

UTAH DIVISION OF OIL, GAS AND MINING

REMARKS: WELL LOG. — ELECTRIC LOGS. — FILE  WATER SANDS. — LOCATION INSPECTED. — SUB. REPORT/ABD.

\* OPERATOR NAME CHANGE 1-15-80  
 11-18-83 Location Abandoned. Well never drilled. Approval Rescinded.

DATE FILED 4-17-79

LAND: FEE & PATENTED  STATE LEASE NO. PUBLIC LEASE NO. INDIAN

DRILLING APPROVED: 4-17-79

SPUDED IN:

COMPLETED: PUT TO PRODUCING:

INITIAL PRODUCTION:

GRAVITY A.P.I.

GOR:

PRODUCING ZONES:

TOTAL DEPTH:

WELL ELEVATION:

DATE ABANDONED: 11-18-83 LA

FIELD: Mexican Hat ~~3/8 Undesignated~~ Mexican Hat 3-80

UNIT:

COUNTY: San Juan

WELL NO. Goodridge #2

API NO: 43-037-30479

LOCATION 840' FT. FROM (N) ~~XX~~ LINE. 1100' FT. FROM ~~XX~~ (W) LINE. SE NW NW 1/4-1/4 SEC. 8

TWP.	RGE.	SEC.	OPERATOR	TWP.	RGE.	SEC.	OPERATOR
42S	19E	8	* SAN JUAN MINERALS WILLIAMS RANCHES, INC.				

FILE NOTATIONS

Entered in NED File ..... ✓  
.....  
.....  
..... ✓

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

RELEASE DATA:

Location Inspected .....  
and released  
State or Fee Land .....

GW..... OS..... PA.....

LOGS FILED

Driller's Log.....  
Electric Logs (No.) .....  
E..... I..... Dual I Lat..... GR-N..... Micro.....  
BHC Sonic GR..... Lat..... Mi-I..... Sonic.....  
CBLog..... CCLog..... Others.....

8/18/91

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

SUBMIT IN DUPLICATE\*  
(Other instructions on  
reverse side)

4

5. Lease Designation and Serial No.

Private land

6. If Indian, Allottee or Tribe Name

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work

DRILL

DEEPEN

PLUG BACK

7. Unit Agreement Name

8. Farm or Lease Name

Goodridge

9. Well No.

2

10. Field and Pool, or Wildcat

San Juan - Mexican Hat

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

Sec 8 T42S R19E

b. Type of Well

Oil Well

Gas Well

Other

Single Zone

2. Name of Operator

Williams Ranches, Inc.

3. Address of Operator

Rt. 1 Box 52 Blythe, CA 92225

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

1099.6' from West line and 840.2' from North line  
At proposed prod. zone  
same 1100' FWL + 840' FNL NW NW

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

3 miles from north Mexican Hat, UT

12. County or Parrish 13. State

San Juan UT

15. Distance from proposed\* location to nearest property or lease line, ft. (Also to nearest drig. line, if any)

1099.6'

16. No. of acres in lease

285

17. No. of acres assigned to this well

5

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

1000'

19. Proposed depth

450'

20. Rotary or cable tools

Rotary

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

4226.19 gr

22. Approx. date work will start\*

April 16, 1979

23. PROPOSED CASING AND CEMENTING PROGRAM

Size of Hole	Size of Casing	Weight per Foot	Setting Depth	Quantity of Cement
8 3/4"	7"	17	60'	15 ex to surf

Propose to drill and test Goodridge sandstone.

Use of 4 1/2" high pressure valve to prevent blowout.

Surveyer's plat of proposed well location will follow promptly.

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: Jack Williams Title: President Date: 4-6-79

(This space for Federal or State office use)

Permit No. .... Approval Date .....

Approved by..... Title..... Date.....  
Conditions of approval, if any:

S 0° 03' E

SECTION LINE

1/4 Corner

SITE No. 2

⊙ Elev. - 4226.19

S-840.2' & E-1099.6'

fr. NW Cor. Sec. 8

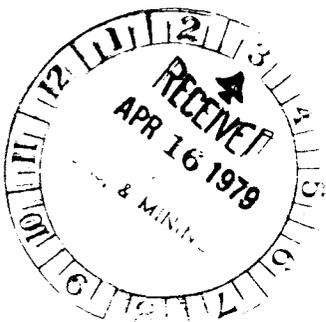
SITE No. 1

⊙ Elev. - 4170.93

S-1705.6' & E-680.4'

fr. NW Cor. Sec. 8

SCALE :



SECTION LINE

#12

SITE No. 3

⊙ Elev. - 4223.06

N-615.4' & E-409.0'  
fr. SW Cor. Sec. 5

#11

SITE No. 4

⊙ Elev. - 4235.93

N-615.4' & E-1068.5'  
fr. SW Cor. Sec. 5

T 42 S R 19 E

S.L. B.&M.

6 5

7 8

SECTION LINE

STATE OF UTAH  
DIVISION OF OIL, GAS, AND MINING

\*\* FILE NOTATIONS \*\*

Date: April 11, 1979  
Operator: San Juan Minerals  
~~Williams PUNCHES, INC.~~  
Well No: Goodrich #2  
Location: Sec. 8 T. 42S R. 19E County: San Juan

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

API Number: 43-037-30479

CHECKED BY:

Administrative Assistant: \_\_\_\_\_

Remarks:

Petroleum Engineer: Mike J. Menden 4-16-79

Remarks: Add copy of survey plat

Director: Z

Remarks:

INCLUDE WITHIN APPROVAL LETTER:

Bond Required:  Survey Plat Required:

Order No. 156-2 8/24/78 Surface Casing Change   
to \_\_\_\_\_

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

O.K. Rule C-3  O.K. In \_\_\_\_\_ Unit

Other:

Letter Written/Approved

SCOTT M. MATHESON  
Governor



OIL, GAS, AND MINING BOARD

GORDON E. HARMSTON  
Executive Director,  
NATURAL RESOURCES

STATE OF UTAH  
DEPARTMENT OF NATURAL RESOURCES

CHARLES R. HENDERSON  
Chairman

CLEON B. FEIGHT  
Director

DIVISION OF OIL, GAS, AND MINING

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

JOHN L. BELL  
C. RAY JUVELIN  
THADIS W. BOX  
CONSTANCE K. LUNDBERG  
EDWARD T. BECK  
E. STEELE McINTYRE

April 17, 1979

Williams Ranches, Inc.  
Rt. 1 Box 52  
Blythe, CA 92225

Re: Well No. Goodridge #1, Sec. 8, T. 42S, R. 19E, San Juan County, UT  
Well No. Goodridge #2, Sec. 8, T. 42S, R. 19E, San Juan County, UT

Gentlemen:

Insofar as this office is concerned, approval to drill the above referred to well is hereby granted in accordance with the Order issued in Cause No. 156-2 dated 8/24/78.

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

MICHAEL T. MINDER - Geological Engineer  
HOME: 876-3001  
OFFICE: 533-5771

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

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

The API number assigned to these wells are as follows:

Goodridge #1 - 43-037-30478  
Goodridge #2 - 43-037-30479

Very truly yours,

DIVISION OF OIL, GAS, AND MINING

Handwritten signature of Cleon B. Feight in black ink.  
Cleon B. Feight, Director

/lw  
Enclosure

February 26, 1980

Williams Ranches, Inc.  
Rt. 1 Box 52  
Blythe, Ca 92225

Re: Well No. Goodridge #2  
Sec. 8, T. 42S, R. 19E.  
San Juan County, Utah  
May 1979-February 1980

Gentlemen:

Our records indicate that you have not filed the monthly drilling reports for the months indicated on the subject well.

Rule C-22, General Rules and Regulations and Rules of Practice and Procedure, requires that said reports be filed on or before the sixteenth (16) day of the succeeding month. This report may be filed on Form OGC-1B, (U.S. Geological Survey Form 9-331) "Sundry Notices and Reports on Wells", or on company forms containing substantially the same information. We are enclosing forms for your convenience.

Your prompt attention to the above will be greatly appreciated.

Very truly yours,

DIVISION OF OIL, GAS, AND MINING

  
JANICE TABISH  
CLERK TYPIST

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

SUBMIT IN TRIPLICATE\*  
(On instructions on  
reverse side)

5. LEASE DESIGNATION AND SERIAL NO. <b>Private land</b>
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME <b>Goodridge Lease</b>
9. WELL NO. <b>2</b>
10. FIELD AND PRODUCTION WILDCAT <b>Mexican Hat</b> <del>XXXXXXXXXXXXXXXXXXXX</del>
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Sec 8 T 42 S R 19 E</b>
12. COUNTY OR PARISH <b>San Juan</b>
18. STATE <b>Utah</b>

**SUNDRY NOTICES AND REPORTS ON WELLS**

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

1. OIL WELL  GAS WELL  OTHER

2. NAME OF OPERATOR  
**Williams Ranches/ San Juan Minerals Exploration Company**

3. ADDRESS OF OPERATOR  
**Rt. 1 Box 52 Blythe, CA 92225**

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\* See also space 17 below.)  
At surface  
**1099.6' from W line and 842.2" from N line**

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
**4266.19 gr**

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

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

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

~~XXX~~ This well has not been drilled nor has work started.  
Intentions are to drill sometime in the future.

**RECEIVED**  
MAR 4 1980  
DIVISION OF OIL, GAS & MINING

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

SIGNED *[Signature]* TITLE *[Signature]* DATE *2/29/80*

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

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

5. LEASE DESIGNATION AND SERIAL NO.  
**Private Land**

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
**Goodridge Lease**

9. WELL NO.  
**2**

10. FIELD AND POOL, OR WILDCAT  
**Mexican Hat Field**

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
**Sec 8 T 42 S R 19 E**

12. COUNTY OR PARISH  
**San Juan**

13. STATE  
**UT**

**SUNDRY NOTICES AND REPORTS ON WELLS**

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

1. OIL WELL  GAS WELL  OTHER

2. NAME OF OPERATOR  
**? San Juan Minerals Exploration Company**

3. ADDRESS OF OPERATOR  
**Rt. 1Box 52 Blythe, CA 92225**

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\* See also space 17 below.)  
At surface  
**1099.6' from W line and 840.2' from N line**

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
**4266.19 gr**

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

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

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

**This well has not been drilled nor has work started.**

**Intentions are to drill sometime in the future.**

**RECEIVED**

**MAR 17 1980**

DIVISION OF  
OIL, GAS & MINING

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

SIGNED *Joe Johnson* TITLE *Bookkeeper* DATE *3/12/80*

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

SAN JUAN MINERALS EXPLORATION COMPANY

Route 1 Box 52

Blythe, CA 92225

**RECEIVED**  
MAR 20 1980

March 17, 1980

DIVISION OF  
OIL, GAS & MINING

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

Re: Well No. Nordeen #11; Well No. Nordeen #12; Goodridge #2;  
Nordeen #6; Goodridge #1-79

In response to your letters dated February 26, 1980; postmarked March 17; Sundry Notices and Reports on Wells have now been filed for each of the above wells. A monthly report will be filed for each month in the future.

I plan to drill each of the above wells in 1980. I realize considerable time has passed since the application was filed. In the past year, I have been busy transferring assignments, titles, etc. from Williams Ranches, Inc. to San Juan Minerals Exploration Company. This has involved a lot of paper work. After San Juan Minerals Exploration Company has obtained the necessary state-wide bond and insurance things should proceed more smoothly.

I realize we have tested your patience. I hope to perform better in the future.

Thank you.

Sincerely yours,

*Jack Williams*  
Jack Williams

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

<p><b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)</p>		<p>5. LEASE DESIGNATION AND SERIAL NO. <b>Private Land</b></p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME <b>Goodridge</b></p> <p>9. WELL NO. <b>2</b></p> <p>10. FIELD AND POOL, OR WILDCAT <b>Mexican Hat Field</b></p> <p>11. SEC., T., R., M., OR BLK. AND SUBVY OR AREA <b>Sec 8 T 42 S R 19 E</b></p> <p>12. COUNTY OR PARISH <b>San Juan</b></p> <p>13. STATE <b>UT</b></p>
<p>1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/></p>	<p>2. NAME OF OPERATOR <b>San Juan Minerals Exploration Company</b></p>	
<p>3. ADDRESS OF OPERATOR <b>Rt. 1 Box 52 Blythe, CA 92225</b></p>		<p>14. PERMIT NO.</p>
<p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <b>1099.6 g from W line and 840.2 from N line</b></p>		<p>15. ELEVATIONS (Show whether DF, RT, OR, etc.) <b>4266.19 gr</b></p>

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

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

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

This well has not been drilled nor has work started. Intentions are to drill sometime in the future.

RECEIVED

APR 10 1980

DIVISION OF  
OIL, GAS & MINING

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

SIGNED <u></u>	TITLE <u>Secretary</u>	DATE <u>4-7-80</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

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

SUBMIT TRIPLICATE\*  
(Other instructions on reverse side)

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> <small>(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)</small>		5. LEASE DESIGNATION AND SERIAL NO. <b>Private land</b>
1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR <b>San Juan Minerals Exploration Co.</b>		7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR <b>Rt. 1 Box 52 Blythe, CA 92225</b>		8. FARM OR LEASE NAME <b>Goodridge</b>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <b>1099.6' from W line and 840.2' from N line</b>		9. WELL NO. <b>2</b>
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT <b>Mexican Hat Field</b>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>4266.19 gr</b>		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Sec 8 T 42 S R 19 E</b>
		12. COUNTY OR PARISH    13. STATE <b>San Juan                      UT</b>

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

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

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

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 has not been drilled nor has work started.**

Intentions are to drill sometime in the future.

RECEIVED

MAY 12 1980

DIVISION OF  
OIL, GAS & MINING

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

SIGNED <i>Julie Job</i>	TITLE <b>Sec</b>	DATE <b>5-8-80 80</b>
(This space for Federal or State office use)		
APPROVED BY	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		

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

**SUNDRY NOTICES AND REPORTS ON WELLS**

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

<p>1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/></p> <p>2. NAME OF OPERATOR San Juan Minerals Exploration Co.</p> <p>3. ADDRESS OF OPERATOR Rt. 1 Box 52 Blythe, CA 92225</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1099.6' from W line and 840.2' from N line</p>		<p>5. LEASE DESIGNATION AND SERIAL NO. Private land</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME Goodridge Lease</p> <p>9. WELL NO. 2</p> <p>10. FIELD AND POOL, OR WILDCAT Mexican Hat</p> <p>11. SEC., T., R., M., OR B.L.K. AND SURVEY OR AREA Sec 8 T 42 S R 19 E</p>
<p>14. PERMIT NO.</p>	<p>15. ELEVATIONS (Show whether DF, RT, OR, etc.) 4266.19 gr</p>	<p>12. COUNTY OR PARISH San Juan</p> <p>13. STATE UT</p>

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

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

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

This well has not been drilled nor has work started.  
Intentions are to drill sometime in the future.

RECEIVED

JUN 5 1980

DIVISION OF OIL, GAS & MINING

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

SIGNED *Will Jones* TITLE Sec DATE 6-2-80

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

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

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		<b>5. LEASE DESIGNATION AND SERIAL NO.</b> <b>Private</b>
		<b>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</b>
<b>1. OIL WELL</b> <input checked="" type="checkbox"/> <b>GAS WELL</b> <input checked="" type="checkbox"/> <b>OTHER</b> <input type="checkbox"/>		<b>7. UNIT AGREEMENT NAME</b>
<b>2. NAME OF OPERATOR</b> San Juan Minerals Exploration Company		<b>8. FARM OR LEASE NAME</b> Goodridge
<b>3. ADDRESS OF OPERATOR</b> Rt. 1 Box 52 Blythe, CA 92225		<b>9. WELL NO.</b> 2
<b>4. LOCATION OF WELL</b> (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1099.6 from W line and 840.2' from N line		<b>10. FIELD AND POOL, OR WILDCAT</b> Mexican Hat
		<b>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA</b> Sec 8 T 42 S R 19 E
<b>14. PERMIT NO.</b>	<b>15. ELEVATIONS</b> (Show whether DF, RT, GR, etc.) 4266.19 gr	<b>12. COUNTY OR PARISH</b> San Juan <b>13. STATE</b> UT

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

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

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

This well has not been drilled nor has work started.  
Intentions are to drill sometime in the future.

**RECEIVED**  
JUL 03 1980

DIVISION OF  
OIL, GAS & MINING

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

SIGNED <u><i>[Signature]</i></u>	TITLE <u>Sec</u>	DATE <u>7-1-80</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

\*See Instructions on Reverse Side

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

**SUNDRY NOTICES AND REPORTS ON WELLS**

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

<p>1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR <b>San Juan Minerals Exploration Co.</b></p> <p>3. ADDRESS OF OPERATOR <b>Rt. 1 Box 52 Blythe, CA 92225</b></p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <b>1099.6 from W line and <del>340.2</del> 840.2 from N line</b></p>		<p>5. LEASE DESIGNATION AND SERIAL NO. <b>Private land</b></p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME <b>Goodridge lease</b></p> <p>9. WELL NO. <b>2</b></p> <p>10. FIELD AND POOL, OR WILDCAT <b>San Juan - Mexican Hat</b></p> <p>11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA <b>Sec 8 T 42 S R 19 E</b></p> <p>12. COUNTY OR PARISH <b>San Juan</b></p> <p>13. STATE <b>UT</b></p>
<p>14. PERMIT NO.</p>	<p>15. ELEVATIONS (Show whether DF, RT, OR, etc.) <b>4266.19 gr</b></p>	

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

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

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

This well has not been drilled nor has work started.  
  
Intentions are to drill sometime in the future.



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

SIGNED *Jill Johnson* TITLE Secretary DATE 8-4-80

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

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

**SUNDRY NOTICES AND REPORTS ON WELLS**

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

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. <b>Private land</b>	
2. NAME OF OPERATOR <b>San Juan Minerals Exploration Co.</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR <b>Rt. 1 Box 52 Blythe, CA 92225</b>		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <b>1099.6' from W line and 840.2' from N line</b>		8. FARM OR LEASE NAME <b>Goodridge</b>	
14. PERMIT NO.		9. WELL NO. <b>2</b>	
15. ELEVATIONS (Show whether DF, RT, OR, etc.) <b>4266.19 gr</b>		10. FIELD AND POOL, OR WILDCAT <b>San Juan - Mexican Hat</b>	
		11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA <b>Sec 8 T 42 S R 19 E</b>	
		12. COUNTY OR PARISH <b>San Juan</b>	13. STATE <b>UT</b>

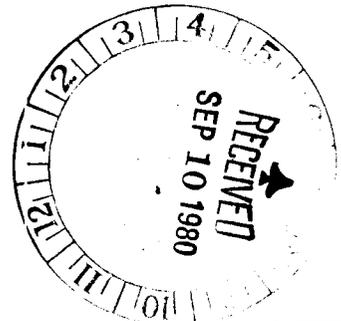
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

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

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

This well has not been drilled nor has work started.

Intentions are to drill sometime in the future.



18. I hereby certify that the foregoing is true and correct  
SIGNED *Bill Johnson* TITLE Sec DATE 9-5-80

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

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

**SUNDRY NOTICES AND REPORTS ON WELLS**

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

<p>1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR <b>San Juan Minerals Exploration Co.</b></p> <p>3. ADDRESS OF OPERATOR <b>Rt. 1 Box 52 Blythe, CA 92225</b></p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <b>1099.6' from W line and 840.2' from N line</b></p>		<p>5. LEASE DESIGNATION AND SERIAL NO. <b>Private</b></p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME <b>Goodridge</b></p> <p>9. WELL NO. <b>K 2</b></p> <p>10. FIELD AND POOL, OR WILDCAT <b>Mexican Hat Field</b></p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>42 S R 19 E Sec 8 T 2E</b></p> <p>12. COUNTY OR PARISH <b>San Juan</b></p> <p>13. STATE <b>UT</b></p>
<p>14. PERMIT NO.</p>	<p>15. ELEVATIONS (Show whether DF, RT, OR, etc.) <b>4266.19 gr</b></p>	

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

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

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

**This well has not been drilled nor has work started.**

**Intentions are to drill sometime in the future.**

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

SIGNED *Bill Joh* TITLE Secretary DATE 10-14-80

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

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  
**San Juan Minerals Exploration Co.**

3. ADDRESS OF OPERATOR  
**Rt. 1 Box 52 Blythe, CA 92225**

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
**1099.6' from W line and 8#0.2' from**  
AT SURFACE:  
AT TOP PROD. INTERVAL: **N line**  
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)	<input type="checkbox"/>		<input type="checkbox"/>

5. LEASE  
**private land**

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
**Goodridge**

9. WELL NO.  
**2**

10. FIELD OR WILDCAT NAME  
**Mexican Hat Field**

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
**Sec 8 T 42 S R 19 E**

12. COUNTY OR PARISH  
**San Juan**

13. STATE  
**UT**

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
**4266.19 gr**

(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 has not been drilled nor has work started, plans are to drill sometime in the future.**

**RECEIVED**  
NOV 10 1980

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ DIVISION OF OIL, GAS & MINING Set @ \_\_\_\_\_ Ft.

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

SIGNED *[Signature]* TITLE **Sec** DATE **11-6-80**

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

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

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

**SUNDRY NOTICES AND REPORTS ON WELLS**

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

<p>1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/></p> <p>2. NAME OF OPERATOR <b>San Juan Minerals Exploration Company</b></p> <p>3. ADDRESS OF OPERATOR <b>Rt. 1 Box 52 Blythe, CA 92226</b></p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  <b>1099.6' from W line and 840.2' from N line</b></p>		<p>5. LEASE DESIGNATION AND SERIAL NO. <b>Private land</b></p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME <b>Goodridge</b></p> <p>9. WELL NO. <b>2</b></p> <p>10. FIELD AND POOL, OR WILDCAT <b>San Juan - Mexican Hat</b></p> <p>11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA <b>Sec 8 T 42 S R 19 E</b></p>
<p>14. PERMIT NO.</p>	<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>4266.19 gr</b></p>	<p>12. COUNTY OR PARISH <b>San Juan</b></p> <p>13. STATE <b>UT</b></p>

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

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

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

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

This well has not been drilled. Intentions are to drill sometime in the future.

RECEIVED

DEC 03 1980

DIVISION OF  
OIL, GAS & MINING

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

SIGNED *Bill Johnson* TITLE Secretary DATE 12-3-80

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

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

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

5. LEASE DESIGNATION AND SERIAL NO.  
**private land**

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
**Goodridge**

9. WELL NO.  
**2**

10. FIELD AND POOL, OR WILDCAT  
**Mexican Hat**

11. SEC., T., R., M., OR B.L.K. AND SURVEY OR AREA  
**Sec 8 T 42 S R 19 E**

12. COUNTY OR PARISH  
**San Juan**

13. STATE  
**UT**

**SUNDRY NOTICES AND REPORTS ON WELLS**

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

1. OIL WELL  GAS WELL  OTHER

2. NAME OF OPERATOR  
**San Juan Minerals Exploration Co.**

3. ADDRESS OF OPERATOR  
**Rt. 1 Box 52 Blythe, CA 92225**

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\* See also space 17 below.)  
At surface  
**1099.6 from W line and 840.2' from  $\frac{1}{2}$  N line**

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
**4266.19 gr**

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

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

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

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 has not been drilled nor has work started. Intentions are to drill sometime in the future.

**RECEIVED**

JAN 12 1981

DIVISION OF  
OIL, GAS & MINING

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

SIGNED *Gene Johnson* TITLE Sec DATE 1-8-81

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

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

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

5. LEASE DESIGNATION AND SERIAL NO. <b>Private land</b>
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME <b>Goodridge</b>
9. WELL NO. <b>2</b>
10. FIELD AND POOL, OR WILDCAT <b>Mexican Hat</b>
11. SEC., T., R., N., OR S&E. AND SECT. OR AREA <b>Sec 8 T 42 S R 19 E</b>
12. COUNTY OR PARISH
13. STATE <b>San Juan UT</b>

**SUNDRY NOTICES AND REPORTS ON WELLS**

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

1. OIL WELL  GAS WELL  OTHER

2. NAME OF OPERATOR  
**San Juan Minerals Exploration Co.**

3. ADDRESS OF OPERATOR  
**Rt. 1 Box 52 Blythe, CA 92225**

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\* See also space 17 below.)  
At surface  
**1099.6 from W line and 840.2 from N line**

14. PERMIT NO.

15. ELEVATIONS (Show whether DP, RT, CR, etc.)  
**4266.19 gr**

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

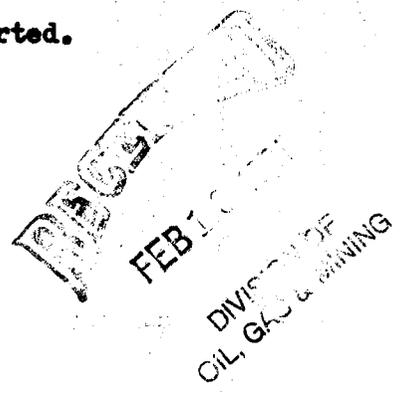
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	FULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>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

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

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.)\*

**s This well has not been drilled nor has work started.**

**Intentions are to drill sometime in the future.**



18. I hereby certify that the foregoing is true and correct  
SIGNED *Gene Johns* TITLE Secretary DATE 2-9-81

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

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

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

5. LEASE DESIGNATION AND SERIAL NO. <b>Private land</b>	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME <b>Goodridge lease</b>	
9. WELL NO. <b>2</b>	
10. FIELD AND POOL, OR WILDCAT <b>Mexican Hat</b>	
11. SEC., T., R., N., OR BLE. AND SURVEY OR AREA <b>Sec 8 T 42 S R 19 E</b>	
12. COUNTY OR PARISH <b>San Juan</b>	13. STATE <b>UT</b>

**SUNDRY NOTICES AND REPORTS ON WELLS**

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

1. OIL WELL  GAS WELL  OTHER

2. NAME OF OPERATOR  
**San Juan Minerals Exploration Company**

3. ADDRESS OF OPERATOR  
**Rt. 1 Box 52 Blythe, CA 92225**

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\* See also space 17 below.)  
At surface  
**1099.6' from W line and 840.2' from N line**

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
**4266.19 gr**

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

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

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

This well has not been drilled nor has work started. Intentions are to drill sometime in the future.

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

SIGNED *Neil Johnson* TITLE Secretary DATE 3-10-81

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

**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  
San Juan Minerals Exploration Co.

3. ADDRESS OF OPERATOR  
Rt. 1 Box 52 Blythe, CA 92225

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1099.6' from W line and 840.2' from  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH: N line

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

5. LEASE  
Private

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Goodridge lease

9. WELL NO.  
2

10. FIELD OR WILDCAT NAME  
Mexican Hat Field

11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA  
Sec 8 T 42 S R 19 E

12. COUNTY OR PARISH  
San Juan

13. STATE  
UT

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
4266.19

(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 has not been drilled nor has work started, intentions are to drill sometime in the future.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Bill Johnson TITLE Manager DATE April 8, 1981

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

**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  
San Juan Minerals Exploration Co.

3. ADDRESS OF OPERATOR  
Rt. 1 Box 52 Blythe, CA 92225

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1099/6' from W line and 840.2'  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH: from N line

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)	<input type="checkbox"/>		<input type="checkbox"/>

5. LEASE  
Private land

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Goodridge lease

9. WELL NO.  
2

10. FIELD OR WILDCAT NAME  
Mexican Hat Field

11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA  
Sec 8 T 42 S R 19 E

12. COUNTY OR PARISH  
San Juan

13. STATE  
UT

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
4266.19 gr

(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 has not been drilled nor has work started. Intentions are to drill sometime.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Gill Johnson TITLE Secretary DATE 5-13-81

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

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  
San Juan Minerals Exploration Co.

3. ADDRESS OF OPERATOR  
Rt. 1 Box 52 Blythe, CA 92225

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
1099.6 from W line and 840.2 from N  
AT SURFACE:  
AT TOP PROD. INTERVAL: line  
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) <input type="checkbox"/>	<input type="checkbox"/>

5. LEASE Private Land

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Goodridge Lease

9. WELL NO.  
2

10. FIELD OR WILDCAT NAME  
Mexican Hat

11. SEC., T., R., OR BLK. AND SURVEY OR AREA  
Sec 8 T 42 S R19 E

12. COUNTY OR PARISH  
San Juan

13. STATE  
UT

14. API NO.

15. ELEVATIONS (SHOW DF, KDB AND WD)  
r 4266/19

(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 has not been drilled, nor has work started.

DIVISION OF  
OIL, GAS & MINING

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Ft.

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

SIGNED [Signature] TITLE Secretary DATE 6-1-81

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

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  
San Juan Minerals Exploration Co.

3. ADDRESS OF OPERATOR  
Rt. 1 Box 52 Blythe, CA 92225

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1099.6 from W line and 840.2 from  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH: N line

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)	<input type="checkbox"/>		<input type="checkbox"/>

5. LEASE  
Private land

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Goodridge

9. WELL NO.  
2

10. FIELD OR WILDCAT NAME  
Mexican Hat

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec 8 T 42 S R 19 E SIM

12. COUNTY OR PARISH  
San Juan

13. STATE  
UT

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
4266/19 gr

(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 has not been drilled, intentions are to drill sometime in the future.

RECEIVED

JUL 16 1981

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 Full Johnson TITLE Secretary DATE XXX 7-2-81

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

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  
**San Juan Minerals Exploration Co.**

3. ADDRESS OF OPERATOR  
**Rt. 1 Box 52 Blythe, (CA 92225**

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: **1099.6 from W line and 840.2' from**  
AT TOP PROD. INTERVAL: **N line**  
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) _____	_____

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 has not been drilled nor has work started.  
Intentions are to drill sometime in the future.

**RECEIVED**

FEB 3 1981  
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 *Jill Johnson* TITLE Secretary DATE 8-1-81

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

**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  
San Juan Minerals Exploration

3. ADDRESS OF OPERATOR  
Rt. 1 Box 52 Blythe, CA 92225

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1099.6' from W line and 840.2'/  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH: from N line

5. LEASE

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Goodridge

9. WELL NO.  
2

10. FIELD OR WILDCAT NAME  
Mexican Hat

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec 8 T 42 S R 19 E SIM

12. COUNTY OR PARISH  
San Juan

13. STATE  
UT

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
4266.19 gr

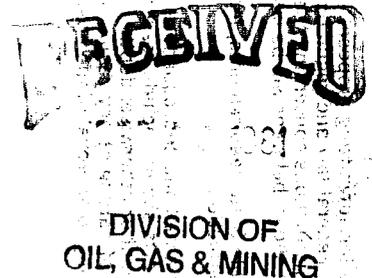
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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)	<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.)\*

This well has not been drilled, intentions are to drill sometime in the future.



Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Gene Johnson TITLE Secretary DATE 9-4-81

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

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

**SUNDRY NOTICES AND REPORTS ON WELLS**

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

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO.
2. NAME OF OPERATOR San Juan Minerals Exploration Co.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR Rt. 1 Box 52 Blythe, CA 92225		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1099.6' from W line and 840.2' from N line		8. FARM OR LEASE NAME Goodridge
14. PERMIT NO.		9. WELL NO. 2
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4265/19 gr		10. FIELD AND POOL, OR WILDCAT Mexican Hat Field
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 8 T 42 S R19 E SLM
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work).*		12. COUNTY OR PARISH San Juan
18. I hereby certify that the foregoing is true and correct		13. STATE UT

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

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

This well has not been drilled, plans are to drill sometime in the future.

**RECEIVED**

OCT 13 1981

DIVISION OF  
 OIL, GAS & MINING

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

SIGNED *Neil Johnson* TITLE Secretary DATE 10-6-81

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

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

PRINT IN TRIPPLICATE\*  
(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. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO.
2. NAME OF OPERATOR San Juan Minerals Exploration Co.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR Rt. 1 Box 52 Blythe, CA 92225		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1099.6' from W line and 840.2' from N line		8. FARM OR LEASE NAME Goodridge lease
14. PERMIT NO.		9. WELL NO. 2
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4266/19 gr		10. FIELD AND POOL, OR WILDCAT Mexican Hat
12. COUNTY OR PARISH San Juan		11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA Sec 8 T 42 S R 19 E
13. STATE UT		18. STATE

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

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

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting 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 has not been drilled nor has work started. Intentions are to drill sometime in the future.

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

SIGNED <u><i>Bill Jones</i></u>	TITLE <u>Secretary</u>	DATE <u>11-6-81</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

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  
San Juan Minerals Exploration Co.

3. ADDRESS OF OPERATOR  
Rt. 1 Box 52 Blythe, CA 92225

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1099.6' from W line and 840.2'  
AT TOP PROD. INTERVAL: from N line  
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)	<input type="checkbox"/>		<input type="checkbox"/>

5. LEASE  
Private land

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Goodridge lease

9. WELL NO.  
2

10. FIELD OR WILDCAT NAME  
Mexican Hat Field

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec 8 T 42 S R 19 E SIM

12. COUNTY OR PARISH  
San Juan

13. STATE  
UT

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
4266/19 gr

(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 has not been drilled, intentions are to drill sometime in the future.

RECEIVED  
DEC 08 1981

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 Bill Johnson TITLE Secretary DATE 12-1-81

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

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

SEE INSTRUCTIONS ON  
REVERSE SIDE

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> <small>(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)</small>		5. LEASE DESIGNATION AND SERIAL NO.
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR San Juan Minerals Exploration Co.		7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR Rt. 1 Box 52 Blythe, CA 92225		8. FARM OR LEASE NAME Goodridge
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1099.6 from W line and 840.2 from N line		9. WELL NO. 2
10. FIELD AND POOL, OR WILDCAT Mexican Hat		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 8 T 42 S R 19 E
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4266/19	12. COUNTY OR PARISH San Juan
		13. STATE UT

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

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

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

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 has not been drilled nor has work started. Intentions are to drill sometime in the future.

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

SIGNED <u><i>Jill Johnson</i></u>	TITLE <u>Secretary</u>	DATE <u>1-11-82</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

# SAN JUAN MINERALS EXPLORATION COMPANY

ROUTE 1, BOX 52

BLYTHE, CALIFORNIA 92225

January 11, 1982

**RECEIVED**  
FEB 16 1982

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

DIVISION OF  
OIL, GAS & MINING

Re: Letter of February 4, 1982

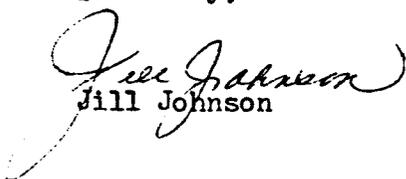
In response to your letter of February 4, we plan to drill at the locations at a later date.

Well No. Federal #31-2 )  
Well No. Federal #5-21 ) these two wells on BLM U 16584 are under appeal -  
lease has been terminated at this time.

Well No. Federal #32-1, 32-2, 32-3  
Well No. Federal #2, 4, 5  
Well No. Nordeen 80.8, 80.14, 80.15, 81.1  
Well No. Goodridge #80.16, 80.17

we intend to drill at these locations at a later date.

Sincerely,

  
Jill Johnson

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

**SUNDRY NOTICES AND REPORTS ON WELLS**

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

<b>1. OIL WELL</b> <input checked="" type="checkbox"/> <b>GAS WELL</b> <input type="checkbox"/> <b>OTHER</b> <input type="checkbox"/>		<b>5. LEASE DESIGNATION AND SERIAL NO.</b>
<b>2. NAME OF OPERATOR</b> San Juan Minerals Exploration Co.		<b>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</b>
<b>3. ADDRESS OF OPERATOR</b> Rt. 1 Box 52 Blythe, CA 92225		<b>7. UNIT AGREEMENT NAME</b>
<b>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)</b> At surface 1099.6 from W line and 840.2 from N line		<b>8. FARM OR LEASE NAME</b> Goodridge
<b>14. PERMIT NO.</b>		<b>9. WELL NO.</b> 2
<b>15. ELEVATIONS (Show whether DV, RT, GR, etc.)</b> 4266.19		<b>10. FIELD AND POOL, OR WILDCAT</b> Mexican Hat
		<b>11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA</b> Sec 8 T 42 S R 19 E
		<b>12. COUNTY OR PARISH</b> San Juan
		<b>13. STATE</b> UT

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

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

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

This well has not been drilled nor has work started. Intentions are to drill sometime in the future.

RECEIVED

FEB 11 1982

DIVISION OF  
OIL, GAS & MINING

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

SIGNED <u><i>[Signature]</i></u>	TITLE <u>Secretary</u>	DATE <u>EXX 2-10-82</u>
(This space for Federal or State office use)		
APPROVED BY <u><i>[Signature]</i></u>	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

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

SUBMIT IN TRIPPLICATE\*  
(Instructions on reverse side)

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b>		5. LEASE DESIGNATION AND SERIAL NO.
(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.)		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR San Juan Minerals Exploration Co.		8. FARM OR LEASE NAME Goodridge
3. ADDRESS OF OPERATOR Rt. 1 Box 52 Blythe, CA 92225		9. WELL NO. 2
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <del>1000</del> 1099.6' from W line and 840.2' from N line		10. FIELD AND POOL, OR WILDCAT Mexican Hat Field
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR ABBA Sec 8 T 42 S R 19 E
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 4266.19 gr		12. COUNTY OR PARISH San Juan
		13. STATE UT

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

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

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

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 has not been drilled nor has work started. Intentions are to drill sometime in the future.

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

SIGNED *John Johnson* TITLE ~~SECRETARY~~ Secretary DATE 3-12-82

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

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

**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. <b>OIL WELL</b> <input checked="" type="checkbox"/> <b>GAS WELL</b> <input type="checkbox"/> <b>OTHER</b> <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO.
2. NAME OF OPERATOR San Juan Minerals Exploration Co.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR Rt. 1 Boxc 52 Blythe, CA 92225		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1099.6 from W line and 840.2 from N line		8. FARM OR LEASE NAME Goodridge
14. PERMIT NO.		9. WELL NO. 2
15. ELEVATIONS (Show whether DV, RT, GR, etc.) 4266.19 gr		10. FIELD AND POOL, OR WILDCAT Meixcan Hat
		11. SEC., T., R., M., OR BLK. AND SURVEY OR ABBA Sec 8 T 42 S R 19 E
		12. COUNTY OR PARISH San Juan
		13. STATE UT

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

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

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This well has not been drilled, plans are to drill sometime in the future.

**RECEIVED**  
APR 19 1982

DIVISION OF  
OIL, GAS & MINING

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

SIGNED Julie Johnson TITLE Sec DATE 4-12-82

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

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

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO.																				
2. NAME OF OPERATOR <i>San Juan Minerals Exp Co</i>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME																				
3. ADDRESS OF OPERATOR <i>Ht Box 52 Blythe Ca 92225</i>		7. UNIT AGREEMENT NAME																				
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <i>1099.6 W line + 840' N line</i>		8. FARM OR LEASE NAME <i>Goodridge</i>																				
14. PERMIT NO.	15. ELEVATIONS (Show whether DV, ST, GR, etc.) <i>4266.19</i>	9. WELL NO. <i>2</i>																				
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		10. FIELD AND POOL, OR WILDCAT <i>Mexican Hat</i>																				
<table border="0"> <tr> <th colspan="2">NOTICE OF INTENTION TO:</th> <th colspan="2">SUBSEQUENT REPORT OF:</th> </tr> <tr> <td>TEST WATER SHUT-OFF <input type="checkbox"/></td> <td>FULL OR ALTER CASING <input type="checkbox"/></td> <td>WATER SHUT-OFF <input type="checkbox"/></td> <td>REPAIRING WELL <input type="checkbox"/></td> </tr> <tr> <td>FRACTURE TREAT <input type="checkbox"/></td> <td>MULTIPLE COMPLETE <input type="checkbox"/></td> <td>FRACTURE TREATMENT <input type="checkbox"/></td> <td>ALTERING CASING <input type="checkbox"/></td> </tr> <tr> <td>SHOOT OR ACIDIZE <input type="checkbox"/></td> <td>ABANDON* <input type="checkbox"/></td> <td>SHOOTING OR ACIDIZING <input type="checkbox"/></td> <td>ABANDONMENT* <input type="checkbox"/></td> </tr> <tr> <td>REPAIR WELL <input type="checkbox"/></td> <td>CHANGE PLANS <input type="checkbox"/></td> <td>(Other) <input type="checkbox"/></td> <td>(Other) <input type="checkbox"/></td> </tr> </table>		NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:		TEST WATER SHUT-OFF <input type="checkbox"/>	FULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>	FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>	SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>	REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>	11. SEC., T., R., M., OR B.L.E. AND SURVEY OR AREA <i>Sec 8 T42 R19E</i>
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:																				
TEST WATER SHUT-OFF <input type="checkbox"/>	FULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>																			
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>																			
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>																			
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17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*		12. COUNTY OR PARISH <i>San Juan</i>																				
		13. STATE <i>Ut</i>																				

*Intentions are to drill sometime in the future*

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

SIGNED *Joe Johnson* TITLE *Sec* DATE *5-14-82*

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

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

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

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> <small>(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)</small>		<b>5. LEASE DESIGNATION AND SERIAL NO.</b>
		<b>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</b>
<b>1. OIL WELL</b> <input checked="" type="checkbox"/> <b>GAS WELL</b> <input type="checkbox"/> <b>OTHER</b> <input type="checkbox"/>		<b>7. UNIT AGREEMENT NAME</b>
<b>2. NAME OF OPERATOR</b> San Juan Minerals Exploration Co.		<b>8. FARM OR LEASE NAME</b> Goodridge
<b>3. ADDRESS OF OPERATOR</b> Rt. 1 Box 52 Blythe, CA 92225		<b>9. WELL NO.</b> 2
<b>4. LOCATION OF WELL</b> (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  1099.6' from W line and 840.2' from N line		<b>10. FIELD AND POOL, OR WILDCAT</b> Mexican Hat
<b>14. PERMIT NO.</b>		<b>11. SEC., T., R., M., OR BLE. AND SUBVY OR ABBA</b> Sec 8 T 42 S R 19 E
<b>15. ELEVATIONS</b> (Show whether DF, RT, GR, etc.) 4266.19 gr		<b>12. COUNTY OR PARISH</b>   <b>13. STATE</b> San Juan   UT

**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"/>	
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**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 has not been drilled, plans are to drill sometime in the future.

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

SIGNED *Jill Johnson* TITLE Secretary DATE 6-5-82

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

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

PRINT IN TRIPLICATE\*  
(See instructions on reverse side)

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> <small>(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)</small>		<b>5. LEASE DESIGNATION AND SERIAL NO.</b>
		<b>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</b>
<b>1. OIL WELL</b> <input checked="" type="checkbox"/> <b>GAS WELL</b> <input type="checkbox"/> <b>OTHER</b> <input type="checkbox"/>		<b>7. UNIT AGREEMENT NAME</b>
<b>2. NAME OF OPERATOR</b> San Juan Minerals Exploration Co.		<b>8. FARM OR LEASE NAME</b> Goodridge
<b>3. ADDRESS OF OPERATOR</b> Rt. 1 Box 52 Blythe, CA 92225		<b>9. WELL NO.</b> 2
<b>4. LOCATION OF WELL</b> (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  1099.7 from W line and 840.2 from N line		<b>10. FIELD AND POOL, OR WILDCAT</b> Mexican Hat
		<b>11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA</b> Sec 8 T 42 S R 19 E
<b>14. PERMIT NO.</b>	<b>15. ELEVATIONS</b> (Show whether DF, RT, GR, etc.) 4266.19	<b>12. COUNTY OR PARISH</b> San Juan
		<b>13. STATE</b> UT

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FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
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This well has not been drilled, plans are to drill sometime in the future.

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

SIGNED *[Signature]* TITLE Sec DATE 7-15-82

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

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

SUBMITTED IN TRIPLICATE\*  
(See instructions on reverse side)

*[Handwritten signature]*

**SUNDRY NOTICES AND REPORTS ON WELLS**

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

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO.
2. NAME OF OPERATOR <b>San Juan Minerals Exploration Co.</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <b>Rt. 1 Box 52 Blythe, CA 92225</b>		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <b>1099.6 from W line and 840.2 from N line</b>		8. FARM OR LEASE NAME <b>Goodridge</b>
14. PERMIT NO.		9. WELL NO. <b>2</b>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>4266.19 gr</b>		10. FIELD AND POOL, OR WILDCAT <b>Mexican Hat Field</b>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Sec 8 T 42 S R 19 E</b>
		12. COUNTY OR PARISH <b>San Juan</b>
		13. STATE <b>UT</b>

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

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**This well has not been drilled, plans are to drill in the future.**

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

SIGNED *[Signature]* TITLE Secretary DATE 8-14-82

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

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

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

*Man*

**SUNDRY NOTICES AND REPORTS ON WELLS**

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

<p>1. <b>OIL WELL</b> <input checked="" type="checkbox"/> <b>GAS WELL</b> <input type="checkbox"/> <b>OTHER</b> <input type="checkbox"/></p> <p>2. <b>NAME OF OPERATOR</b> San Juan Minerals Exploration Co.</p> <p>3. <b>ADDRESS OF OPERATOR</b> Rt. 1 Box 52 Blythe, CA 92225</p> <p>4. <b>LOCATION OF WELL</b> (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  1099.6 from W line and 840.2 from N line</p>		<p>5. <b>LEASE DESIGNATION AND SERIAL NO.</b> private land</p> <p>6. <b>IF INDIAN, ALLOTTEE OR TRIBE NAME</b></p> <p>7. <b>UNIT AGREEMENT NAME</b></p> <p>8. <b>FARM OR LEASE NAME</b> Goodridge</p> <p>9. <b>WELL NO.</b> 2</p> <p>10. <b>FIELD AND POOL, OR WILDCAT</b> Mexican Hat Field</p> <p>11. <b>SEC., T., R., M., OR BLE. AND SURVEY OR AREA</b> Sec 8 T 42 s R 19 E</p>
<p>14. <b>PERMIT NO.</b></p>	<p>15. <b>ELEVATIONS</b> (Show whether DF, RT, GR, etc.) 4266.19 gr</p>	<p>12. <b>COUNTY OR PARISH</b> San Juan</p> <p>13. <b>STATE</b> UT</p>

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

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

(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.)\*

Plans are to drill this well in the future.

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

<p>SIGNED <u><i>Paul Johnson</i></u></p>	<p>TITLE <u>Secretary</u></p>	<p>DATE <u>9-10-82</u></p>
(This space for Federal or State office use)		
<p>APPROVED BY _____</p>	<p>TITLE _____</p>	<p>DATE _____</p>
<p>COMMENTS OF APPROVAL, IF ANY:</p>		

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

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)		5. LEASE DESIGNATION AND SERIAL NO.
1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR <b>San Juan Minerals Exploration Co.</b>		7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR <b>Rt. 1 Box 52 Blythe, CA 92225</b>		8. FARM OR LEASE NAME <b>Coodridge</b>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  <b>1099.6 from W line and 840.2 from N line</b>		9. WELL NO. <b>2</b>
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT <b>Mexican Hat</b>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>4266.19 RT</b>		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Sec 8 T 42 S R 19 E</b>
		12. COUNTY OR PARISH <b>San Juan</b>
		13. STATE <b>UT</b>

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

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

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

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 has not been drilled, plans are to drill sometime in the future.

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

SIGNED <i>Bill Johnson</i>	TITLE <b>Secretary</b>	DATE <b>10-11-82</b>
(This space for Federal or State office use)		
APPROVED BY	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		

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

**SUNDRY NOTICES AND REPORTS ON WELLS**

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

<b>1. OIL WELL</b> <input checked="" type="checkbox"/> <b>GAS WELL</b> <input type="checkbox"/> <b>OTHER</b> <input type="checkbox"/>		<b>5. LEASE DESIGNATION AND SERIAL NO.</b>	
<b>2. NAME OF OPERATOR</b> San Juan Minerals Exploration		<b>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</b>	
<b>3. ADDRESS OF OPERATOR</b> Rt 1 Box 52 Blythe, CA 92225		<b>7. UNIT AGREEMENT NAME</b>	
<b>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface</b>  1099.6' from W line and 840.2' from N line		<b>8. FARM OR LEASE NAME</b> Goodridge	
<b>14. PERMIT NO.</b>		<b>9. WELL NO.</b> 2	
<b>15. ELEVATIONS (Show whether DF, RT, GR, etc.)</b> 4266.19 gr		<b>10. FIELD AND POOL, OR WILDCAT</b> Mexican Hat	
		<b>11. SEC., T., R., M., OR BLE. AND SURVEY OR ABMA</b> Sec 8 T 42 S R 19 E	
		<b>12. COUNTY OR PARISH</b> San Juan	<b>13. STATE</b> UT

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

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

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

plans are to drill this well in the future

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

SIGNED *[Signature]* TITLE Secretary DATE 11-15-82

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

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

**SUNDRY NOTICES AND REPORTS ON WELLS**

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

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO.
2. NAME OF OPERATOR San Juan Minerals Exploration Co.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR Rt 1 Box 52 Blythe, CA 92225		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1099.6' from W line and 840.2' from N line		8. FARM OR LEASE NAME Goodridge
14. PERMIT NO.		9. WELL NO. 2
15. SLIGHTATIONS (Show whether DF, RT, GR, etc.) 4266.19 gr		10. FIELD AND POOL, OR WILDCAT Mexican Hat Field
		11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Sec 8 T 42 S R 19 E
		12. COUNTY OR PARISH San Juan
		13. STATE UT

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

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

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

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting 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 has not been drilled, plans are to drill sometime in the future,



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

SIGNED \_\_\_\_\_ TITLE Secretary DATE 12-8-82

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

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

**SUNDRY NOTICES AND REPORTS ON WELLS**

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

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO.
2. NAME OF OPERATOR San Juan Minerals Exploration Co.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR Rt. 1 Box 52 Blythe, CA 92225		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1099.6 from W line and 840.2 from N line		8. FARM OR LEASE NAME Goodridge
14. PERMIT NO.		9. WELL NO. 2
15. ELEVATIONS (Show whether DF, RT, OR, etc.) 4266.19 gr		10. FIELD AND POOL, OR WILDCAT
		11. SEC., T., R., M., OR B.L.K. AND SURVEY OR AREA Sec 8 T 42 S R 19E
		12. COUNTY OR PARISH San Juan
		13. STATE UT

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

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

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

Plans are to drill sometime in the future.



DIVISION OF

18. I hereby certify that the foregoing is true and correct.  
SIGNED Lee Johnson TITLE Secretary DATE 1-17-83

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

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

5. LEASE DESIGNATION AND SERIAL NO.

6. IS INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

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

12. COUNTY OR PARISH 13. STATE

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL  GAS WELL  OTHER

2. NAME OF OPERATOR  
*San Juan Minerals Exploration*

3. ADDRESS OF OPERATOR  
*Rt 11 Box 52 Blythe Ca*

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\* See also space 17 below.)  
At surface  
*1099.6' from W line + 840' from N line*

14. PERMIT NO.

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

*4266.19*

*Private*  
*Goodbridge*  
*2*  
*Mexican Hat*  
*Sec 8 T2S R19E*  
*San Juan Ut*

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON\*

SHOOTING OR ACIDIZING

ABANDONMENT\*

REPAIR WELL

CHANGE PLANS

(Other) \_\_\_\_\_

(Other)

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

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

*This well has not been drilled, plans are to start in the future*

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

SIGNED

*Joe Johnson*

TITLE

*Secretary*

DATE

*2/14/83*

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

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

SMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

<p align="center"><b>SUNDRY NOTICES AND REPORTS ON WELLS</b></p> <p align="center">(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT--" for such proposals.)</p>		5. LEASE DESIGNATION AND SERIAL NO. private land	
		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR San Juan Minerals Exploration Co.		8. FARM OR LEASE NAME Goodridge lease	
3. ADDRESS OF OPERATOR Rt. 1 Box 52 Blythe, CA 92225		9. WELL NO. 2	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  1099.6 <del>feet</del> from W line and 840.2 from N line		10. FIELD AND POOL, OR WILDCAT Mexican Hat	
14. PERMIT NO.		15. ELEVATIONS (Show whether OF, RT, GR, etc.) 4266.19 gr	
		12. COUNTY OR PARISH San Juan	13. STATE UT

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

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

This well has not been drilled; plans are to drill sometime in the future.

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

SIGNED Joe Johnson TITLE Sec DATE 3-17-83

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

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

**SUNDRY NOTICES AND REPORTS ON WELLS**

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

1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO.																				
2. NAME OF OPERATOR San Juan Minerals Exploration Co.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME																				
3. ADDRESS OF OPERATOR Rt. 1 Box 52 Blythe, CA 92225		7. UNIT AGREEMENT NAME																				
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1000.7' from W line and 840.2 from Nline		8. FARM OR LEASE NAME Goodridge																				
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, CR, etc.) 4266.19 gr	9. WELL NO. 2																				
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		10. FIELD AND POOL, OR WILDCAT Mexican Hat																				
<table border="0"> <tr> <td colspan="2">NOTICE OF INTENTION TO:</td> <td colspan="2">SUBSEQUENT REPORT OF:</td> </tr> <tr> <td>TEST WATER SHUT-OFF <input type="checkbox"/></td> <td>PULL OR ALTER CASING <input type="checkbox"/></td> <td>WATER SHUT-OFF <input type="checkbox"/></td> <td>REPAIRING WELL <input type="checkbox"/></td> </tr> <tr> <td>FRACTURE TREAT <input type="checkbox"/></td> <td>MULTIPLE COMPLETE <input type="checkbox"/></td> <td>FRACTURE TREATMENT <input type="checkbox"/></td> <td>ALTERING CASING <input type="checkbox"/></td> </tr> <tr> <td>SHOOT OR ACIDIZE <input type="checkbox"/></td> <td>ABANDON* <input type="checkbox"/></td> <td>SHOOTING OR ACIDIZING <input type="checkbox"/></td> <td>ABANDONMENT* <input type="checkbox"/></td> </tr> <tr> <td>REPAIR WELL <input type="checkbox"/></td> <td>CHANGE PLANS <input type="checkbox"/></td> <td>(Other) <input type="checkbox"/></td> <td></td> </tr> </table>		NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:		TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>	FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>	SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>	REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>		11. SEC., T., E., M., OR BLE. AND SUBVY OR AREA Sec 9 T 42 S R 19 E
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"/>																				
		12. COUNTY OR PARISH San Juan																				
		13. STATE UT																				

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.)  
Plans are to drill this well sometime in the future.

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

SIGNED *Will Johnson* TITLE Secretary DATE 4-12-83

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

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

SUBMIT IN TRIPlicate\*  
(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.)

OIL WELL  GAS WELL  OTHER

NAME OF OPERATOR  
San Juan Minerals Exploration Co.

ADDRESS OF OPERATOR  
Rt. 1 Box 52 Blythe, CA 92225

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

1000.0' from W line and 840.2' from N line

5. LEASE DESIGNATION AND SERIAL NO.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Goodwin

9. WELL NO.  
2

10. FIELD AND POOL, OR WILDCAT  
Mexico Hill

11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA  
S-4-2-2-1-20-E

12. COUNTY OR PARISH  
San Juan

13. STATE  
UT

6. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
4266.24 gr

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

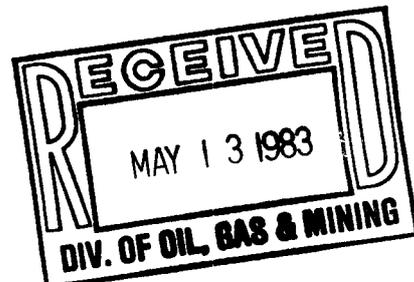
ALTERING CASING

ABANDONMENT\*

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

7. 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.)

Plans are to drill this well sometime in the future.



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

SIGNED Bill Johnson

TITLE Secretary

DATE 5-9-83

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

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

SECRET IN TRIPLICATE\*  
(See instructions on reverse side)

2

7

**SUNDRY NOTICES AND REPORTS ON WELLS**

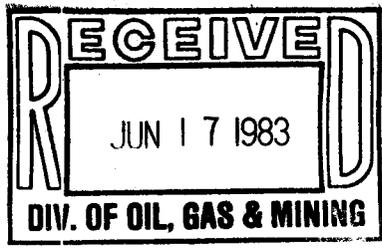
(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO.
2. NAME OF OPERATOR San Juan Minerals Exploration Co.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 52 Blythe, CA 92225		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2000 ft. from W line and 840.2 from N line		8. FARM OR LEASE NAME Goodridge
14. PERMIT NO.		9. WELL NO. 2
15. ELEVATIONS (Show whether OP, RT, GR, etc.) 4266.19 gr		10. FIELD AND POOL, OR WILDCAT Mexican Hat
		11. SEC., T., R., M., OR BLE. AND SUBST. OR ABBA Sec 8 T 42 S R 19 E
		12. COUNTY OR PARISH San Juan
		13. STATE UT

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 COMPLETS <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>
(Other) <input type="checkbox"/>		(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.)  
Plans are to drill this well sometime in the future.



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

SIGNED *Julie Johnson* TITLE Secretary DATE 6-13-83

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

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

PRINT IN TRIPLICATE\*  
(Other instructions on reverse side)

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO.
2. NAME OF OPERATOR <i>San Juan Minerals Expl. Co</i>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <i>Rt 1 Box 52 Blythe Ca 92225</i>		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <i>10997' from W line &amp; 840' from N line</i>		8. FARM OR LEASE NAME <i>Goodridge</i>
14. PERMIT NO.		9. WELL NO. <i>2</i>
15. ELEVATIONS (Show whether OF, RT, GR, etc.) <i>4266.19 gr</i>		10. FIELD AND POOL, OR WILDCAT
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA <i>Sec 8 T 4 R 19 E</i>
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)		12. COUNTY OR PARISH 13. STATE <i>UT</i>

NOTICE OF INTENTION TO:

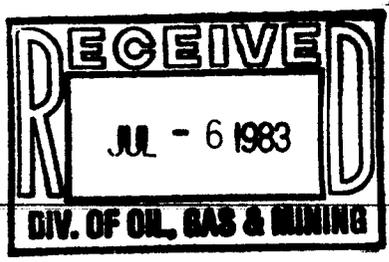
TEST WATER SHUT-OFF <input type="checkbox"/>	FULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS 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

SUBSEQUENT REPORT OF:

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

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

*Plans are to drill this well sometime in the future.*



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

SIGNED *[Signature]* TITLE *Sec* DATE *7-1-83*

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CORDIAL US OF APPROVAL, IF ANY:

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

FILE 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

2. NAME OF OPERATOR  
*San Juan Minerals Expl. Co*

3. ADDRESS OF OPERATOR  
*RR 1 Box 52 Blythe Ca 92225*

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)  
At surface  
*10997 from W line & 840' from N line*

5. LEASE DESIGNATION AND SERIAL NO.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
*Goodridge*

9. WELL NO.  
*2*

10. FIELD AND POOL, OR WILDCAT  
*Mexican Hat*

11. SEC., T., R., W., OR BLK. AND SURVEY OR AREA  
*Sec 8 T42S R9E*

12. COUNTY OR PARISH 13. STATE  
*San Juan Ut*

14. PERMIT NO.

15. ELEVATIONS (Show whether OF, RT, GR, etc.)  
*4266' 19 gr*

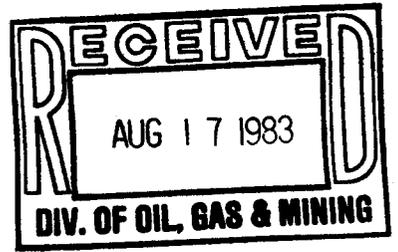
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

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

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

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

*Plans are to drill sometime in the future.*



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

SIGNED *[Signature]* TITLE \_\_\_\_\_ DATE *8/14/83*

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

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

SUBMIT IN TRIPlicate  
(Other instructions on reverse side)

**SUNDRY NOTICES AND REPORTS ON WELLS**

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

1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL
2. NAME OF OPERATOR San Juan Minerals Exploration Co.		6. IF INDIAN, ALLOTTEE OR TRIBE
3. ADDRESS OF OPERATOR Rt. 1 Box 52 Blythe, CA 92225		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1099.7' from W line and 840.2' from N line		8. FARM OR LEASE NAME Goodridge
14. PERMIT NO.	15. ELEVATIONS (Show whether OF, RT, GR, etc.) 4266.19 gr	9. WELL NO. 2
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		10. FIELD AND POOL, OR WILDCAT Mexican Hat
		11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA Sec *8 T 42 S R19e
		12. COUNTY OR PARISH 13. STATE San Juan UT

NOTICE OF INTENTION TO:

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

SUBSEQUENT REPORT OF:

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

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)  
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

Plans are to drill this well sometime in the future.

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

SIGNED *[Signature]* TITLE Sec DATE 9-14-83

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
 OFFICIALS OF APPROVAL, IF ANY:

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

3  
SUBMITTED IN TRIPLICATE  
(See instructions on reverse side)

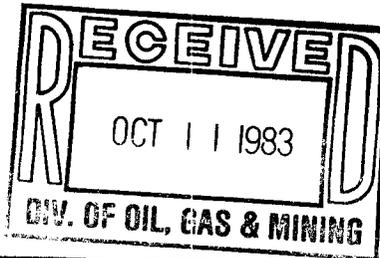
SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO.																				
2. NAME OF OPERATOR <i>SAN Juan Minerals Expl. Co</i>		6. IF INDIAN, ALLOTTED OR TRIBE NAME																				
3. ADDRESS OF OPERATOR <i>RT 1 Box 52 Blythe CA 92225</i>		7. UNIT AGREEMENT NAME																				
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface: <i>1099 1/2 from W line + 840' from N line NW NW</i>		8. FARM OR LEASE NAME <i>Goodridge</i>																				
14. PERMIT NO.	15. ELEVATIONS (Show whether OF, RT, GR, etc.) <i>4266.19 gr</i>	9. WELL NO. <i>2</i>																				
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		10. FIELD AND POOL, OR WILDCAT <i>Mexican Hat</i>																				
<table border="0"> <tr> <td colspan="2">NOTICE OF INTENTION TO:</td> <td colspan="2">SUBSEQUENT REPORT OF:</td> </tr> <tr> <td>TEST WATER SHUT-OFF <input type="checkbox"/></td> <td>PULL OR ALTER CASING <input type="checkbox"/></td> <td>WATER SHUT-OFF <input type="checkbox"/></td> <td>REPAIRING WELL <input type="checkbox"/></td> </tr> <tr> <td>FRACTURE TREAT <input type="checkbox"/></td> <td>MULTIPLE COMPLETE <input type="checkbox"/></td> <td>FRACTURE TREATMENT <input type="checkbox"/></td> <td>ALTERING CASING <input type="checkbox"/></td> </tr> <tr> <td>SHOOT OR ACIDIZE <input type="checkbox"/></td> <td>ABANDON* <input type="checkbox"/></td> <td>SHOOTING OR ACIDIZING <input type="checkbox"/></td> <td>ABANDONMENT* <input type="checkbox"/></td> </tr> <tr> <td>REPAIR WELL <input type="checkbox"/></td> <td>CHANGE PLANS <input type="checkbox"/></td> <td>(Other) <input type="checkbox"/></td> <td>(Other) <input type="checkbox"/></td> </tr> </table>		NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:		TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>	FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>	SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>	REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>	11. SEC., T., S., M., OR BLK. AND SURVEY OR AREA <i>Sec 8 T42S R19E</i>
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:																				
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>																			
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>																			
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>																			
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>																			
		12. COUNTY OR PARISH   13. STATE <i>SAN Juan   UT</i>																				

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.)\*

*Plans are to drill this well in the future*



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

SIGNED *Lee Johns* TITLE *Sec* DATE *10-5-83*

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:



STATE OF UTAH  
NATURAL RESOURCES  
Oil, Gas & Mining

Scott M. Matheson, Governor  
Temple A. Reynolds, Executive Director  
Dr. G. A. (Jim) Shirazi, Division Director

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

October 18, 1983

San Juan Minerals Exploration Company  
Rt # 1, Box # 52  
Blythe, California 92225  
Att: Jill Johnson

Re: See attached list of wells

Dear Ms. Johnson:

Due to excessive time delay in commencing drilling operations approval to drill the subject wells are hereby rescinded effective one calendar month from the date of this notice.

A new Application for Permit to Drill must be filed with this office for approval, prior to future drilling of the subject locations.

Respectfully,

DIVISION OF OIL, GAS AND MINING

A handwritten signature in black ink, appearing to read 'Norman C. Stout'.

Norman C. Stout  
Administrative Assistant

NCS/cf

Well No. Nordeen # 12  
615' FSL, 1068' FWL  
SW SW, Sec. 5, T. 42S, R. 19E.  
San Juan County, Utah

Well No. Nordeen # 80.8  
936' FSL, 1225' FWL  
SW SW, Sec. 5, T. 42S, R. 19E.  
San Juan County, Utah

Well No. Nordeen # 80.9  
1018' FSL, 1500' FWL  
SW NW, Sec. 5, T. 42S, R. 19E.  
San Juan County, Utah

Well No. Nordeen # 80.10  
1216' FSL, 1634' FWL  
SE SW, Sec. 5, T. 42S, R. 19E.  
San Juan County, Utah

Well No. Nordeen # 80.11  
1456' FSL, 1789' FWL  
NE SW, Sec. 5, T. 42S, R. 19E.  
San Juan County, Utah

Well No. Nordeen # 80.12  
1055' FSL, 1945' FWL  
SE SW, Sec. 5, T. 42S, R. 19E.  
San Juan County, Utah

Well No. Nordeen # 80.14  
495' FSL, 1680' FWL  
SE SW, Sec. 5, T. 42S, R. 19E.  
San Juan County, Utah

Well No. Nordeen # 80.15  
194' FSL, 1581' FWL  
SE SW, Sec. 5, T. 42S, R. 19E.  
San Juan County, Utah

Well No. Nordeen # 81.1  
1638' FSL, 1917' FWL  
NE SW, Sec. 5, T. 42S, R. 19E.  
San Juan County, Utah

Well No. Goodridge # 80.16  
159' FNL, 1430' FWL  
NE NW, Sec. 8, T. 42S, R. 19E.  
San Juan County, Utah

Well No. Goodridge # 80.17  
442' FNL, 1365' FWL  
NE NW, Sec. 8, T. 42S, R. 19E.  
San Juan County, Utah

Well No. Goodridge # 2  
840' FNL, 1099' FWL  
NW NW, Sec. 8, T. 42S, R. 19E.  
San Juan County, Utah

Well No. Goodridge # 71  
919' FNL, 294' FWL  
NW NW, Sec. 8, T. 42S, R. 19E.  
San Juan County, Utah

Well No. Goodridge # 72  
893' FNL, 655' FWL  
NW NW, Sec. 8, T. 42S, R. 19E.  
San Juan County, Utah