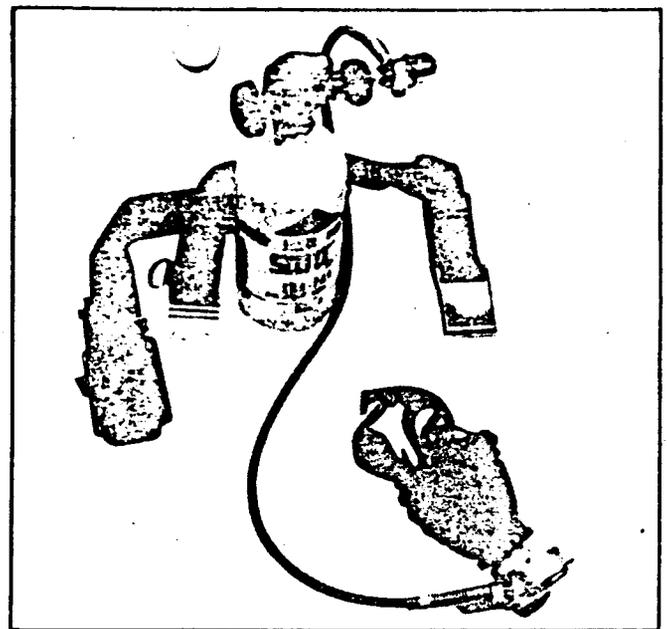


FIGURE 3 — 900055-02 Ska-Pak
With Duo-Seal Oral-Nasal Facepiece

3. No maintenance is required on either demand or pressure-demand regulators other than making sure the exhalation check valve is kept clear of loose dirt.
4. Clean and disinfect the mask assembly, with the regulator removed, as follows:
 - a. Wash facepiece in cleaner-disinfectant or detergent solution. Cleaner-disinfectant solutions are available that clean effectively and also contain an antibacterial agent. Alternatively, rubber parts may be washed in a liquid detergent solution, then immersed in either: 1) a hypochlorite solution (50 ppm of chlorine) for 2 minutes, 2) a 70% ethyl, methyl or isopropyl alcohol solution; or 3) a quaternary ammonium solution (200 ppm of quaternary ammonium compounds in water of less than 500 ppm total hardness). To prevent dermatitis and damage to parts, immersion times shall be adhered to, and disinfectants shall be thoroughly rinsed from disinfected parts.

Strong cleaning and disinfecting agents can damage parts. Vigorous mechanical agitation shall not be used, and the temperature recommended by the manufacturer shall be used. Solvents other than water should be used with caution.

- b. Rinse completely in clean, warm water and air-dry in a clean area.
- c. Wipe off dirt accumulations from the remainder of the respirator.

NOTE

Care should be exercised to avoid any undue scratching of the facepiece lens.

SECTION V

PACKING AND STORING

1. Make sure all equipment is completely dry before packing and storing.
2. Reassemble unit and arrange in storage rack or container in ready position.
3. Turn cylinder valve knob (1, figure 1) full clockwise.
4. Store the Ska-Pak in a cool, dry place.

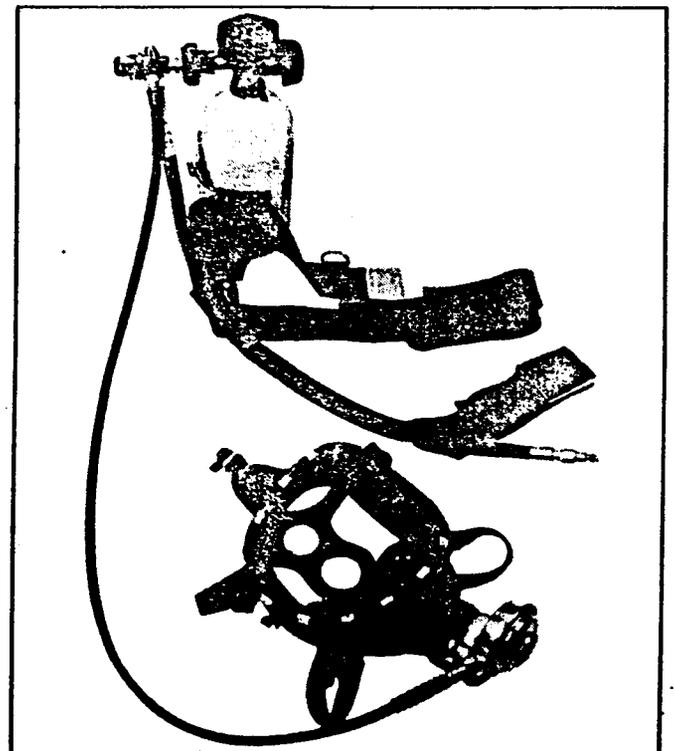


FIGURE 4 — 900055-13 Pressure-Demand
Ska-Pak With 5 Strap Head Harness

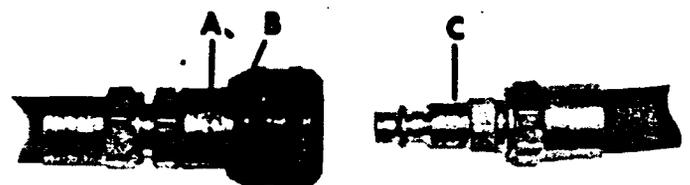


FIGURE 5 — Hansen Fitting

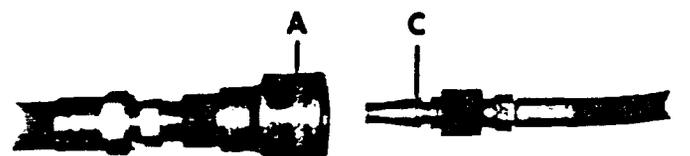


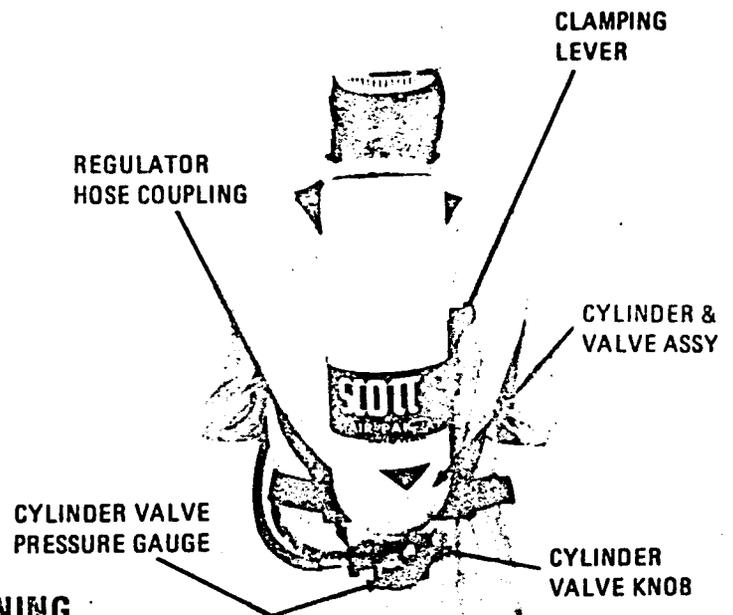
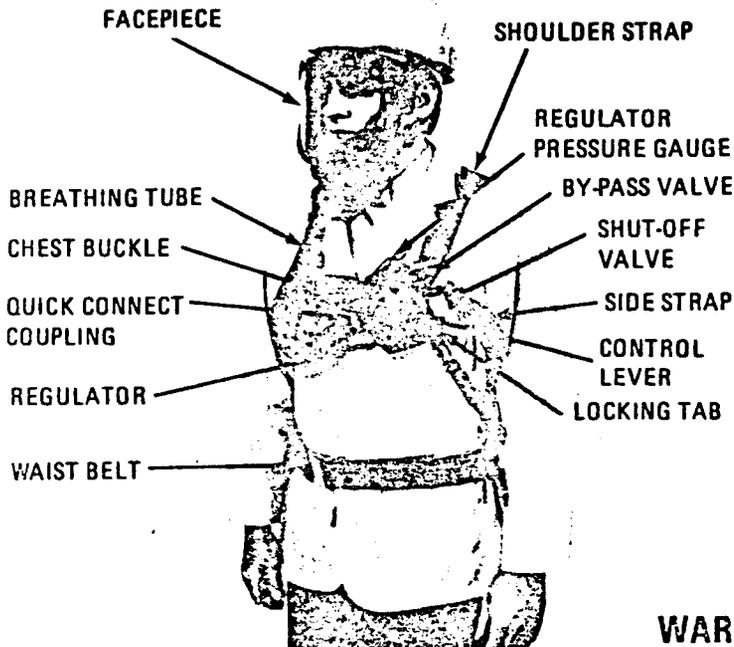
FIGURE 6 — Schrader Fitting



H₂S SAFETY PROFESSIONALS
Equipment-Supervision-Training-Chemicals

SCOTT AIR-PAK® II_a PRESSURE-DEMAND

OPERATING AND MAINTENANCE INSTRUCTIONS



WARNING

IMPROPER USE OF THIS APPARATUS IN A HAZARDOUS ATMOSPHERE MAY RESULT IN INJURY OR DEATH. PERSONNEL SHOULD RECEIVE ADEQUATE TRAINING PRIOR TO USE.

The Scott Presur-Pak IIa, positive pressure, self-contained breathing apparatus (SCBA) is designed to provide maximum respiratory protection in objectionable or toxic atmospheres, regardless of concentration(*), or oxygen deficiency, with a NIOSH/MSHA rated duration of 30 minutes when properly DONNED, USED, AND MAINTAINED BY TRAINED PERSONNEL. The regulator is equipped with an audible Pak-Alarm® which will warn the user of diminishing air supply. The Pak-Alarm will activate when approximately 20-25% of the air supply remains. YOU MUST EGRESS IMMEDIATELY TO THE NEAREST SAFE, RESPIRABLE AREA WHEN THE PAK-ALARM RINGS. The apparatus is certified by NIOSH/MSHA for use in temperatures to -25°F with the installation of a Scott Nosecup Assembly, P/N 801432-00, in the facepiece. The nosecup assembly is required for use in temperatures at or below freezing or whenever lens fogging may occur.

*WARNING

IN ADDITION TO THIS APPARATUS, ADDITIONAL PROTECTIVE CLOTHING AND/OR SPECIAL EQUIPMENT SHALL BE PROVIDED, AS REQUIRED, FOR COMPLETE PROTECTION TO THE USER AND APPARATUS. (CERTAIN GASES POISON THROUGH THE UNBROKEN SKIN, SUCH AS HYDROGEN CYANIDE, OR ARE EXTREMELY IRRITATING TO THE SKIN, SUCH AS AMMONIA.) EVERY APPLICATION SHALL BE THOROUGHLY EVALUATED BY QUALIFIED PERSONNEL, PRIOR TO ENTRY OR USE OF THE APPARATUS.

SERVICE LIFE (Duration of air)

This apparatus is certified by NIOSH/MSHA to provide a "30 minute" duration of air, based on actual machine testing simulating men performing a variety of moderate-to-heavy work tasks.

The user should not expect to obtain exactly 30 minutes duration from this apparatus during each use. The work being performed may be more or less strenuous than the work-rates used in the NIOSH/MSHA tests. The duration may be shorter, possibly as short as 15 minutes, where the individual's work is more strenuous than the NIOSH/MSHA tests.

The duration of the apparatus will depend on such factors as:

1. the degree of physical activity of the user;
2. the physical condition of the user;
3. the degree of training or experience which the user has had with this or similar equipment;
4. the degree to which the user's breathing is affected by excitement, fear, or other emotional factors;
5. whether or not the cylinder is fully charged at the start of the work period;
6. the possible presence, in the compressed air, of carbon dioxide concentrations greater than .04% normally found in atmospheric air;
7. the condition of the apparatus;
8. the atmospheric pressure; Example: when used in a pressurized tunnel or caisson at 2 atmospheres (15 psi gauge) the rated duration will be one-half as long (15 minutes) as when used at 1 atmosphere; and at 3 atmospheres will be one-third as long (10 minutes).

REGULAR OPERATIONAL INSPECTION

The following procedure shall be used for incoming and daily inspection of the apparatus. An apparatus not routinely used, but kept for emergency use, shall be inspected at least monthly. All apparatus shall be inspected after each use.

1. Visually inspect the complete apparatus for worn or aging rubber parts and damaged components.
2. Check the latest cylinder hydrostatic test date to ensure it is current (within 5 years).
3. Visually inspect cylinder for large dents or gouges in metal. Cylinders which show exposure to high heat or flame, such as paint turned brown or black, decals charred or missing, gauge lens melted or elastomeric bumper distorted, shall be removed from service.
4. Check cylinder pressure gauge for "FULL" indication. If cylinder pressure is less than "FULL", replace with a fully charged cylinder.
5. Check to ensure regulator hose coupling is hand tightened to the cylinder valve outlet.

NOTE

Wrenches shall not be used, as damage to the coupling gasket may result.

6. Close regulator BY-PASS valve (red knob) by turning clockwise.
7. Close regulator MAIN-LINE valve (yellow knob) by depressing lock-tab and turning valve knob clockwise.
8. Check to ensure regulator cover is tight and not lifted. If cover is loose or lifted, remove regulator from service, tag and have repaired by authorized personnel.
9. Unthread breathing hose from regulator.
10. Verify diaphragm integrity as follows
 - a. Place mouth over regulator outlet probe and gently inhale on regulator outlet. This negative pressure shall be maintained with no leakage (flow) through the regulator.
 - b. Gently blow into regulator outlet. This positive pressure shall be maintained with no leakage (flow) through the regulator.

WARNING

IF LEAKAGE IS PRESENT, RECHECK BY-PASS AND MAIN-LINE VALVES TO BE SURE THEY ARE FULLY CLOSED AND RETEST PER STEPS 10a AND 10b. IF LEAKAGE IS STILL PRESENT, REMOVE APPARATUS FROM SERVICE, TAG, AND HAVE REPAIRED BY AUTHORIZED PERSONNEL.

11. Open regulator MAIN-LINE valve (yellow knob), by turning full counterclockwise. A clicking sound shall be audible, indicating the lock-tab is functioning.
12. Open cylinder valve knob a minimum of 1-1/2 turns. The Pak-Alarm shall ring momentarily. The regulator gauge shall indicate "FULL". Check for leakage at cylinder valve, regulator and all connections.
13. Properly don facepiece and place palm over end of quick connect coupling. Inhale slightly. A negative pressure (suction) shall be created, pulling the facepiece toward the face. Hold for 5-10 seconds. If leakage is noted, remove facepiece from service and return for repair by authorized personnel.
14. Place breathing tube quick connect coupling close to palm of hand and exhale. If any air flows from breathing tube, remove facepiece from service and return for repair by authorized personnel.
15. Connect breathing tube coupling to regulator outlet securely. Inhale. Air should be delivered with very slight effort.
16. Place selector lever in "ON" position. A slight increase in

facepiece pressure shall be noted (positive pressure). Inhale several times. Place control lever in "OFF" position. Disconnect breathing tube and remove facepiece.

17. Push in and rotate the cylinder valve knob clockwise to close valve.
18. Release residual air pressure by slowly placing selector lever in "ON" position. Pak-Alarm shall ring momentarily. After pressure is released (no flow), place lever in "OFF" position.

WARNING

IF THE PAK-ALARM DOES NOT RING, REMOVE APPARATUS FROM SERVICE, TAG, AND RETURN FOR REPAIR BY AUTHORIZED PERSONNEL.

CAUTION

IF ANY DISCREPANCIES ARE FOUND USING THESE PROCEDURES, THE APPARATUS SHALL BE REMOVED FROM SERVICE, TAGGED, AND REPAIRED BY AUTHORIZED PERSONNEL.

MAKE SURE BY-PASS IS FULLY CLOSED AND MAIN-LINE IS FULLY OPENED.

DONNING AND NORMAL OPERATION

WARNING

ALL PERSONNEL USING THIS APPARATUS SHALL BE THOROUGHLY TRAINED BY QUALIFIED PERSONNEL IN DONNING, OPERATION AND EMERGENCY OPERATION.

1. Open carrying case and check cylinder gauge for "FULL" indication. Replace cylinder assembly if required.
2. Remove facepiece and breathing tube assembly; place next to case, exercising care not to scratch lens.
3. Check to ensure all strap assemblies, side and waist, are fully extended and waist belt buckle assembly is not connected.
4. Stand at cylinder end of carrying case (right end), lean forward, grasp both edges of the backplate just above waist belt area, and lift from case.
5. Swing the apparatus straight up and over the head, keeping elbows close to body. Rest apparatus on your back while still slightly bent over. The shoulder straps will slide along arms and fall into place on shoulders. (Make sure elbows are through shoulder and side strap loops). Connect the chest buckle; then while straightening up, pull down on the side straps to adjust harness to fit body (see figures 1 thru 3).



Figure 1



Figure 2

6. Connect and adjust waist belt assembly (see figure 4).
7. Place selector lever in "OFF" position.
8. Check to ensure BY-PASS valve is fully closed (full clockwise) and MAIN-LINE valve is fully open (full counterclockwise).



Figure 3



Figure 4

WARNING

OBSTRUCTION OF THE REGULATOR OUTLET WITH THE BY-PASS TURNED ON AND FLOWING MAY CAUSE REGULATOR OR DIAPHRAGM DAMAGE.

9. Open the cylinder valve knob a minimum of 1-1/2 turns. Pak-Alarm shall ring momentarily. Check regulator gauge for "FULL" indication, and don Scottoramie® facepiece as follows (see figures 5 thru 8).



Figure 5



Figure 6



Figure 7



Figure 8

WARNING

RESPIRATORS SHOULD NOT BE WORN WHEN CONDITIONS, SUCH AS A GROWTH OF BEARD, SIDE-BURNS, A SKULL CAP THAT PROJECTS UNDER THE FACEPIECE, OR TEMPLE PIECES ON GLASSES, PREVENT A GOOD FACE SEAL.

- a. Adjust all headstraps to a full outward position.
- b. Hold the head harness out of the way with one hand or back over the lens.
- c. Place the facepiece on the face with chin properly located in the chin pocket.
- d. Pull the head harness over the head and tighten neck straps and temple straps by pulling on the appropriate tabs.
- e. STROKE the head harness down toward the neck, using one or both hands.
- f. Retighten neck straps and then temple straps.
- g. In most cases, the top head strap will be tight in the full out position. Tighten only if necessary.
- h. Close off breathing tube quick connect coupling with your hand and slowly inhale. No leakage shall be noted and the facepiece shall be drawn toward the face.

NOTE

Refer to Scott Instruction Sheet, P/N 89027-00, supplied with each Scottoramie facepiece, for donning and maintenance procedures.

10. Connect breathing tube connection to the regulator outlet coupling. Tighten securely.
11. Place selector lever in the "ON" position. THERE SHALL BE NO AUDIBLE FLOW OF AIR FROM THE REGULATOR OR FLOW OF AIR THROUGH THE FACEPIECE. ANY FLOW INDICATES LEAKAGE--DO NOT PROCEED INTO CONTAMINATED AREA. CHECK FACEPIECE SEAL. IF LEAKAGE IS STILL PRESENT, REMOVE APPARATUS AND HAVE CHECKED AND REPAIRED BY AUTHORIZED PERSONNEL. THE "OFF" POSITION OF THE SELECTOR LEVER SHALL ONLY BE USED FOR DONNING AND DOFFING OF THE APPARATUS.
12. Check the regulator pressure gauge, during use, for remaining air supply to allow sufficient time for egress from the contaminated area.

WARNING

IMMEDIATELY EGRESS FROM THE CONTAMINATED AREA WHEN THE PAK-ALARM STARTS TO RING. IT WARNS THE USER WHEN APPROXIMATELY 20-25% OF THE AIR SUPPLY REMAINS IN THE CYLINDER. IN HIGH NOISE AREAS OR WHERE MORE THAN ONE APPARATUS IS BEING USED, TOUCH THE REGULATOR WITH YOUR HAND TO FEEL THE VIBRATION OF THE PAK-ALARM.

13. After egress and when in a SAFE, RESPIRABLE AREA, place selector lever in "OFF" position, uncouple the breathing tube quick connect coupling from the regulator outlet, remove facepiece, push in and rotate cylinder valve knob clockwise to close valve.
14. Bleed residual system pressure from the system by slowly placing selector lever in "ON" position. After pressure is released (no flow), place lever in "OFF" position.

EMERGENCY OPERATION

Should the regulator become damaged or inoperative during use, proceed as follows:

1. Open BY-PASS (red-knob) counterclockwise. Adjust the flow of air to sufficiently supply the breathing requirements of the user.

WARNING

EXCESSIVE BY-PASS FLOW WILL SUBSTANTIALLY REDUCE THE SERVICE LIFE (DURATION) OF THE APPARATUS.

2. Depress the lock-tab under the MAIN-LINE valve (yellow knob) and turn fully closed (clockwise).
3. IMMEDIATELY egress from the area to a SAFE, RESPIRABLE AREA.

WARNING

DO NOT OBSTRUCT THE OUTLET OF THE REGULATOR WHILE IN THE BY-PASS MODE. THE BY-PASS MODE SHALL BE USED FOR EMERGENCY OPERATION ONLY. DO NOT USE FOR OTHER PURPOSES.

4. Tag and remove apparatus for repair by authorized personnel.

CYLINDER REPLACEMENT PROCEDURE

1. Place regulator selector lever in the "OFF" position, disconnect facepiece from regulator.
2. Push in and rotate the cylinder valve knob fully clockwise to close the valve.
3. Bleed residual system pressure by slowly placing selector lever in "ON" position. After pressure is released (no flow), place lever in "OFF" position.
4. Rotate regulator hose coupling counterclockwise, removing it from the cylinder valve outlet.

CAUTION

ATTEMPTING TO UNCOUPLE REGULATOR HOSE COUPLING WHILE PRESSURIZED MAY RESULT IN DAMAGE TO, OR LOSS OF, COUPLING GASKET.

5. Pull the cylinder clamping lever down while holding cylinder to release the cylinder and valve assembly from the backplate.
6. Lift the cylinder and valve assembly out of the backplate and replace with a fully charged cylinder and valve assembly. Start at the top of the backplate and lower cylinder assembly until properly positioned.
7. Raise and push up cylinder clamping lever to secure the cylinder and valve assembly in the backplate.
8. Reconnect regulator hand disconnect to the cylinder valve.

NOTE

Wrenches shall not be used, as damage to coupling gasket may result.

9. Open cylinder valve knob a minimum of 1-1/2 turns by rotating counterclockwise. No constant leakage shall be noted. If leakage occurs, and cannot be stopped, the unit shall be removed from service, tagged, and repaired by authorized personnel.
10. The unit is now ready for use and may be returned to service.

STAND-BY CLEANING AND STORAGE

NOTE: The following procedure, in addition to the REGULAR OPERATIONAL INSPECTION, shall be used after each use and for preparing the apparatus for storage/stand-by.

1. Inspect the apparatus for worn or aging rubber parts or damaged components.
2. If in good condition, carefully wash facepiece assembly with warm soap and water or mild detergent solution. A soft brush may be used to scrub the rubber components, **DO NOT** use on the lens.
3. Rinse the facepiece assembly including the exhalation valve thoroughly. Flush water through the breathing tube, letting it flow out through opening onto lens.
4. Disinfect the facepiece by submersion, using one of the following solutions:

WARNING

DO NOT MIX THE SOLUTIONS. ONLY USE ONE.

- a. 70% solution of ethyl, methyl or isopropyl alcohol
- OR**
- b. Hypochlorite solution, two tablespoons chlorine bleach per gallon of water
- OR**
- c. Aqueous solution of Iodine, one teaspoon of tincture of iodine per gallon of water

NOTE

Maximum cleaner and disinfectant temperature should not exceed 120°F.

5. Rinse facepiece thoroughly and allow to completely air-dry.
6. Damp sponge dirt accumulation from the rest of the apparatus.
7. Follow REGULAR OPERATIONAL INSPECTION PROCEDURE.
8. Replace the apparatus in the carrying case, making sure all components are thoroughly dry, the cylinder is fully charged, the cylinder valve is fully closed, the BY-PASS valve is fully closed, the MAIN-LINE valve is fully open and the control lever is in the "OFF" position.

NOTE

If repair information is required, contact an Authorized Scott Distributor or Service Center.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil well gas well other

2. NAME OF OPERATOR
Sohio Petroleum Company

3. ADDRESS OF OPERATOR
P.O. Box 30, Casper, WY 82602

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 2683' FWL, 2449' FNL
AT TOP PROD. INTERVAL: (SW/4 NE/4)
AT TOTAL DEPTH:

5. LEASE
U-29126 Acquired

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
NA

7. UNIT AGREEMENT NAME
Sugarloaf - Proposed

8. FARM OR LEASE NAME
Sugarloaf

9. WELL NO.
11-6

10. FIELD OR WILDCAT NAME
Wildcat

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 11, T10N, R6E

12. COUNTY OR PARISH
Rich

13. STATE
Utah

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6372' GR

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>		<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>		<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>		<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>		<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>		<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>		<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>		<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>		<input type="checkbox"/>
(other) Change APD Stipulations	<input checked="" type="checkbox"/>		<input type="checkbox"/>

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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

This APD was approved 3/9/84. The requested changes to the Surface Use Plan are attached.

APPROVED BY THE STATE
OF UTAH DIVISION OF
OIL, GAS, AND MINING
DATE: 3/26/84
BY: [Signature]

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

Original Signed By: _____ DATE 3/19/84
SIGNED W.H. Ward TITLE Dist. Manager

(This space for Federal or State office use)

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

Original: Frank Snell, BLM

cc: Ed Gynn, BLM

Norm Stout, Div. Oil Gas and Mining

J.H. Walters

T. Rooney

File

*See instructions on Reverse Side

CONFIDENTIAL

water OK

DIVISION OF OIL, GAS AND MINING

~~CONFIDENTIAL~~

SPUDDING INFORMATION

NAME OF COMPANY: SOHIO PETROLEUM

WELL NAME: SUGARLOAF 11-6

SECTION SWNE 14 TOWNSHIP 10N RANGE 6E COUNTY RICH

DRILLING CONTRACTOR ATCO

RIG # 9

SPUDDED: DATE 3-29-84

TIME 12:00 PM

HOW Dry Hole

DRILLING WILL COMMENCE _____

REPORTED BY Terry Rooney

TELEPHONE # 307-237-3861

DATE 3-30-84 SIGNED CJ



INTERNATIONAL, INC.

March 30, 1984

Division of Oil & Gas & Mining
4241 State Office Building
Salt Lake City, Utah 84114
Attn: Ron Firth

Dear Mr. Firth:

Please find enclosed a revised copy of the H2S Contingency Plan for the Sohio Petroleum Company's well, Sugarloaf 11-6 in Rich County, Utah.

If you have any further questions relating to this plan, please call me at (701) 227-0315.

Sincerely,

A handwritten signature in black ink that reads "Brian A. Fosaaen". The signature is written in a cursive style with a long horizontal flourish extending to the right.

Brian A. Fosaaen
Area General Mgr.

ESSE INTERNATIONAL, INC.

RECEIVED

APR 2 1984

DIVISION OF
OIL, GAS & MINING

HYDROGEN SULFIDE SAFETY

HIGHWAY 2 & 85 WEST
P.O. BOX 509
WILLISTON, ND 58801
(701) 572-8611

EAST HIGHWAY 10 IND. PARK
P.O. BOX 424
DICKINSON, ND 58601
(701) 227-0315

94 INDEPENDENCE LANE
P.O. BOX 826
EVANSTON, WYOMING 82930
(307) 789-4885

Attachment #3 - Surface Use Plan

- #6) Construction Materials: No topsoil will be removed. A plastic matting material will be laid over the topsoil, covering the drill site and access road areas. Gravel will be placed on top of this mat, protecting the topsoil.
- #7-a) Cuttings will be collected in a container onsite and will be hauled to an offsite pit, to be approved by your office. This pit will only be used to collect cuttings from this one well and will be reclaimed upon completion of drilling.
- b) Drilling fluids will be kept to a minimum. They will be handled in the plastic lined and diked reserve pit. Upon completion, fluids will be evaporated and the liner removed prior to rehabilitation.
- #10-a) Well Site
If this well is productive, those portions of the pad not required for operations will be recontoured and reseeded as soon as possible.

Upon abandonment, the reserve pit will be completely fenced and any oil will be skimmed from the surface. Waste disposal will be handled as outlined in #7. All pits and holes will be backfilled.

After evaporation of any reserve pit fluids, the plastic liner will be hauled off to an approved disposal site. Gravel will be removed from the pad and the plastic mat picked up. Any topsoil that was removed will be replaced. The area will be ripped and seeded, using the seed mix suggested by the landowner. The well site will be fenced until new vegetation has been established, if requested by landowner.

CONFIDENTIAL

NOTICE OF SPUD

file

Company: Sohio Petroleum Company
Caller: Jerry Rooney
Phone: _____

Well Number: 11-6

Location: SWNE 14-10N-6E

County: Rich State: Utah

Lease Number: U-29126

Lease Expiration Date: _____

Unit Name (If Applicable): Sugarloaf

Date & Time Spudded: 3-29-84 12:00 P.

Dry Hole Spudder/Rotary: _____

Details of Spud (Hole, Casing, Cement, etc.) 26" hole

Rotary Rig Name & Number: ATCO #9

Approximate Date Rotary Moves In: 1 wk

FOLLOW WITH SUNDRY NOTICE

Call Received By: KR

Date: 3-30-84

RECEIVED

APR 2 1984

DIVISION OF
OIL, GAS & MINING

RECEIVED
Dec. 1974

APR 9 1984

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

DIVISION OF OIL, GAS & 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 Form 9-331-C for such proposals.)

1. oil well gas well other

2. NAME OF OPERATOR
Sohio Petroleum Company

3. ADDRESS OF OPERATOR
P.O. Box 30, Casper, WY 82602

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 2683' FWL, 2449' FNL (SW/4, NE/4)
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

5. LEASE
U29126 Acquired

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
NA

7. UNIT AGREEMENT NAME
Sugarloaf

8. FARM OR LEASE NAME
Sugarloaf

9. WELL NO.
11-6

10. FIELD OR WILDCAT NAME
Wildcat

11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA
Sec. 11, T10N, R6E

12. COUNTY OR PARISH
Rich

13. STATE
Utah

14. API NO.
43-033-30043

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6372' GR

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF	<input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	<input type="checkbox"/>
(other) Spud Date		

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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

This well was spud March 29, 1984, 12:00 P.M. 20" conductor was set at 100' and cemented back to surface with 350 sacks Class A. Phone notification was made 3/30/84 to BLM, Branch of Fluid Minerals and Utah Division of Oil Gas and Mining. Work is being completed on the location and the rotary rig will be moved in shortly.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

Original Signed By: _____
SIGNED W.H. Ward TITLE Dist. Manager DATE 4/4/84

(This space for Federal or State office use)

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

f Original: Frank Snell, BLM
cc: Bill Martens, BLM
Division Oil, *See Instructions on Reverse Side
Gas and Mining
J.H. Walters
T. Rooney
File

CONFIDENTIAL

STATE OF UTAH
DIVISION OF OIL, GAS AND MINING
INSPECTION RECORD

Operator SOHIO Petroleum Co. Lease _____

Contractor ATCO #9

Well No. Sugarloaf 11-6

Location _____ Sec. 11 T. 10N R. 6E

Field Wildcat

County Rich State UT

Operation: Drilling X
Workover _____
Completion _____
Abandonment _____
Producing _____
Other _____

Individual Well Inspection

General:

Well Sign X BOP ✓ Pollution control ✓ Marker NA
Housekeeping ✓ Safety ✓ Surface use ✓ Location ✓

Remarks: To spud in afternoon of 5/9/84
Location looked very good
Pit was lined with plastic, but no fence

Lease and Facilities Inspection

Facilities inspected:

Identification _____	Pollution control _____
Housekeeping _____	Pits and ponds _____
Measurement facilities _____	Water disposal _____
Storage and handling facilities _____	Other _____

Remarks: _____

Action: _____

Name D. Swindel Title Oil and Gas Field Specialist Date 5/9/84

Use: ✓ for yes or satisfactory
x for no or unsatisfactory
NA for not applicable

April 5, 1984

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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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 Form 9-331-C for such proposals.)

1. oil well gas well other

2. NAME OF OPERATOR
Sohio Petroleum Company

3. ADDRESS OF OPERATOR
P.O. Box 30, Casper, WY 82604

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 2683' FWL, 2449' FNL (SW/4, NE/4)
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

5. LEASE
U29126 Acquired

6. OF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Sugarloaf

8. FARM OR LEASE NAME
Sugarloaf

9. WELL NO.
11-6

10. FIELD OR WILDCAT NAME
Wildcat

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 11, T10N, R6E

12. COUNTY OR PARISH | 13. STATE
Rich | Utah

14. API NO.
43-033-30043

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6372' GR; 6407' KB

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input type="checkbox"/>
(other) <u>Commence drilling, Atco Rig #9</u>	

RECEIVED

MAY 16 1984

DIVISION OF OIL
GAS & MINING

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

Drilling commenced 5/9/84 with Atco Rig #9. The well was spud 3/29/84 with a dry hole digger at which time 135' KB of 20" conductor casing was set and cemented. Verbal notification was made at that time.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

Original Signed By: W.H. Ward TITLE Dist. Manager DATE 5/14/84

(This space for Federal or State office use)

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

to O & 2: Frank Snell, BLM
cc: Bill Martens, BLM
Division Oil, Gas and Mining
J.H. Walters
T. Rooney
File

*See Instructions on Reverse Side

CONFIDENTIAL

UNITED STATES

DEPARTMENT OF THE INTERIOR
CONFIDENTIAL
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil well gas well other

2. NAME OF OPERATOR
Sohio Petroleum Company

3. ADDRESS OF OPERATOR
P.O. Box 30, Casper, WY 82602

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 2683' FWL, 2449' FNL (SW/4, NE/4)
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

5. LEASE
U29126 Acquired

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
NA

7. UNIT AGREEMENT NAME
Sugarloaf

8. FARM OR LEASE NAME
Sugarloaf

9. WELL NO.
11-6

10. FIELD OR WILDCAT NAME
Wildcat

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 11, T10N, R6E

12. COUNTY OR PARISH | 13. STATE
Rich | Utah

14. API NO.
43-033-30043

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6372' GR; 6407' KB

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

- TEST WATER SHUT-OFF
- FRACTURE TREAT
- SHOOT OR ACIDIZE
- REPAIR WELL
- PULL OR ALTER CASING
- MULTIPLE COMPLETE
- CHANGE ZONES
- ABANDON*
- (other) Change Plans

SUBSEQUENT REPORT OF:

-
-
-
-
-
-
-
-
-

RECEIVED

MAY 23 1984

NOTE: Report results of multiple completion or zone change on Form 9-330.)

DIVISION OF OIL
GAS & MINING

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.)*

Our original APD proposed setting 13-3/8" surface casing at 2000'. As outlined by Dick Vassar, Sohio on 5/18/84 it is now planned to set 13-3/8" at 1400' to 1450' due to significant changes in expected formation tops. We are now drilling in the Twin Creek and the Nugget top is projected to be 3000'-3500'.

APPROVED BY THE STATE
OF UTAH DIVISION OF
OIL, GAS, AND MINING
DATE: 5/21/84
BY: [Signature]

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

18. I hereby certify that the foregoing is true and correct
Original Signed By: _____

SIGNED F.J. Hoffer TITLE Dist. Prod. Superintendent DATE May 21, 1984

(This space for Federal or State office use)

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

- O & 2: Frank Snell, BLM
- cc: Bill Martens, BLM
- Ron Firth, Division Oil, Gas & Mining
- J.H. Walters
- T. Rooney
- File

*See Instructions on Reverse Side

CONFIDENTIAL

STATE OF UTAH
 DEPARTMENT OF NATURAL RESOURCES
 DIVISION OF OIL & GAS CONSERVATION
 4241 STATE OFFICE BUILDING
 SALT LAKE CITY, UTAH 84114
 533-5771

State Lease No. NA
 Federal Lease No. U29126
 Indian Lease No. NA
 Fee & Pat. NA

REPORT OF OPERATIONS AND WELL STATUS REPORT

STATE Utah COUNTY Rich FIELD/LEASE Sugarloaf 11-6

The following is a correct report of operations and production (including drilling and producing wells) for the month of:
May, 19 84

Agent's Address: P.O. Box 30
Casper, Wyoming 82602
 Phone No. 307-237-3861

Company Sohio Petroleum Company
 Signed [Signature]
 Title District Administrator

Sec. and 1/4 of 1/4	Twp.	Range	Well No.	Days Produced	Barrels of Oil	Gravity	Cu. Ft. of Gas (In thousands)	Gallons of Gasoline Recovered	Barrels of Water (if none, so state)	API NUMBER/REMARKS (if drilling, depth; if shut down, cause; date and result of test for gasoline content of gas)
Sec. 11 SW NE	10N	6E	1	Drilling						TD: 2731' API# 43-033-30043 ✓ JUL - 9 1984

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GAS: (MCF)
 Sold 0
 Flared/Vented 0
 Used On/Off Lease 0

OIL or CONDENSATE: (To be reported in Barrels)
 On hand at beginning of month 0
 Produced during month 0
 Sold during month 0
 Unavoidably lost 0
 Reason: 0
 On hand at end of month 0

DRILLING/PRODUCING WELLS: This report must be filed on or before the sixteenth day of the succeeding month following production for each well. Where a well is temporarily shut-in, a negative report must be filed. **THIS REPORT MUST BE FILED IN DUPLICATE.**

Note: The API number must be listed on each well.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil well gas well other

2. NAME OF OPERATOR
Sohio Petroleum Company

3. ADDRESS OF OPERATOR
P O Box 30, Casper, WY 82602

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 683' FWL, 2449' FNL (SW/4, NE/4)
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF	<input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	<input type="checkbox"/>
(other)	Monthly sundry notice	

5. LEASE
U29126

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
N/A

7. UNIT AGREEMENT NAME
Sugarloaf

8. FARM OR LEASE NAME
Sugarloaf

9. WELL NO.
11-6

10. FIELD OR WILDCAT NAME
Wildcat

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 11, T10N, R6E

12. COUNTY OR PARISH
Rich

13. STATE
Utah

14. API NO.
43-033-30043

15. ELEVATIONS (SHOW DF, KOB, AND WD)
6372' GR, 6407' KB

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)

For the weeks of May 1, 1984 - May 31, 1984

RECEIVED

JUN 6 1984

DIVISION OF OIL
GAS & MINING

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

ORIGINAL SIGNED BY: _____ TITLE District Mgr. DATE June 4, 1984
SIGNED W. H. Ward

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

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Sugarloaf 11-6

5-10-84 Depth 268'. Drlg. MW 8.6, Vis 32.
5-11-84 Depth 496'. Drlg. MW 8.6, Vis 38.
5-12-84 Depth 583'. TOH. MW 5.6, Vis 37.
5-13-84 Depth 714'. Drlg. MW 8.6, Vis 35.
5-14-84 Depth 953'. Drlg. MW 8.7, Vis 34.
5-15-84 Depth 1140'. Drlg. MW 8.8, Vis 38.
5-16-84 Depth 1251'. Drlg. MW 8.8, Vis 34.
5-18-84 Depth 1389'. Drlg. MW 8.8, Vis 43.
5-19-84 Depth 1404'. Prep to cmt. csg. MW 8.8, Vis 38.
5-20-84 Depth 1404'. Installed csg. head.
5-21-84 Depth 1404'. Test BOP.
5-22-84 Depth 1404'. Rig Repair.
5-23-84 Depth 1404'. TIH w/ magnet & csg. scraper.
5-24-84 Depth 1450'. Drlg. MW wtr., Vis 27.
5-25-84 Depth 1654'. Drlg. MW 8.5, Vis 28.
5-26-84 Depth 1932'. Drlg. MW 8.6, Vis 28.
5-27-84 Depth 2156'. POOH. MW 8.6, Vis 27.
5-28-84 Depth 2262'. Drlg. MW 8.6, Vis 27.
5-29-84 Depth 2455'. Drlg. MW 8.6, Vis 27.
5-30-84 Depth 2594'. Drlg. MW 8.6, Vis 27.
5-31-84 Depth 2678'. Drlg. MW 8.6, Vis 27.

CONFIDENTIAL

STATE OF UTAH
DIVISION OF OIL, GAS AND MINING

BLOW OUT PREVENTION TEST

NAME OF COMPANY: SOHIO Petroleum Co.

WELL NAME: Sugarloaf 11-6

SECTION: 11 TOWNSHIP 10N RANGE 6E COUNTY: Rich

DRILLING CONTRACTOR: ATCO Rig #9

RIG # 9

BOP TEST: DATE: July 4 or 5, 1984

TIME: _____

DRILLING: _____

CASING: _____

H₂S: _____

REPORTED BY: Bob Zent

TELEPHONE NO. _____

DATE: JULY 3, 1984 SIGNED DS

CONFIDENTIAL
UNITED STATES

DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

RECEIVED 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 Form 9-331-C for such proposals.)

JUL 9 1984

1. oil well gas well other

2. NAME OF OPERATOR
DIVISION OF OIL Sohio Petroleum Company

GAS & MINING 3. ADDRESS OF OPERATOR
P O Box 30, Casper, WY 82602

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 683' FWL, 2449' FNL (SW/4, NE/4)
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

- TEST WATER SHUT-OFF
- FRACTURE TREAT
- SHOOT OR ACIDIZE
- REPAIR WELL
- PULL OR ALTER CASING
- MULTIPLE COMPLETE
- CHANGE ZONES
- ABANDON*

SUBSEQUENT REPORT OF:

-
-
-
-
-
-
-
-

(other) Monthly sundry notice

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.)

For the weeks of June 1, 1984 - July 2, 1984

5. LEASE
U29126

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
N/A

7. UNIT AGREEMENT NAME
Sugarloaf

8. FARM OR LEASE NAME
Sugarloaf

9. WELL NO.
11-6

10. FIELD OR WILDCAT NAME
Wildcat

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 11, T10N, R6E

12. COUNTY OR PARISH | 13. STATE
Rich | Utah

14. API NO.
43-033-30043

15. ELEVATIONS (SHOW DF, KOB, AND WD)
6372' GR, 6407' KB

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

CONFIDENTIAL

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED W. H. Ward ORIGINAL SIGNED BY: _____ TITLE District Mgr. DATE 7/5/84

(This space for Federal or State office use)

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

CONFIDENTIAL

Well History Sugarloaf

6/1/84	Depth 2753'	Drlg.	MW 8.6, Vis 27
6/2/84	Depth 2814'	Drlg.	MW 8.6, Vis 27
6/3/84	Depth 2878'	Drlg.	MW 8.5, Vis 27
6/4/84	Depth 2842'	Drlg.	MW 8.5, Vis 27
6/5/84	Depth 2989'	Drlg.	MW 8.6, Vis 27
6/6/84	Depth 3015'	TIH	MW 8.5, Vis 27
6/7/84	Depth 3083'	Drlg.	MW 8.6, Vis 29
6/8/84	Depth 3116'	Drlg.	MW 8.5, Vis 29
6/9/84	Depth 3149'	TIH	MW 8.5, Vis 29
6/10/84	Depth 3180'	Drlg.	MW 8.5, Vis 29
6/11/84	Depth 3235'	Drlg.	MW 8.5, Vis 30
6/12/84	Depth 3368'	Drlg.	MW 8.6, Vis 29
6/13/84	Depth 3472'	GIH.	MW 8.5, Vis 29
6/14/84	Depth 3635'	Drlg.	MW 8.6, Vis 28
6/15/84	Depth 3751'	Drlg.	MW 8.5, Vis 29
6/16/84	Depth 3876'	Drlg.	MW 8.6, Vis 33
6/17/84	Depth 4046'	Drlg.	MW 8.6, Vis 35
6/18/84	Depth 4119'	Drlg.	MW 8.6, Vis 37
6/19/84	Depth 4209'	Trip.	MW 8.7, Vis 37
6/20/84	Depth 4226'	Drlg.	MW 8.6, Vis 39
6/21/84	Depth 4305'	Drlg.	MW 8.6, Vis 37
6/22/84	Depth 4434'	Drlg.	MW 8.6, Vis 37
6/23/84	Depth 4594'	Drlg.	MW 8.7, Vis 37
6/24/84	Depth 4709'	WTB.	MW 8.7, Vis 36
6/25/84	Depth 4836'	Drlg.	MW 8.7, Vis 37
6/26/84	Depth 4983'	Drlg.	MW 8.7, Vis 36
6/27/84	Depth 5066'	Drlg.	MW 8.7, Vis 37
6/28/84	Depth 5210'	TOH.	MW 8.7, Vis 37
6/29/84	Depth 5298'	Drlg.	MW 8.7, Vis 36
6/30/84	Depth 5460'	Drlg.	MW 8.7, Vis 37
7/1/84	Depth 5608'	Drlg.	MW 8.7, Vis 37
7/2/84	Depth 5692'	Drlg.	MW 8.8, Vis 38

Form 9-331
MAY 1973
CONFIDENTIAL

RECEIVED

Budget Bureau No. 42-R1424

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
DIVISION OF OIL
GAS & MINING

JUL 16 1984

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 Form 9-331-C for such proposals.)

1. oil well gas well other

2. NAME OF OPERATOR
Sohio Petroleum Company

3. ADDRESS OF OPERATOR
P. O. Box 30, Casper, WY 82602

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 2683' FWL, 2449' FNL
AT TOP PROD. INTERVAL: (SW/4 NE/4)
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

5. LEASE
U 29126 Acquired

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
N/A

7. UNIT AGREEMENT NAME
Sugarloaf

8. FARM OR LEASE NAME
Sugarloaf

9. WELL NO.
11-6

10. FIELD OR WILDCAT NAME
Wildcat

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 11, T10N, R6E

12. COUNTY OR PARISH | 13. STATE
Rich | Utah

14. API NO.
43-033-30043

15. ELEVATIONS (SHOW OF, KOB, AND WD)
6372'GR; 6407'KB

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF	<input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	<input type="checkbox"/>
(other) Change Plans	<input type="checkbox"/>	<input type="checkbox"/>

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)

Our original APD proposed putting the 9 5/8" csg at ±6500'. We now propose to drill past 6500' to ±8500' into the Dinwoody or Phosphoria before setting the 9 5/8" csg. By not reducing the hole size from 12 1/2" to 8 1/2" at this time we can maintain maximum directional control. As of 7/9/84, hole depth is 6677'. There is 1404' of 13 3/8" csg in the hole. This proposal was approved by Bill Martens, BLM to Terry Rooney, Sohio on 7/9/84. Your office will be notified as soon as the csg setting depth is determined.

Original Signed By
W. H. WARD

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED W. H. Ward TITLE Dist. Manager DATE July 12, 1984
W. H. Ward
(This space for Federal or State office use)

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

- O+2: Frank Snell, BLM
- cc: Bill Marten, BLM
- Ron Firth, DOGM
- J. H. Walters
- T. Rooney
- File

APPROVED BY THE STATE
OF UTAH DIVISION OF
OIL, GAS, AND MINING
DATE: 7/17/84
BY: John R. Deja

STATE OF UTAH
 DEPARTMENT OF NATURAL RESOURCES
 DIVISION OF OIL & GAS CONSERVATION
 4241 STATE OFFICE BUILDING
 SALT LAKE CITY, UTAH 84114
 533-5771

State Lease No. NA
 Federal Lease No. U29126
 Indian Lease No. NA
 Fee & Pat. NA

REPORT OF OPERATIONS AND WELL STATUS REPORT

STATE Utah COUNTY Rich FIELD/LEASE Sugarloaf 11-6

The following is a correct report of operations and production (including drilling and producing wells) for the month of:
June, 19 84

Agent's Address P.O. Box 30 Company Sohio Petroleum Company
Casper, WY 82602 Signed [Signature]
 Phone No. 307-237-3861 Title District Administrator

Sec. and 1/4 of 1/4	Twp.	Range	Well No.	Days Produced	Barrels of Oil	Gravity	Cu. Ft. of Gas (In thousands)	Gallons of Gasoline Recovered	Barrels of Water (if none, so state)	API NUMBER/REMARKS (If drilling, depth; if shut down, cause; date and result of test for gasoline content of gas)
Sec. 11 SW NE	10N	6E	1	Drilling						TD: 5565' API# 43-033-30043 ✓ JUL 27 1984 RECEIVED JUL 27 1984 DIVISION OF OIL GAS & MINING

GAS: (MCF)
 Sold 0
 Flared/Vented 0
 Used On/Off Lease 0

OIL or CONDENSATE: (To be reported in Barrels)
 On hand at beginning of month 0
 Produced during month 0
 Sold during month 0
 Unavoidably lost 0
 Reason: 0
 On hand at end of month 0

DRILLING/PRODUCING WELLS: This report must be filed on or before the sixteenth day of the succeeding month following production for each well. Where a well is temporarily shut-in, a negative report must be filed. *THIS REPORT MUST BE FILED IN DUPLICATE.*

Note: The API number must be listed on each well.

Jell

BLOW OUT PREVENTION TEST

NAME OF COMPANY: Solo Petroleum

WELL NAME: Sugarloaf 11-6

SECTION: 1 TOWNSHIP 10N RANGE 6E COUNTY: Summit

DRILLING CONTRACTOR: Atco

RIG # 9

BOP TEST: DATE: 7/28/84

TIME: 12-3 pm

DRILLING: _____

CASING: 9 5/8'

H₂S: _____

Running pipe on 7/27/84

calling for Bill Dewhit of Solo

REPORTED BY: Mike Rutcus

TELEPHONE NO. 307 789-9218

DATE: 7/27/84 SIGNED DZ

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

CONFIDENTIAL

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 Form 9-331-C for such proposals.)

1. oil well gas well other

2. NAME OF OPERATOR
Sohio Petroleum Company

3. ADDRESS OF OPERATOR
P. O. Box, Casper, WY 82602

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 2683' FWL, 2449' FNL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH: (SW/4 NE/4)

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST-WATER SHUT-OFF
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
PULL OR ALTER CASING
MULTIPLE COMPLETE
CHANGE ZONES
ABANDON*

(other) Revision of setting Depth-9 5/8" intermediate casing.

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.)*

Pursuant to our Sundry Notice of July 12, 1984, drilling of a 12 1/4" hole continued to a depth of 8751' in the Weber formation. At this point, a suite of logs was run. The 9 5/8" intermediate casing will be run and cemented at this depth.

RECEIVED

JUL 30 1984

DIVISION OF OIL
GAS & MINING

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED W. H. Ward TITLE District Mgr. DATE July 26, 1984
W. H. Ward

(This space for Federal or State office use)

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

O + 2: Frank Snell, BIM
cc: Bill Marten, BIM
Ron Firth, DOGM
J. H. Walters
T. Rooney
File

*See Instructions on Reverse Side

5. LEASE
U 29126 Acquired

6. FEDERAL ALLOTTEE OR TRIBE NAME
N/A

7. UNIT AGREEMENT NAME
Sugarloaf

8. FARM OR LEASE NAME
Sugarloaf

9. WELL NO.
11-6

10. FIELD OR WILDCAT NAME
Wildcat

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 11, T10N, R6E

12. COUNTY OR PARISH | 13. STATE
Rich | Utah

14. API NO.
43-033-30043

15. ELEVATIONS (SHOW OF, KOB, AND WD)
6372'GR: 6407'KB

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

STATE OF UTAH
DIVISION OF OIL, GAS AND MINING
INSPECTION RECORD

Operator SOHIO Petroleum Co. Lease U 29126

Contractor ATCO #9

Well No. Sugarloaf 11-6

Location SW NE Sec. 11 T. 10N R. 6E

Field Wildcat

County Rich State UT

Operation: Drilling X
Workover _____
Completion _____
Abandonment _____
Producing _____
Other _____

Individual Well Inspection

General:

Well Sign BOP Pollution control Marker NA
Housekeeping Safety Surface use Location NA

Remarks: Had set 9 5/8" casing at 8751' on 7/31/84
Drilling depth - 9100' in Weber Fm
Mudlogger had show of 240 units of gas at @ 9100'; company
was making decision of whether to test
Plastic lined location had shown no settling; pit was in
good shape

Lease and Facilities Inspection

Facilities inspected:

Identification _____	Pollution control _____
Housekeeping _____	Pits and ponds _____
Measurement facilities _____	Water disposal _____
Storage and handling facilities _____	Other _____

Remarks: _____

Action: _____

Name D. Swindel Title Oil & Gas Field Specialist Date 8/2/84

Use: for yes or satisfactory
x for no or unsatisfactory
NA for not applicable

April 5, 1984

RECEIVED ^{Utah}

AUG 3 1984

DIVISION OF OIL
GAS & MINING

DOUBLE "D" ENTERPRISES

B.O.P. Test Report

B.O.P. TEST PERFORMED ON (DATE) 7-30-84

OIL CO.: Sohio

WELL NAME & NUMBER Sugarleaf 11-6

SECTION 11

TOWNSHIP 10N

RANGE 6E

COUNTY Rich

DRILLING CONTRACTOR Atco #9

INVOICES BILLED FROM: **DOUBLE "D" ENTERPRISES, INC.**
213 Pine Street - Box 560
Shoshoni, Wyoming 82649
Phone: (307) 876-2308 or (307) 876-2234

TESTED BY: **DOUBLE "D" ENTERPRISES, INC.**
712 Morse Lee Street
Evanston, Wyoming 82930
Phone: (307) 789-9213 or (307) 789-9214

OIL CO. SITE REPRESENTATIVE Bill Dewitt

RIG TOOL PUSHER Milt Greirson

TESTED OUT OF Evanston, Wyoming

NOTIFIED PRIOR TO TEST:

COPIES OF THIS TEST REPORT SENT COPIES TO: Site Representative

Utah Oil & Gas

B.L.M.

ORIGINAL CHART & TEST REPORT ON FILE AT: Evanston.....OFFICE

ENTERPRISES
DOUBLE 'D' TESTING

P.O. Box 560
Shoshoni, Wyoming 82649
307-876-2308

DELIVERY TICKET

14

Nº 1923

RENTED TO _____ NO. _____

DATE 7-30-84

ORDERED BY Bill Dewitt LEASE SUGARLOAF WELL NO. 11-6

Rental begins when tools leave our warehouse and continues until returned thereto. Rental day starts at midnight and part day shall be charged as full day.

TRANSPORTATION - TO AND FROM JOBS:

DOUBLE D Portable BLOWOUT PREVENTER I

First eight hour test period PUMP

Additional eight hours or fraction. _____ \$ _____

Items Tested:

<u>Blind</u> rams to <u>3150</u> # <u>95/8</u> Csg. to <u>3150</u> #	Choke Manifold _____ #
_____ rams to _____ # Hydril B O P to _____ #	Kelly Cock _____ #
_____ rams to _____ # Choke Line _____ #	Safety Valve _____ #
_____ rams to _____ # _____ #	_____ #

TEST SUBS _____ \$ _____

OTHER TEST 95/8 TO 3150 -

PUMPER 1/4 BBL PER MIN. TO 3150

SET WEAR RING

SHUT CASING VALVE

WEAR RING RETRIEVER ON LOCATION

We Appreciate Your Business

TERMS NET CASH - NO DISCOUNT. (PRICES SUBJECT TO CHANGE WITHOUT NOTICE): Terms and Conditions Under Which Tools and Other Equipment Are Rented: Lessor exercises precautions to keep its tools and other equipment in good condition, but does not guarantee its condition. All tools and other equipment rented from Lessor is used at Lessee's sole risk. Lessee agrees that Lessor shall not be liable for any damages for personal injuries to any persons or for any damage to Lessor's property or the property of other persons that may be caused by any of such tools or other equipment, or that may be caused by its failure during use, and Lessee hereby agrees to hold harmless and indemnify Lessor against all persons for all personal injuries and/or property damage. Well conditions which prevent satisfactory operation of equipment do not relieve Lessee of his responsibility for rental charges. Lessee assumes all responsibility for equipment while out of possession of the Lessor and promises to return such equipment to the Lessor in as good condition as it was at the effective date of the lease, natural wear and tear from reasonable use thereof excepted. All equipment lost or damaged beyond repair will be paid for by the Lessee at the market price and all damaged equipment which can be repaired will be repaired and the repairs paid for by the Lessee. Accrued rental charges cannot be applied against the purchase price or cost of repairs of such damaged or lost equipment. All transportation charges must be borne by the Lessee. Rental begins when equipment leaves Lessor's yard and continues until returned thereto. ALL TOOLS AND EQUIPMENT SHALL REMAIN the sole property of Lessor. This lease is made and shall be effective when the equipment is delivered to the carrier selected by the Lessee.

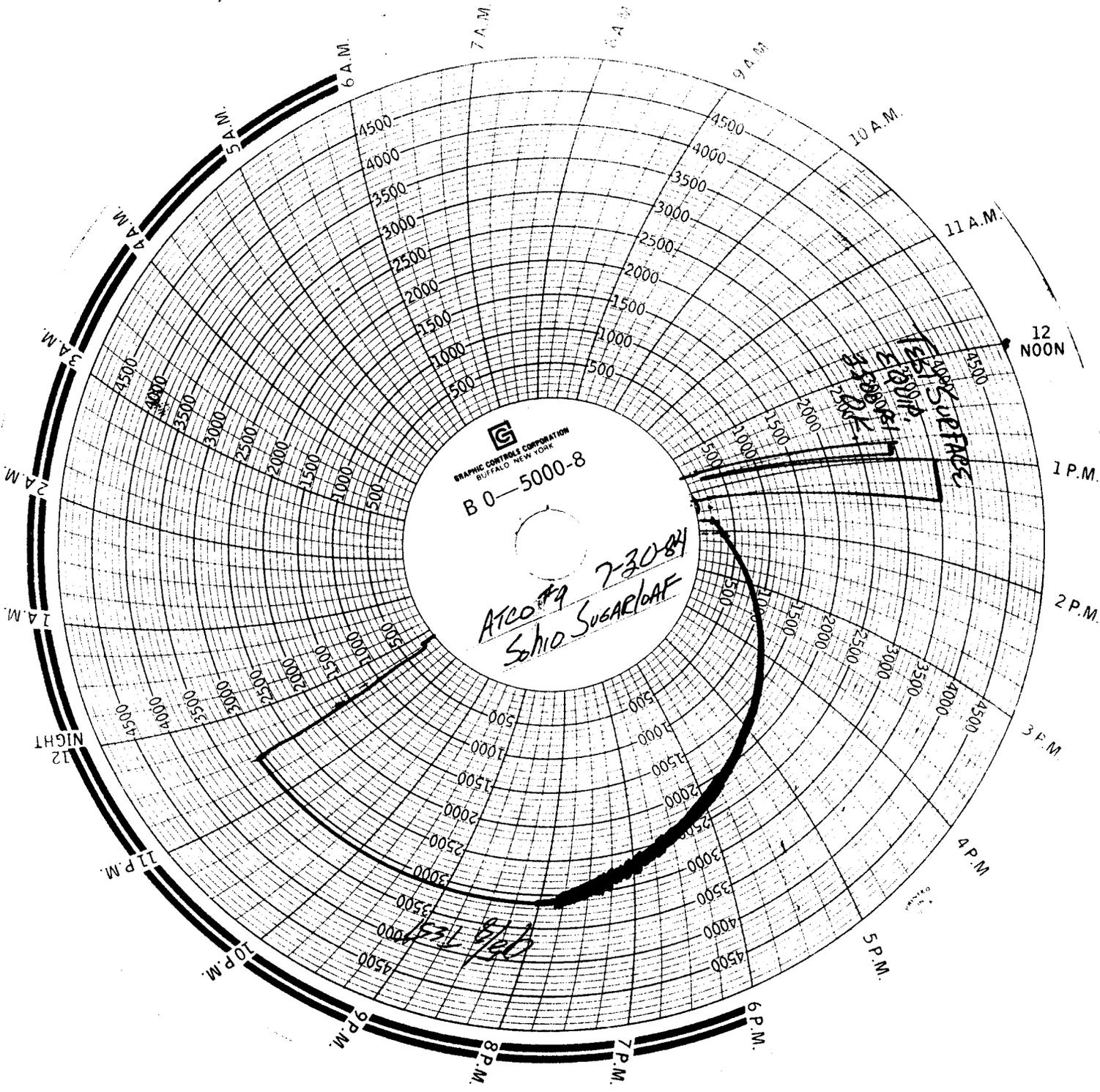
TERMS: Net Cash - No Discount. All charges are due and payable at the office of Lessor in Shoshoni, Wyoming on the 20th of the month following date of invoice. Interest will be charged at the rate of 8%. Interest charged after 60 days from date of invoice.

Delivered By:

OWNER OR OWNER'S REPRESENTATIVE

By: Arthur D. Boyer

By: William L. Dewitt



7 A.M.

8 A.M.

9 A.M.

10 A.M.

11 A.M.

12 NOON

1 P.M.

2 P.M.

3 P.M.

4 P.M.

5 P.M.

6 P.M.

7 P.M.

8 P.M.

9 P.M.

10 P.M.

11 P.M.

12 NIGHT

1 A.M.

2 A.M.

3 A.M.

4 A.M.

5 A.M.

6 A.M.

4500

4000

3500

3000

2500

2000

1500

1000

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3000

3500

4000

4500

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500

1000

1500

2000

2500

3000

3500

4000

4500

GRAPHIC CONTROLS CORPORATION
BUFFALO NEW YORK

B O - 5000-8

ATCO #9 7-30-84
Sohio Sugar/GAF

ESTIMATED
2:00 P.M.
2:30 P.M.
3:00 P.M.

ESTIMATED
3:00 P.M.
3:30 P.M.
4:00 P.M.

1000

1500

2000

2500

3000

3500

4000

4500

5000

5500

6000

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7000

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79500

80000

80500

81000

81500

82000

82500

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83500

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84500

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85500

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86500

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87500

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114500

115000

115500

116000

116500

117000

117500

118000

118500

119000

119500

120000

120500

121000

121500

122000

122500

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Utah div of O+G Mining
Form Approved
Budget Bureau No. 42-R1424

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 Form 9-331-C for such proposals.)

1. oil well gas well other
2. NAME OF OPERATOR
Sohio Petroleum Company
3. ADDRESS OF OPERATOR
P O Box 30, Casper, WY 82602
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 683' FWL, 2449' FNL (SW/4, NE/4)
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:
TEST WATER SHUT-OFF
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
PULL OR ALTER CASING
MULTIPLE COMPLETE
CHANGE ZONES
ABANDON*
(other) Monthly sundry notice

SUBSEQUENT REPORT OF:

5. LEASE
U29126
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
N/A
7. UNIT AGREEMENT NAME
Sugarloaf
8. FARM OR LEASE NAME
Sugarloaf
9. WELL NO.
11-6
10. FIELD OR WILDCAT NAME
Wildcat
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 11, T10N, R6E
12. COUNTY OR PARISH
Rich
13. STATE
Utah
14. API NO.
43-032-30043
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6372' GR, 6407' KB

RECEIVED

AUG 6 1984

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

DIVISION OF OIL
GAS & MINING

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.)

For the weeks of July 3, 1984 - August 1, 1984

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

18. I hereby certify that the foregoing is true and correct
ORIGINAL SIGNED BY:
SIGNED W. H. Ward TITLE District Mgr. DATE _____
(This space for Federal or State office use)

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

CONFIDENTIAL

Well History

Sugarloaf 11-6

July 3, 1984 - August 1, 1984

7/3/84	Depth 5765'	Drlg.	MW 8.6, Vis 40
7/4/84	Depth 5841'	Drlg.	MW 8.7, Vis 40
7/5/84	Depth 5995'	Drlg.	MW 8.7, Vis 41
7/6/84	Depth 6191'	Drlg.	MW 8.7, Vis 38
7/7/84	Depth 6259'	Tripping	MW 8.7, Vis 42
7/8/84	Depth 6449'	Drlg.	MW 8.7, Vis 41
7/9/84	Depth 6677'	Drlg.	MW 8.7, Vis 40
7/10/84	Depth 6769'	Drlg.	MW 8.6, Vis 39
7/11/84	Depth 6904'	Drlg.	MW 8.7, Vis 42
7/12/84	Depth 7052'	Drlg.	MW 8.7, Vis 45
7/13/84	Depth 7195'	Drlg.	MW 8.7, Vis 45
7/14/84	Depth 7336'	Tripping	MW 8.7, Vis 42
7/15/84	Depth 7435'	Drlg.	MW 8.7, Vis 44
7/16/84	Depth 7551'	Drlg.	MW 8.7, Vis 43
7/17/84	Depth 7697'	Drlg.	MW 8.7, Vis 43
7/18/84	Depth 7823'	Drlg.	MW 8.7, Vis 43
7/19/84	Depth 7883'	TOH	MW 8.7, Vis 45
7/20/84	Depth 7990'	Drlg.	MW 8.7, Vis 42
7/21/84	Depth 8153'	Drlg.	MW 8.7, Vis 42
7/22/84	Depth 8228'	Drlg.	MW 8.8, Vis 43
7/23/84	Depth 8453'	Drlg.	MW 8.8, Vis 43
7/24/84	Depth 8596'	Drlg.	MW 8.8, Vis 44
7/25/84	Depth 8726'	Drlg.	MW 8.8, Vis 40
7/26/84	Depth 8751'	Logging	MW 8.8, Vis 49
7/27/84	Depth 8751'	POOH	MW 8.8, Vis 48
7/28/84	Depth 8751'	Drlg.	MW 8.8, Vis 48
7/29/84	Depth 8751'	Tested.	
7/30/84	Depth 8751'	Pump	
7/31/84	Depth 8770'	Drlg.	MW 8.3, Vis 27
8/1/84	Depth 8957'	Surveying	MW 8.3, Vis 27

CONFIDENTIAL

STATE OF UTAH
OIL & GAS CONSERVATION COMMISSION

SUBMIT IN TRIPPLICATE*
(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 **Dry Hole**

2. NAME OF OPERATOR **Sohio Petroleum Company**

3. ADDRESS OF OPERATOR **P. O. Box 30 Casper WY. 82602**

4. LOCATION OF WELL (Report location clearly and in accordance with any State Division of Oil Gas & Mining. See also space 17 below.)
At surface **2684' FWL, 2449' FNL (SW/4, NE/4)**

14. PERMIT NO. _____

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
6372' GR

RECEIVED

AUG 20 1984

5. LEASE DESIGNATION AND SERIAL NO. **U-29126 (Acquired)**

6. IF INDIAN, ALLOTTEE OR TRIBE NAME **NA**

7. UNIT AGREEMENT NAME **Sugarloaf**

8. FARM OR LEASE NAME **Sugarloaf**

9. WELL NO. **11-6**

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

11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA **Sec 11, T10N, R6E**

12. COUNTY OR PARISH **Rich**

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) _____	(Other) _____

(Other) **Downhole Disposal**

(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.)*

Approval is requested to dispose of drilling fluids by downhole injection. The following information is submitted for your review;

- 1) Approximately 10000 barrels of drilling fluids will be injected.
- 2) Injection pressure is anticipated at \pm 500 psi.
- 3) There is open hole from Weber (8800') to Big Horn (13100'), A temperature survey will be run during injection operations to determine exact location of fluid uptake.
- 4) 9 5/8" csg was run from surface to 8751' and cemented back to above 7000'.

Disposal will commence by early next week (+ 8/21) if approved. Please contact myself or Terry Rooney at (307) 237-3861 for further information if needed.

See attached approval letter for modification of procedure.

18. I hereby certify that the foregoing is true and correct
SIGNED R. D. Vassar TITLE Dist. Drilling Supt DATE _____

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:
0+2 Ron Firth-Division Oil Gas Mining
Bill Martens-BLM, Salt Lake
J. H. Walters
T. Rooney

APPROVED BY THE STATE
OF UTAH DIVISION OF
OIL, GAS, AND MINING
DATE: 7/10/29/84
BY: John R. Bays
*See Instructions on Reverse Side

STATE OF UTAH
OIL & GAS CONSERVATION COMMISSION

SUBMIT IN TRIPPLICATE*
(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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Dry Hole		RECEIVED AUG 20 1984	5. LEASE DESIGNATION AND SERIAL NO. U-29126 (Acquired)
2. NAME OF OPERATOR Sohio Petroleum Company			6. IF INDIAN, ALLOTTEE OR TRIBE NAME NA
3. ADDRESS OF OPERATOR P. O. Box 30 Casper WY 82602		DIVISION OF OIL GAS & MINING	7. UNIT AGREEMENT NAME Sugarloaf
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2684' FWL, 2449' FNL (SW/4, NE/4)			8. FARM OR LEASE NAME Sugarloaf
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6372' GR		9. WELL NO. 11-6
			10. FIELD AND POOL, OR WILDCAT Wildcat
			11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA Sec 11, T10N, R6E
			12. COUNTY OR PARISH Rich
			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) Downhole Disposal		(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.) *

Approval is requested to dispose of drilling fluids by downhole injection. The following information is submitted for your review:

- 1) Approximately 10000 barrels of drilling fluids will be injected.
- 2) Injection pressure is anticipated at + 500 psi.
- 3) There is open hole from Weber (8800') to Big Horn (13100'). A temperature survey will be run during injection operations to determine exact location of fluid uptake.
- 4) 9 5/8" csg was run from surface to 8751' and cemented back to above 7000'.

Disposal will commence by early next week (+ 8/21) if approved. Please contact myself or Terry Rooney at (307) 237-3861 for further information if needed.

See attached approval letter for modification of procedure.

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

SIGNED R. D. Vassar TITLE Dist. Dir. of Mgr. DATE 8/7/84

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:
0+2 Ron Firth-Division Oil Gas Mining
Bill Martens-BLM, Salt Lake
J. H. Walters
T. Rooney

APPROVED BY THE STATE
OF UTAH DIVISION OF
OIL, GAS AND MINING
DATE: 10/24/84
BY: John K. Bae
*See Instructions on Reverse Side

STATE OF UTAH
 DIVISION OF OIL, GAS AND MINING
INSPECTION RECORD

Operator Sohio Oil Co.

Lease Sugar Loaf U-29126

Contractor ATOC # 9

Well No. 11-6

Location Sw/Ne Sec. 11 T. 10n R. 6e

Field Wild Cat

County Rich State Utah

Operation: Drilling
 Workover
 Completion
 Abandonment
 Producing
 Other Set plugs

Individual Well Inspection

General:

Well Sign BOP Pollution control Marker
 Housekeeping Safety Surface use Location

Remarks: Hole was abandon, hole was to crooked. Tripped out of old hole and set
plug at 13,800' and tagged at 13,635'. Used 135 Sacs of cement. Woc 16 hrs.
TD well at 14,079' also ran casing caliper logs. After BOP test will drill out
plug and whipstock. Plugs were set 8-26-84.

Lease and Facilities Inspection

Facilities inspected: 8-28-84

Identification	<input type="checkbox"/>	Pollution control	<input type="checkbox"/>
Housekeeping	<input type="checkbox"/>	Pits and ponds	<input type="checkbox"/>
Measurement facilities	<input type="checkbox"/>	Water disposal	<input type="checkbox"/>
Storage and handling facilities	<input type="checkbox"/>	Other	<input type="checkbox"/>

Remarks: _____

Action: No further action is required.

Name Jimmie Thompson Title Field Inspector Date 8-28-84

Use: for yes or satisfactory
 x for no or unsatisfactory
 NA for not applicable

April 5, 1984

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil well gas well other

2. NAME OF OPERATOR
Sohio Petroleum Company

3. ADDRESS OF OPERATOR
P.O. Box 30, Casper, WY 82602

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 2683' FWL, 2449' FNL (SW/4
AT TOP PROD. INTERVAL: NE/4
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

5. LEASE
U29126 Acquired

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
NA

7. UNIT AGREEMENT NAME
Sugarloaf

8. FARM OR LEASE NAME
Sugarloaf

9. WELL NO.
11-6

10. FIELD OR WILDCAT NAME
Wildcat

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 11, T10N, R6E

12. COUNTY OR PARISH | 13. STATE
Rich | Utah

14. API NO.
43-033-30043

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6372', GR, 6407' KB

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

PULL OR ALTER CASING

MULTIPLE COMPLETE

CHANGE ZONES

ABANDON*

(other) Plug Back

SUBSEQUENT REPORT OF:

RECEIVED

AUG 29 1984

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

DIVISION OF OIL
GAS & MINING

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.)*

Verbal approval was received 8/24/84 from Bill Martens, BLM, Salt Lake and Ron Firth, DOGM to plug back as follows:

Plug #1: ±13600-13800' Slurry - Class G + .15% D-120
8 hour compressive strength 1300#

Plug #2: (kick off plug): ±11700-12000'
Slurry - Class G + .15% D-120 + 1% D-65
8 hour compressive strength 3670#

Plug back operations commenced upon receipt of approval.
Wait on cement minimum of 24 hours.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED W.H. Ward TITLE Dist. Manager DATE 8/24/84

(This space for Federal or State office use)

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

cc: BLM, Salt Lake, Frank Snell
BLM, Salt Lake - Bill Martens
DOGM - Ron Firth
J.H. Walters
T. Rooney
File

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

DATE: 9/4/84
BY: John R. B...

CONFIDENTIAL

**STATE OF UTAH
DIVISION OF OIL, GAS AND MINING
INSPECTION RECORD**

Operator SOHIO Petroleum Co. Lease U-29126

Contractor ATCO #9

Well No. Sugarloaf 11-6

Location SW NE Sec. 11 T. 10N R. 6E

Field Wildcat

County Rich State UT

Operation: Drilling X
 Workover _____
 Completion _____
 Abandonment _____
 Producing _____
 Other _____

Individual Well Inspection

General:

Well Sign BOP Pollution control Marker NA
 Housekeeping Safety Surface use Location NA

Remarks: Drilling at 12,200'
Kicked off and set cement plug at @ 11,600'

Lease and Facilities Inspection

Facilities inspected:

Identification _____	Pollution control _____
Housekeeping _____	Pits and ponds _____
Measurement facilities _____	Water disposal _____
Storage and handling facilities _____	Other _____

Remarks: _____

Action: _____

Name Swindel/Jarvis Title Oil & Gas Field Specialists Date 9/5/84

Use: for yes or satisfactory
 x for no or unsatisfactory
 NA for not applicable

April 5, 1984

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

CONFIDENTIAL

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 Form 9-331-C for such proposals.)

1. oil well gas well other

2. NAME OF OPERATOR
Sohio Petroleum Company

3. ADDRESS OF OPERATOR
P O Box 30, Casper, WY 82602

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 683' FWL, 2449' FNL (SW/4, NE/4)
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:
TEST WATER SHUT-OFF
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
PULL OR ALTER CASING
MULTIPLE COMPLETE
CHANGE ZONES
ABANDON*
(other) Monthly sundry notice

SUBSEQUENT REPORT OF:

RECEIVED

SEP 10 1984

DIVISION OF OIL
GAS & MINING

5. LEASE
U-126

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
N/A

7. UNIT AGREEMENT NAME
Sugarloaf

8. FARM OR LEASE NAME
Sugarloaf

9. WELL NO.
11-6

10. FIELD OR WILDCAT NAME
Wildcat

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

Sec 11, T10N, R6E

12. COUNTY OR PARISH
Rich

13. STATE
Utah

14. API NO.

43-033-30043

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6372' GR, 6407' KB

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.)

For the weeks of August 2, 1984 - September 6, 1984

CONFIDENTIAL

Subsurface Safety Valve: Manu. and Type _____

Set @ _____ Ft.

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

ORIGINAL SIGNED BY:

SIGNED W. H. Ward

TITLE District Mgr. DATE 9-6-84

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY: _____



SOHIO PETROLEUM COMPANY

EXPLORATION AND PRODUCTION

P. O. BOX 30
CASPER, WYOMING 82602

Well History

Sugarloaf 11-6

August 2, 1984- September 6, 1984

CONFIDENTIAL

8/2/84	Depth 9098'	Drlg.	MW 8.3, Vis 27
8/3/84	Depth 9177'	GIH.	MW 8.3, Vis 27
8/4/84	Depth 9217'	Drlg.	MW 8.3, Vis 27
8/5/84	Depth 9519'	Drlg.	MW 8.3, Vis 27
8/6/84	Depth 9948'	Drlg.	MW 8.3, Vis 27
8/7/84	Depth 10185'	Drlg.	MW 8.3, Vis 27
8/8/84	Depth 10544	Drlg.	MW 8.3, Vis 27
8/9/84	Depth 10800'	Drlg.	MW 8.3, Vis 27
8/10/84	Depth 10963'	Drlg.	MW 8.3, Vis 27
8/11/84	Depth 11346'	Drlg.	MW 8.3, Vis 27
8/12/84	Depth 11539'	Drlg.	MW 8.3, Vis 27
8/13/84	Depth 11897'	Drlg.	MW 8.3, Vis 27
8/14/84	Depth 12321'	Survey.	MW 8.3, Vis 27
8/15/84	Depth 12782'	Trip.	MW 8.3, Vis 27
8/16/84	Depth 13125'	Drlg.	MW 8.3, Vis 27
8/17/84	Depth 13193.	C&C	MW 8.4, Vis 31
8/18/84	Depth 13346'	Drlg.	MW 8.4, Vis 35
8/19/84	Depth 13588'	Drlg.	MW 8.5, Vis 34
8/20/84	Depth 13764'	Surv.	MW 8.5, Vis 36
8/21/84	Depth 13801'	Ream	MW 8.5, Vis 40
8/22/84	Depth 13897'	Drlg.	MW 8.9 Vis 64
8/23/84	Depth 14079'	Trip.	MW 9.0, Vis 67
8/24/84	Depth 14079'	POH	MW 8.9, Vis 78
8/25/84	Depth 14079'	Log.	MW 8.9, Vis 46
8/26/84	Depth 14079'	Trip	MW 8.9, Vis 44
8/27/84	Depth 14079'	Trip.	MW 8.9, Vis 43
8/28/84	Depth 14079'	Drs. cmt.	MW 8.8, Vis 50
8/29/84	Depth 14079'	Sidetrack	MW 8.6, Vis 39
8/30/84	Depth 14079'	Orient	MW 8.6, Vis 39
8/31/84	Depth 14079'	GIH	MW 8.6, Vis 58
9/1/84	Depth 14079'	Drlg.	MW 8.5, Vis 50
9/2/84	Depth 14079'	Drlg.	MW 8.5, Vis 40
9/3/84	Depth 14079'	Drlg.	MW 8.5, Vis 42
9/4/84	Depth 14079'	Drlg.	MW 8.6, Vis 38
9/5/84	Depth 14079'	Drlg.	MW 8.6, Vis 37
9/6/84	Depth 14079'	Drlg.	MW 8.5, Vis 41

CONFIDENTIAL

STATE OF UTAH
 DEPARTMENT OF NATURAL RESOURCES
 DIVISION OF OIL & GAS CONSERVATION
 4241 STATE OFFICE BUILDING
 SALT LAKE CITY, UTAH 84114
 533-5771

State Lease No. NA
 Federal Lease No. U29126
 Indian Lease No. NA
 Fee & Pat. NA

REPORT OF OPERATIONS AND WELL STATUS REPORT

STATE Utah COUNTY Rich FIELD/LEASE Sugarloaf 11-6

The following is a correct report of operations and production (including drilling and producing wells) for the month of:
September, 19 84

Agent's Address P.O. Box 30 Company Sohio Petroleum Company
Casper, WY 82602 Signed [Signature]
 Phone No. 307-237-3861 Title District Administrator

Sec. and % of %	Twp.	Range	Well No.	Days Produced	Barrels of Oil	Gravity	Cu. Ft. of Gas (In thousands)	Gallons of Gasoline Recovered	Barrels of Water (if none, so state)	API NUMBER/REMARKS (If drilling, depth; if shut down, cause date and result of test for gasoline content of gas)
Sec. 11 SW NE	10N	6E	1	Drilling						API# 43-033-30043 TD: 14,111'

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GAS: (MCF)
 Sold 0
 Flared/Vented 0
 Used On/Off Lease 0

OIL or CONDENSATE: (To be reported in Barrels)
 On hand at beginning of month 0
 Produced during month 0
 Sold during month 0
 Unavoidably lost 0
 Reason: 0
 On hand at end of month 0

DRILLING/PRODUCING WELLS: This report must be filed on or before the sixteenth day of the succeeding month following production for each well. Where a well is temporarily shut-in, a negative report must be filed. **THIS REPORT MUST BE FILED IN DUPLICATE.**

Note: The API number must be listed on each well.

CONFIDENTIAL

Form 9-331
Dec. 1973

Form Approved
Budget Bureau No. 42-R1424

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil well gas well other

2. NAME OF OPERATOR
Sohio Petroleum Company

3. ADDRESS OF OPERATOR
P O Box 30, Casper, WY 82602

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 683' FWL, 2449' FNL (SW/4, NE/4)
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF	<input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	<input type="checkbox"/>
(other) <u>Monthly sundry notice</u>		

5. LEASE
U29126

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
N/A

7. UNIT AGREEMENT NAME
Sugarloaf

8. FARM OR LEASE NAME
Sugarloaf

9. WELL NO.
11-6

10. FIELD OR WILDCAT NAME
Wildcat

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 11, T10N, R6E

12. COUNTY OR PARISH
Rich

13. STATE
Utah

14. API NO.
43-033-30043

15. ELEVATIONS (SHOW DF, KOB, AND WD)
6372' GR, 6407' KB

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)

For the weeks of September 6, 1984 - October 10, 1984

CONFIDENTIAL

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED W. H. Ward TITLE District Mgr. DATE 10/10/84

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY

TITLE _____

DATE _____

FED.

Well History
Sugarloaf 11-6
September 6, 1984 - October 10, 1984

9/7/84	Depth 12497'	Tripping	MW 8.6, Vis 39
9/8/84	Depth 12599'	Drlg.	MW 8.6, Vis 39
9/9/84	Depth 12751'	Drlg.	MW 8.6, Vis 39
9/10/84	Depth 12841'	Tripping	MW 8.6, Vis 40
9/11/84	Depth 12948'	Drlg.	MW 8.5, Vis 39
9/12/84	Depth 13097'	Drlg.	MW 8.6, Vis 39
9/13/84	Depth 13143'	Drlg.	MW 8.6, Vis 42
9/14/84	Depth 13266'	Tripping	MW 8.6, Vis 41
9/15/84	Depth 13400'	Tripping	MW 8.6, Vis 42
9/16/84	Depth 13449'	Drlg.	MW 8.6, Vis 41
9/17/84	Depth 13530'	Drlg.	MW 8.6, Vis 42
9/18/84	Depth 13644'	Drlg.	MW 8.6, Vis 41
9/19/84	Depth 13772'	Drlg.	MW 8.6, Vis 42
9/20/84	Depth 13814'	TIH	MW 8.7, Vis 42
9/21/84	Depth 13899'	TIH	MW 8.6, Vis 41
9/22/84	Depth 13980'	Drlg.	MW 8.7, Vis 41
9/23/84	Depth 14043'	Drlg.	MW 8.7, Vis 41
9/24/84	Depth 14095	Tripping	MW 8.6, Vis 42
9/25/84	Depth 14104'	C & C	MW 8.7, Vis 47
9/26/84	Depth 14108'	C&C	MW 9.4, Vis 79
9/27/84	Depth 14111'		MW 9.5, Vis 81
9/28/84	Depth 14111'	POOH	MW 9.7, Vis 80
9/29/84	Depth 14111'	Test	MW 9.7, Vis 150
9/30/84	Depth 14111'	C & C	MW 9.6, Vis 233
10/1/84	Depth 14111'	GIH	MW 9.7, Vis 161
10/2/84	Depth 14111'	Ream	MW 9.7, Vis 271
10/3/84	Depth 14215	Tripping	MW 9.7, Vis 190
10/4/84	Depth 14276'	Drlg.	MW 9.8, Vis 120
10/5/84	Depth 14372'	Drlg.	MW 9.7, Vis 147
10/6/84	Depth 14422'	Tripping	MW 9.7, Vis 134
10/7/84	Depth 14459'	Drlg.	MW 9.7, Vis 135
10/8/84	Depth 14525'	Drlg.	MW 9.7, Vis 125
10/9/84	Depth 14564'	Drlg.	MW 9.8, Vis 150

CONFIDENTIAL

ORAL APPROVAL TO PLUG AND ABANDON WELL

Operator Sohio Representative Mark Pajak
 (307) 237-3861

Well No. 11-6 Location 1/4 1/4 Section 11 Township 10N. Range 6E

County Rich Field _____ State _____

Unit Name and Required Depth _____ Base of fresh water sands _____

T.D. 15250 Size hole and Fill per sack _____ " _____ Mud Weight and Top 9.7 #/gal. _____

Casing Size	Set At	Top of Cement	To Be Pulled	Plugging Requirements		
				From	To	Sacks Cement
<u>13 3/8</u>	<u>1400</u>	<u>Surface</u>	_____	<u>12000</u>	<u>12300</u>	_____
<u>9 5/8</u>	<u>8747</u>	<u>7000</u>	_____	<u>10500</u>	<u>10800</u>	<u>tag plug</u>
<u>Formation</u>	<u>Top</u>	<u>Base</u>	<u>Shows</u>	<u>(3) Cement retainer @ 8747</u>		
<u>Deaf Canyon</u>	<u>14830</u>	_____	_____	<u>(4) Attempt to inject reserve pit</u>		
<u>Deaf Canyon</u>	<u>13760</u>	_____	_____	<u>fluid into retainer & open hole</u>		
<u>Gallatin</u>	<u>13320</u>	_____	_____	<u>(5) Pump 400' cement on top of ret.</u>		
<u>Big Horn</u>	<u>12326</u>	_____	_____	<u>1400</u>	<u>1400</u>	<u>tag plug</u>
<u>2 Forks</u>	<u>11242</u>	_____	_____	<u>0</u>	<u>300'</u>	<u>surface plug</u>
<u>Lodgepole</u>	<u>10500</u>	_____	_____	<u>(8) Annulus plug @ surface.</u>		
<u>Darby</u>	<u>9870</u>	_____	_____	<u>(9) Regulation P x A marker</u>		
<u>Weber</u>	<u>8660</u>	_____	_____	_____	_____	_____

REMARKS

DST's, lost circulation zones, water zones, etc., _____
 (1) Limit surface pressure to 2000 psi for fluid disposal.
 (2) Waive temperature survey or log.

Approved by JRB Date 10/19/84 Time 1300 a.m. / p.m.

App'd by Jimmy Rafford of SL BLM

STATE OF UTAH
DIVISION OF OIL, GAS AND MINING
INSPECTION RECORD

Operator Sohio Petroleum Co. Lease U-29126 (Acquired)

Contractor ATCO #9

Well No. Sugarloaf 11-6

Location SW NE Sec. 11 T. 10N R. 6E

Field Wildcat

County Rich State UT

Operation: Drilling _____
Workover _____
Completion _____
Abandonment X _____
Producing _____
Other _____

Individual Well Inspection

General:

Well Sign _____ BOP _____ Pollution control _____ Marker _____
Housekeeping _____ Safety _____ Surface use _____ Location _____

Remarks: See attached copy for details of inspection

Lease and Facilities Inspection

Facilities inspected:

Identification _____	Pollution control _____
Housekeeping _____	Pits and ponds _____
Measurement facilities _____	Water disposal _____
Storage and handling facilities _____	Other _____

Remarks: _____

Action: _____

Name D. Swindel Title Oil & Gas Field Specialist Date 10/22/84

Use: for yes or satisfactory
 for no or unsatisfactory
NA for not applicable

April 5, 1984

NL

DRILLING MUD REPORT NO. **163**

NL Baroid/NL Industries, Inc.

DATE Oct. 22 19 89	DEPTH 15,250
SPUD DATE 5-9-89	PRESENT ACTIVITY Plugging

OPERATOR **Solo Petroleum Co.**CONTRACTOR **AFCO**RIG NO. **9**REPORT FOR **Mark Pajar**

REPORT FOR

SECTION, TOWNSHIP, RANGE **11-100-6E**WELL NAME AND NO. **Sugarleaf 11-6**FIELD OR BLOCK NO. **W/C**COUNTY, PARISH OR OFFSHORE AREA **Rich**STATE/PROVINCE **Utah**

DRILLING ASSEMBLY			CASING	MUD VOLUME (BBL)		CIRCULATION DATA		
BIT SIZE	TYPE	JET SIZE	13 3/8 SURFACE SET @ 1404 FT	HOLE	PITS	PUMP SIZE 6 X 12		ANNULAR VEL. (FT/MIN) DP DC
DRILL PIPE SIZE	TYPE	LENGTH	9 5/8 INTERMEDIATE SET @ 8151 FT	TOTAL CIRCULATING VOLUME		PUMP MAKE, MODEL	ASSUMED EFF	CIRCULATION PRESSURE (PSI)
DRILL PIPE SIZE	TYPE	LENGTH	INTERMEDIATE SET @ FT	IN STORAGE	WEIGHT	BBL/STK	STK/MIN	BOTTOMS UP (MIN)
DRILL COLLAR SIZE	LENGTH	PRODUCTION OR LINER SET @ FT	MUD TYPE	BBL/MIN 8.0		TOTAL CIRC. TIME (MIN) 336		

	MUD PROPERTIES	
Sample From	<input checked="" type="checkbox"/> F.L. <input type="checkbox"/> PIT	<input type="checkbox"/> F.L. <input type="checkbox"/> PIT
Time Sample Taken	9:45	
Flowline Temperature °F	64°	
Depth (ft)	15,250	
Weight <input checked="" type="checkbox"/> (ppg) <input type="checkbox"/> (lb/cu. ft.) <input type="checkbox"/> Sp.G	9.4	
Funnel Viscosity (sec/qt) API @ °F	7	
Plastic Viscosity cP @ °F	=	
Yield Point (lb/100 ft²)	=	
Gel Strength (lb/100 ft²) 10 sec/10 min.	=	
Filtrate API (cm²/30 min.)	10.0	
API HTHP Filtrate (cm²/30 min.) @ 180°F 500psi	14.0	
Cake Thickness (32nd in. API/HTHP)	2/5	
Solids Content (% by Vol.) <input checked="" type="checkbox"/> Calculated <input type="checkbox"/> retort	7.8	
Liquid Content (% by Vol.) Oil/Water	92.2	
Sand Content (% by Vol.)	TR	
Methylene Blue Capacity <input checked="" type="checkbox"/> lb/bbl equiv. <input type="checkbox"/> cm³/cm³ mud	19.25	
pH <input type="checkbox"/> Strip <input checked="" type="checkbox"/> Meter @ °F	9.6	
Alkalinity Mud (Pm)	-	
Alkalinity Filtrate (P1/M1)	.05/35	
Alternate Alkalinity Filtrate (P1/P2)	=	
Chloride (mg/L)	325	
Total Hardness as Calcium (mg/L)	92	
NO3, ppm	110	
SO4, ppm	10	

MUD PROPERTY SPECIFICATIONS		
WEIGHT 9.8	VISCOSITY 120	FILTRATE 6-8
BY AUTHORITY <input type="checkbox"/> OPERATOR'S WRITTEN <input type="checkbox"/> DRILLING CONTRACTOR <input checked="" type="checkbox"/> OPERATOR'S REPRESENTATIVE <input type="checkbox"/> OTHER		

RECOMMENDED TOUR TREATMENT

Alkalinity Analysis

12 cpm CO₃ = 360 ppm CO₃

5 cpm HCO₃ = 305 ppm HCO₃

Rheology not run

PRODUCT INVENTORY	EQUIPMENT	
	SIZE	HRS/TOUR
STARTING INVENTORY	Centrifuge	
RECEIVED	Degasser	
USED LAST 24 HR	Desander	
CLOSING INVENTORY	Desilter	
COST LAST 24 HR	Shaker	
	Other	
	DAILY COST	CUMULATIVE COST

THIS COPY TO OIL CO

THE RECOMMENDATIONS MADE HEREON SHALL NOT BE CONSTRUED AS AUTHORIZING THE INFRINGEMENT OF ANY VALID PATENT, AND ARE MADE WITHOUT ASSUMPTION OF ANY LIABILITY BY NL INDUSTRIES, INC. OR ITS AGENTS, AND ARE STATEMENTS OF OPINION ONLY.

REPRESENTATIVE Dean W. Davis	HOME ADDRESS Kandolph, Utah	TELEPHONE 1-801-793-7295
MOBILE UNIT B-634	WAREHOUSE LOCATION Evanson	TELEPHONE 789-3761

John,

This looks OK.

Neither Weber or Darby are aquifers, however there is quite complicated structure and probably extensive fracturing in this area. A small one-time injection like this should not be a problem.

Mark



STATE OF UTAH
NATURAL RESOURCES
Oil, Gas & Mining

Scott M. Matheson, Governor
Temple A. Reynolds, Executive Director
Dianne R. Nielson, Ph.D., Division Director

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

Sohio Petroleum Company
Sugarloaf 11-6
Sec. 11, T10N, R6E
Rich County, UT

Inspection of plugging procedure;

10/22/84 Fluids had already been injected into formation at 8703'; pressured up to 1000# and injected approximately 4500 bbls at 6 bbls/minute; pit still contained fluids; second plug was set and tagged from 10,200 to 10,800'; had begun pulling pipe from hole and preparing to set upper plugs

10/23/84 Plugging program had been completed; plug set from 735' to 1414' and tagged; surface plug was set according to plan;

Company representative needs to know if P&A marker is required



NL Baroid/NL Industries, Inc.
102 Parkview Rd.
Evanston, Wyoming 82930

Oct. 23, 1984

Sohio Petroleum Co.
P.O. Box 30
Casper, Wyoming 82602
Attn: Mr. Mark Pajak

Dear Mr. Pajak,

In accordance with our telephone conversation of Oct. 22, 1984, with regard to the analysis of the injection and abandonment fluid on your Sugarloaf 11-6 location, please examine the following test results:

Test run at 9:45 A.M., Oct. 22, 1984.

Ph 9.6
Pf/Mf .05/.35 (360 ppm - CO₃ 305 ppm - HCO₃)
Chlorides 325 ppm
Calcium 92 ppm
NO₃ 110 ppm
SO₄ 10 ppm
Water loss 10cc/30 mins.
High temp./High Press. 14 cc @ 500 P.S.I. - 180°

There appears to be no components that would or could cause any subterranean contamination from releasing this fluid into the formation.

Should you have any questions regarding this test, please contact me through our Evanston office. Attached is a copy of the mud lab test report.

Best Personal Regards

Dean W. Davis
Drilling Fluids Engineer

DD/cm

Enclosure

NL Baroid/NL Industries, Inc.
P.O. Box 552, Evanston, WY 82930, Tel. (307) 789-3761



STATE OF UTAH
NATURAL RESOURCES
Oil, Gas & Mining

Scott M. Matheson, Governor
Temple A. Reynolds, Executive Director
Dianne R. Nielson, Ph.D., Division Director

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

October 23, 1984

Sohio Petroleum Company
P.O. Box 30
Casper, Wyoming 82602

Gentlemen:

Re: Downhole disposal of drilling fluids in Well No. Sugarloaf
11-6, Sec. 11, T10N, R6E, Rich County, Utah.

The Division has received and reviewed your request to dispose of drilling fluids by downhole injection into the referenced well. Approval is hereby given to perform the work under the conditions discussed over the phone with Mark Pajak of your company on October 19, 1984. These conditions are listed below and the sundry notice referring to this procedure is enclosed.

1. The disposal operation will be conducted as part of the plug and abandonment procedure approved verbally on October 19, 1984.
2. Approximately 10,000 barrels of reserve pit fluid will be injected between the cement plug set at 10,500' to 10,800' and the cement retainer set at 8,747'.
3. Surface pressure during injection shall be no greater than 2,000 psi.
4. The required temperature survey or log shall be waived.

If you should have any questions or changes concerning this approval, please contact John Baza of this office. Thank you for your prompt notification and cooperation.

Best Regards,

Dianne R. Nielson
Director

JRB/sb
Enclosure
96840-58



SOHIO PETROLEUM COMPANY
EXPLORATION AND PRODUCTION

RECEIVED

OCT 29 1984

P. O. BOX 30
CASPER, WYOMING 82602

October 24, 1984

WHW: 108

ID: 0428B

Mr. Frank Snell
Bureau of Land Management
2370 South 2300 West
Salt Lake City, UT 84119

DIVISION OF OIL
GAS & MINING

RE: Sugarloaf 11-6
Sec. 11, T10N, R6E
Rich County, Utah
U29126

Dear Mr. Snell:

Attached are the original and two copies each of the following reports on Sugarloaf 11-6:

- 1) Request for Approval to Abandon
- 2) Subsequent Report of Abandonment
- 3) Completion Report

Please advise if further information is needed at this time.

Sincerely,

F. J. Hoffer
District Production Superintendent

TR/llg

Attachment

cc: Bill Martens, BLM
Ron Firth, DOGM
R. T. Perkins (Completion Report)
J. H. Walters
Kirk Wardlaw
T. Rooney
Partners
File

DOUBLE "D" ENTERPRISES

B.O.P. Test Report

B.O.P. TEST PERFORMED ON (DATE)..... 9-29-84

OIL CO.: Sohio

WELL NAME & NUMBER..... Sugar hoof 11-6

SECTION..... 1

TOWNSHIP..... 1-N

RANGE..... 6-E

COUNTY..... Rich, Utah

DRILLING CONTRACTOR..... Atco #9

INVOICES BILLED FROM: **DOUBLE "D" ENTERPRISES, INC.**
 213 Pine Street - Box 560
 Shoshoni, Wyoming 82649
 Phone: (307) 876-2308 or (307) 876-2234

TESTED BY: **DOUBLE "D" ENTERPRISES, INC.**
 712 Morse Lee Street
 Evanston, Wyoming 82930
 Phone: (307) 789-9213 or (307) 789-9214

OIL CO. SITE REPRESENTATIVE..... Kit Hatfield

RIG TOOL PUSHER.....

TESTED OUT OF..... EVANSTON

NOTIFIED PRIOR TO TEST: State of Utah

COPIES OF THIS TEST REPORT SENT COPIES TO: Utah State
 Sohio OFFICE - Casper
 Sohio Site Rep

ORIGINAL CHART & TEST REPORT ON FILE AT: EVANSTON OFFICE

RECEIVED

OCT 30 1984

**DIVISION OF OIL
GAS & MINING**

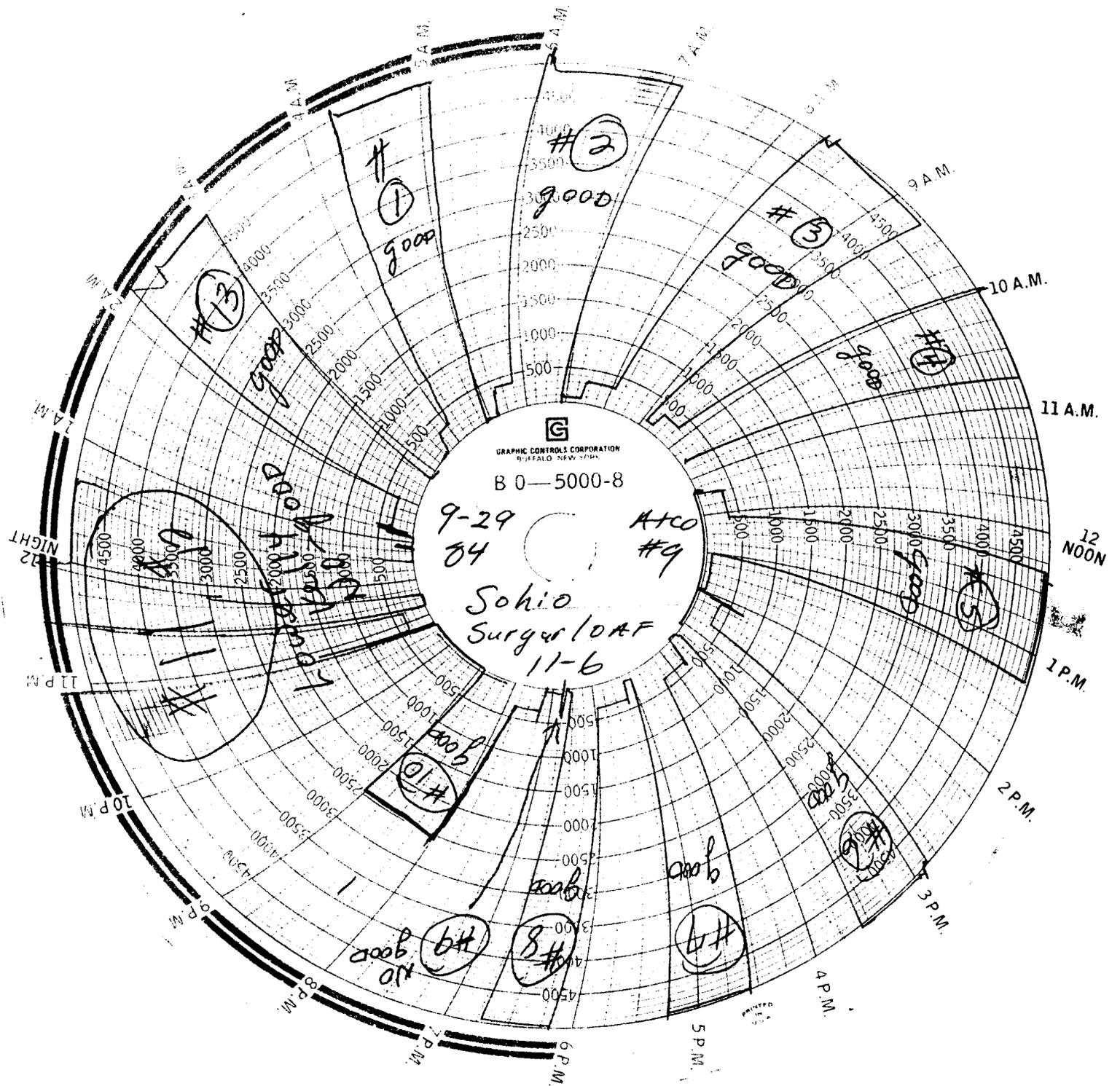
Company	Lease No	Well Name #	Date of test	Rig #
T #	Time			
	3 ⁴⁵ - 3 ⁵⁰	Switch Rams		
#7	3 ⁵⁰ - 4 ¹⁰	Upper pipes 2nd valve on Kill line 1st valve on choke line & Dart valve 300 5 min 5000 15 OK		
	4 ¹⁰ - 4 ¹⁵	Switch valves		
#8	4 ¹⁵ - 4 ³⁵	Upper pipes Dart V valve 2nd valve on choke line & HCR 300 5 min 5000 15 OK		
#9	4 ³⁵ - 4 ⁵⁰	Test attempt 300 on Hydril host pressure Turned up closing pressure on Hydril & worked		
#10	4 ⁵⁰ - 5 ¹⁰	Hydril Dart V valve riser & 1st 3 manifolds valves 300 5 min 2500 15 OK		
	5 ¹⁰ - 5 ⁴⁰	Pull Plug rig up tools RUN & set wear ring rig DOWN tools Kelly up rig up tools		
#11	5 ⁴⁰ - 5 ⁵⁵	Test attempts lower Kelly work valve		
#12	5 ⁵⁵ - 6 ¹⁰	lower Kelly 5000 15 min OK got 300 test on # 11		
#	6 ¹⁰ - 6 ⁴⁰	Upper Kelly 300 5 min OK 5000 lost 200 lbs in 7 min ran back to 5000 15 min OK		

Company	Lease and Well Name #	Date of test	Rig #
---------	-----------------------	--------------	-------

F #	Time	
	6:40-7:10	Rig DOWN SPOOL UP LOAD TRUCK

NOTE

lower Kelly leaked
through cock after
I was through
testing upper Kelly
~~with~~ NO pressure
ON it - 50 lower
Kelly IS NO-GOOD
They will get NEW
ONE.



STATE OF UTAH
 DEPARTMENT OF NATURAL RESOURCES
 DIVISION OF OIL & GAS CONSERVATION
 4241 STATE OFFICE BUILDING
 SALT LAKE CITY, UTAH 84114
 533-5771

State Lease No. NA
 Federal Lease No. U29126
 Indian Lease No. NA
 Fee & Pat. NA

REPORT OF OPERATIONS AND WELL STATUS REPORT

STATE Utah COUNTY Rich FIELD/LEASE Sugarloaf 11-6

The following is a correct report of operations and production (including drilling and producing wells) for the month of:
October, 1984

Agent's Address P.O. Box 30 Company Sohio Petroleum Company
Casper, WY 82602 Signed [Signature]
 Phone No. 307-237-3861 Title District Administrator

Sec. and % of %	Twp.	Range	Well No.	Days Produced	Barrels of Oil	Gravity	Cu. Ft. of Gas (In thousands)	Gallons of Gasoline Recovered	Barrels of Water (if none, so state)	API NUMBER/REMARKS (if drilling, depth; if shut down, cause; date and result of test for gasoline content of gas)
Sec. 11 SW NE	10N	6E	1		0- Plugged & Abandoned					API# 43-033-30043 TD: 15,250' Well Plugged and Abandoned 10/22/84 Final Report
CONFIDENTIAL										
NOV 19 1984										

GAS: (MCF)
 Sold 0
 Flared/Vented 0
 Used On/Off Lease 0

OIL or CONDENSATE: (To be reported in Barrels)
 On hand at beginning of month 0
 Produced during month 0
 Sold during month 0
 Unavoidably lost 0
 Reason: 0
 On hand at end of month 0

DRILLING/PRODUCING WELLS: This report must be filed on or before the sixteenth day of the succeeding month following production for each well. Where a well is temporarily shut-in, a negative report must be filed. **THIS REPORT MUST BE FILED IN DUPLICATE.**

Note: The API number must be listed on each well.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil well gas well other Dry Hole

2. NAME OF OPERATOR
Sohio Petroleum Company

3. ADDRESS OF OPERATOR
P. O. Box 30, Casper, WY 82602

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 2683'FWL, 2449'FNL
AT TOP PROD. INTERVAL: (SW/NE)
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:
TEST-WATER SHUT-OFF	<input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(other)	<input type="checkbox"/>	<input type="checkbox"/>

5. LEASE
U29126 Acquired

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
NA

7. UNIT AGREEMENT NAME
Sugarloaf

8. FARM OR LEASE NAME
Sugarloaf

9. WELL NO.
11-6

10. FIELD OR WILDCAT NAME
Wildcat

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 11, T10N, R6E

12. COUNTY OR PARISH
Rich

13. STATE
Utah

14. API NO.
43-033-30043

15. ELEVATIONS (SHOW DF, KOB, AND WD)
6372'GR, 6407'KB

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

Plugging operations commenced 10/20/84, after receipt of approval from Jimmy Raffoul, BLM, and John Baza, DOGM. Plugging proceeded as follows:

Plug #1 -12300 -12000' w/ 220 sx cl G + .3% D120; Plug #2 10800' - 10500' w/ 220 sx cl G + .2% D120; WOC 10 hrs and tagged plug #2 @ 10216; Set EZSV retainer @ 8703'; Pumped + 6000 bbl reserve pit fluids into open hole interval 8740 - 10216' at 900-1000 psi; Plug #3 - 8703 - 8300' w/ 180 sx neat; Plug #4 - 1412 -800; w/ 270 sx cl G +1% cc, WOC 8 hrs plug tagged @ 735'; Plug #5 310-0' w/ 125 sx cl G +1% cc; Plug #6 between 13 3/8 and 9 5/8" casing w/ 40 sx cl G + 1% cc
Site will be cleaned and reserve pit will be backfilled or

Subsurface Safety Valve: Manu. and Type _____ Ser @ _____ Ft.

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

SIGNED F. J. Hoffer TITLE Dist Prod Supt DATE _____
(This space for Federal or State office use)

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

fenced until rehabilitation begins. Rig released 10:00 p. m. 10/23/84.

CONFIDENTIAL

FLUID ANALYSIS ATTACHED

ACCEPTED
APPROVED BY THE STATE
OF UTAH DIVISION OF
OIL, GAS, AND MINING
DATE: 11/1/84
BY: John R. Baza

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil well gas well other

2. NAME OF OPERATOR
Sohio Petroleum Company

3. ADDRESS OF OPERATOR
P O Box 30, Casper, WY 82602

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 683' FWL, 2449' FNL (SW/4, NE/4)
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

5. LEASE
U29126

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
N/A

7. UNIT AGREEMENT NAME
Sugarloaf

8. FARM OR LEASE NAME
Sugarloaf

9. WELL NO.
11-6

10. FIELD OR WILDCAT NAME
Wildcat

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 11, T10N, R6E

12. COUNTY OR PARISH | 13. STATE
Rich | Utah

14. API NO.
43-033-30043

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6372' GR, 6407' KB

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF	<input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	<input type="checkbox"/>
(other) Monthly sundry notice		

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

For the weeks of October 11 - November 3, 1984
Final Report

RECEIVED

CONFIDENTIAL

NOV 10 1984

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.
**DIVISION OF OIL
GAS & MINING**

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

SIGNED **ORIGINAL SIGNED BY:** W. H. Ward TITLE District Mgr. DATE _____

(This space for Federal or State office use)

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

CO

*See Instructions on Reverse Side

Well History

Sugarloaf 11-6

October 11, 1984 - November 3, 1984

10/11/84	Depth 14701'	Drlg.	MW 10, Vis 112
10/12/84	Depth 14737'	Drlg.	MW 9.7, Vis 130
10/13/84	Depth 14790'	Drlg.	MW 9.7, Vis 147
10/14/84	Depth 14890'	Drlg.	MW 9.6, Vis 160
10/15/84	Depth 14950'	Drlg.	MW 9.7, Vis 123
10/16/84	Depth 15045'	Drlg.	MW 9.7, Vis 161
10/17/84	Depth 15125'	Drlg.	MW 9.7, Vis 225
10/18/84	Depth 15232'	Drlg.	MW 9.7, Vis 130
10/19/84	Depth 15250'	Drlg.	MW 9.7, Vis 120
10/20/84	Depth 15250'	Logging	MW 9.7, Vis 120
10/21/84	Depth 15250'	WOC	MW 9.6, Vis 90
10/22/84	Depth 15250'	WOC	
10/23/84	Depth 15250'	Clean Pit	
10/24/84	Depth 15250'	RD	Rls. Rig
10/25/84	Depth 15250'	RDRT	
10/26-29/84	TORT		
10/30/84	Finish Moving Out-Final Report.		

RECEIVED
DEC 24 1984

October 29, 1984

DIVISION OF
OIL, GAS & MINING

Dan Washington
Bureau of Land Management
2370 South 2300 West
Salt Lake City, UT 84119

Re: Sugarloaf 11-6
Section 11, T10N, R6E
Rich County, Utah
U-29126 Acquired

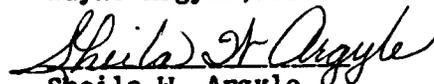
Dear Mr. Washington:

With regard to the above-referenced Sohio Petroleum Company plugged and abandoned well we hereby request a variance from the federal regulation 43CFR3160 which requires that a surface dry hole marker be installed. Upon rehabilitation of the drill site this area will be returned to its original purpose which was the production of hay. The presence of a dry hole marker would impede such operations and present a danger of damage to farm equipment. It is for these reasons that the variance is requested.

Please contact us if further information is required.

Sincerely,


Wayne Argyle, Jr.


Sheila W. Argyle

12-21-84
Date

cc: John Baza, DOGM
T. Rooney, Sohio

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.

U29126 Acquired

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

NA

7. UNIT AGREEMENT NAME

Sugarloaf

8. FARM OR LEASE NAME

Sugarloaf

9. WELL NO.

11-6

10. FIELD AND POOL, OR WILDCAT

Wildcat

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

Sec 11, T10N, R6E

12. COUNTY OR PARISH

Rich

13. STATE

Utah

14. PERMIT NO.

43-033-30043

DATE ISSUED

3/8/84

15. DATE SPUNDED

3/8/84

16. DATE T.D. REACHED

10/19/84

17. DATE COMPL. (Ready to prod.)

P & A 10/22/84

18. ELEVATIONS (DF, REB, RT, GR, ETC.)

6372' GR 6407' KB

19. ELEV. CASINGHEAD

6372'

20. TOTAL DEPTH, MD & TVD

#1 14079'; #2 15250' PBDT 11640

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

NA

22. IF MULTIPLE COMPL., HOW MANY*

23. INTERVALS DRILLED BY

ROTARY TOOLS

CABLE TOOLS

→

X

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

None

25. WAS DIRECTIONAL SURVEY MADE
Yes, single shot

26. TYPE ELECTRIC AND OTHER LOGS RUN

~~DLL/MSFL/LDT/CNL~~ Sonic/Dipmeter/GR/Cal/ Velocity Survey

27. WAS WELL CORED

NO

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

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
20"	--	100' GR	30"	350 sx Class A	None
13 5/8"	54.5#	1369' GR	17 1/2"	174 sx 50/50 poz; 680sx cl A	None
9 5/8"	40#	8712.5 GR	12 1/4"	050 sx 50/50 poz; 250 sx cl G	None

29. LINER RECORD

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

30. TUBING RECORD

31. PERFORATION RECORD (Interval, size and number)

NA

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
NA	

33. PRODUCTION

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

F. J. HOFFER

TITLE Dist Prod Supt

DATE

10/25/87

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

CONFIDENTIAL

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

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

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

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments. Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

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

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

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TOP TRUE VERT. DEPTH
37. SUMMARY OF POROUS ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES				38. GEOLOGIC MARKERS		
Weber	9130	9177	Water Cushion	Alluvium	surface	1020
DST #1			IH: 3973 psi IF: 352 - 367 psi, 14 min ISI: 3976 psi, 60 min FF: 396 - 466 psi, 60 min FSI: 3972 psi, 120 min FH: 3972 psi Recovered 9 bbl formation water no oil, trace gas-no H ₂ S DETECTED	Twin Creek	1020	1020
				Nugget	2556	2553
				Ankareh	3311	3309
				Thaynes	4408	4399
				Woodside	7062	7042
				Dinwoody	7832	7803
				Phosphoria	8212	8180
				Weber	8660	8626
				Madison	9242	9205
				Lodgepole	10500	10459
				Three Forks	11242	11200
				Jefferson	11722	11680
				Big Horn	12265	12220
				Death Canyon	13462	13391
				Wolsey Shale	13702	13619
				TD #1	14079	13994
				Plug Back	11640	11600
				Jefferson	11707	11665
				Big Horn	12326	12284
Gallatin	13320	13280				
Park Shale	13603	13560				
Death Canyon	13760	13717				
Wolsey Shale	14380	14333				
Death Canyon	14830	14772				