

UTAH OIL AND GAS CONSERVATION COMMISSION

REMARKS: WELL LOG \_\_\_\_\_ ELECTRIC LOGS \_\_\_\_\_ FILE  WATER SANDS \_\_\_\_\_ LOCATION INSPECTED \_\_\_\_\_ SUB. REPORT/abd. \_\_\_\_\_

DATE FILED **12-21-79**

LAND: FEE & PATENTED  STATE LEASE NO \_\_\_\_\_ PUBLIC LEASE NO \_\_\_\_\_ INDIAN \_\_\_\_\_

DRILLING APPROVED: **12-26-79**

SPOUDED IN: \_\_\_\_\_  
 COMPLETED: \_\_\_\_\_ PUT TO PRODUCING \_\_\_\_\_

INITIAL PRODUCTION: \_\_\_\_\_

GRAVITY API \_\_\_\_\_

GOR \_\_\_\_\_

PRODUCING ZONES \_\_\_\_\_

TOTAL DEPTH \_\_\_\_\_

WELL ELEVATION: \_\_\_\_\_

DATE ABANDONED: **11-18-83 LA Well never drilled** *See Cordex below for new API*

FIELD: **~~3/16 Undesignated~~ Mexican Hat 3-86**

UNIT: \_\_\_\_\_

COUNTY: **San Juan**

WELL NO. **Goodridge 71** API #**43-037-30523**

LOCATION **919'** FT. FROM (N)  LINE. **294'** FT. FROM (E)  (W) LINE. **NW NW** 1/4 - 1/4 SEC. **8**

TWP.	RGE	SEC.	OPERATOR	TWP.	RGE	SEC.	OPERATOR
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<b>42S</b>	<b>19E</b>	<b>8</b>	<b>SAN JUAN MINERALS EXPLOR</b>				
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STATE OF UTAH  
DEPARTMENT OF NATURAL RESOURCES  
DIVISION OF OIL, GAS, AND MINING

SUBMIT IN ~~TWO~~ **TRIPPLICATE\***  
(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

b. Type of Well

Oil Well

Gas Well

Other

Single Zone

Multiple Zone

8. Farm or Lease Name

**Goodridge**

2. Name of Operator

**Williams Ranches, Inc.**

9. Well No.

**71**

3. Address of Operator

**Rt. 1 Box 52 Blythe, CA 92225**

10. Field and Pool or Wellcat  
**San Juan - ~~Mexican Hat~~ <sup>undesignated</sup>**

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

At surface

**919' from the N line and 294' from the W line**

At proposed prod. zone

**same**

**NW NW**

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

**Sec 8 T42S R 19E East SIM**

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

**3 miles from Mexican Hat, UT**

12. County or Parrish 13. State

**San Juan Utah**

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

**919'**

16. No. of acres in lease

**285**

17. No. of acres assigned to this well

**2 1/2 acres**

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

**250' or more  
1000'**

19. Proposed depth

**450'**

20. Rotary or cable tools

**Rotary**

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

**4185 gr**

22. Approx. date work will start\*

**January 1, 1980**

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 sx

Propose to drill and test **Goodridge sandstone.**

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

Surveyor's plat or proposed well attached.

**RECEIVED**

DEC 21 1979

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present 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.

DIVISION OF  
OIL, GAS & MINING

24. Signed Jack Williams Title President Date 12-17-79

(This space for Federal or State office use)

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

Approved by ..... Title ..... Date .....

Conditions of approval, if any:

COMPANY WILLIAMS RANCHES

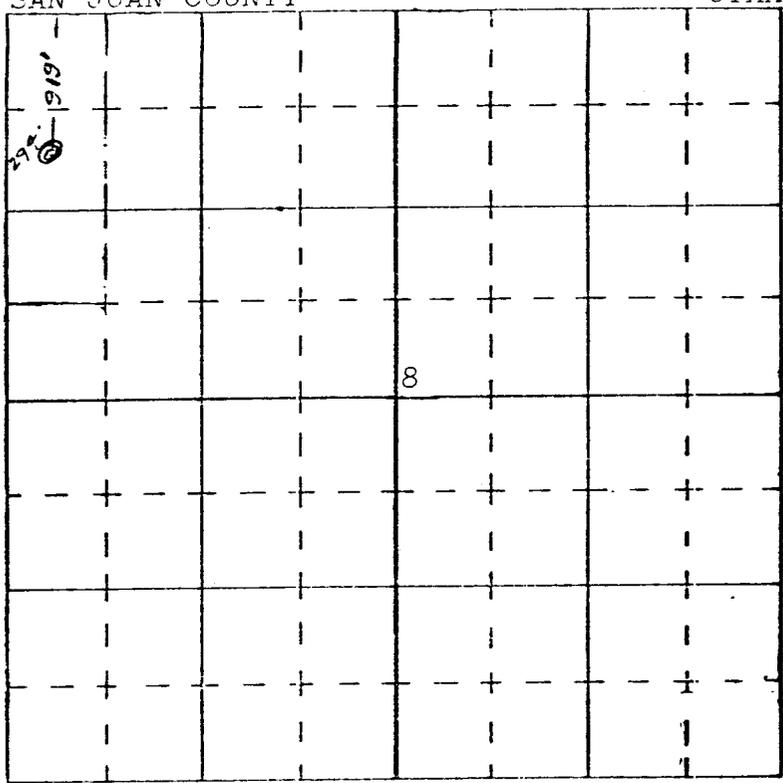
LEASE Goodridge WELL NO. 71

SEC. 8 T 42 SOUTH R 19 EAST S.L.M.

LOCATION 919 FEET FROM THE NORTH LINE AND  
224 FEET FROM THE WEST LINE

ELEVATION 4185 UNGRADED GROUND

SAN JUAN COUNTY UTAH



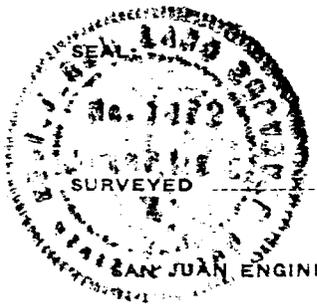
SCALE—4 INCHES EQUALS 1 MILE

THIS IS TO CERTIFY THAT THE ABOVE PLAT WAS PREPARED FROM FIELD NOTE OF ACTUAL SURVEYS MADE BY ME UNDER MY SUPERVISION AND THAT THE SAME ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

*James P. Leese*  
Registered Land Surveyor.

James P. Leese  
Utah Reg. 1472

December 4, 1979



\*\* FILE NOTATIONS \*\*

DATE: 12/26/79

OPERATOR: ~~Williams Runnels~~ San Juan Minerals

WELL No. Goodridge

LOCATION: SEC. 8 T. 42S R. 19E COUNTY San Juan

FILE PREPARED: \_\_\_\_\_

ENTERED ON NID: \_\_\_\_\_

CARD INDEXED: \_\_\_\_\_

COMPLETION SHEET: \_\_\_\_\_

API NUMBER: 43-037-30523

CHECKED BY:

GEOLOGICAL ENGINEER: \_\_\_\_\_

PETROLEUM ENGINEER: OK as per order in case 154-1 dtd 25 Sept 74

DIRECTOR: \_\_\_\_\_

APPROVAL LETTER:

BOND REQUIRED: \_\_\_\_\_ SURVEY PLAT REQUIRED: \_\_\_\_\_

ORDER No. 156-1 Sept 25 74 O.K. RULE C-3 \_\_\_\_\_

RULE C-3(c), TOPOGRAPHIC EXCEPTION/COMPANY OWNS OR CONTROLS ACREAGE  
WITHIN A 660' RADIUS OF PROPOSED SITE \_\_\_\_\_

LEASE DESIGNATION Fee PLOTTED ON MAP

APPROVAL LETTER WRITTEN \_\_\_\_\_

PI

December 26, 1979

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

Insofar as this office is concerned, approval to drill Wells No. Goodridge 71, 72, 74 & 75 located in Sec. 8, T. 42 S., R. 19 E., San Juan County, Utah, is hereby granted in accordance with the Order issued in Cause No. 156-1 dated September 25, 1974.

Should you determine that it will be necessary to plug and abandon these wells, you are hereby requested to immediately notify one of the following:

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

CLEON B. FEIGHT  
Director  
Office: 533-5771  
Home: 466-4455

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 numbers assigned to these wells are:

Goodridge 71 - 43-037-30523  
Goodridge 72 - 43-037-30524  
Goodridge 74 - 43-037-30526  
Goodridge 75 - 43-037-30527

Well No. Goodridge 73 cannot be approved at this time because it would not fit the spacing pattern established by the Order in Cause No. 156-1 should Wells No. 71, 72, 74 or 75 be completed as producing wells. Said pattern requires 330' between producible wells.

Sincerely,

DIVISION OF OIL, GAS, AND MINING

Michael T. Minder  
Geological Engineer

MTM/pj6  
cc:

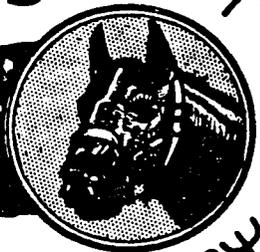
24

24

# WILLIAMS RANCHES

## Jack Williams

ROUTE 1, BOX 52 • BLYTHE, CALIF.



Phone 922-2222 and 922-4422

ON THE COLORADO RIVER

• CATTLE • CITRUS • ALFALFA • RUNNING HORSES •

24

January 25, 1980

RECEIVED

JAN 28 1980

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

DIVISION OF  
OIL, GAS & MINING

Re: Blanket Bond -

In response to your telephone request for wells covered under San Juan Minerals Exploration Company/s blanket bonds:

- Nordeen #11 - 615' from S line and 409' from W line  
Sec 5 T 42 S R 19 E San Juan County
- Goodridge #75 - 542' from N line and 642' from W line  
Sec. 8 T 42 S R 19 E San Juan County
- Goodridge #74 - 580' from N line and 267' from W line  
Sec 8 T 42 S R 19 E SIM San Juan County
- Goodridge #73 - 726' from N line and 474' from W line  
Sec 8 T 42 S R 19 E San Juan County
- Goodridge #71 - 919' from N line and 294' from W line  
Sec 8 T 42 S R 19 E San Juan County
- Goodridge #72 - 893' from N line and 655' from W line  
Sec 8 T 42 S R 19 E San Juan County
- U-23761 #2 - 718' from N line and 419' from W line  
Sec 4 T 42 S R 19 E San Juan County
- U-23761 # 3 - 817' from N line and 338' from W line  
Sec. 4 T 42 S R 19 E San Juan County
- U-23761 # 4 - 533' from N line and 236' from W line  
Sec. 4 T 42 S R 19 E San Juan County
- U-23761 # 5 - 365' from N line and 93' from W line  
Sec. 4, T 42 S R 19 E San Juan County
- U-23761 #1 - 898' from N line and 670' from W line

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

SUBMIT IN TRIPPLICATE\*  
(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>		<p>5. LEASE DESIGNATION AND SERIAL NO. <b>Private land</b></p>
<p>1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/></p>		<p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p>
<p>2. NAME OF OPERATOR <b>San Juan Minerals Exploration Company</b></p>		<p>7. UNIT AGREEMENT NAME</p>
<p>3. ADDRESS OF OPERATOR <b>Rt. 1 Box 52 Blythe, CA 92225</b></p>		<p>8. FARM OR LEASE NAME <b>Goodridge</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>919; from the N line and 294° from W line</b></p>		<p>9. WELL NO. <b>71</b></p>
<p>14. PERMIT NO. <b>43 037 30523</b></p>		<p>10. FIELD AND POOL, OR WILDCAT <b>Mexican Hat Field</b></p>
<p>15. ELEVATIONS (Show whether DF, RT, OR, etc.) <b>4185 gr</b></p>		<p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Sec 8 T 42 S R 19 E S1M</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:	
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 at this time.**

**Plans are to drill sometime this year.**

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

SIGNED [Signature] TITLE Secretary DATE April 9, 1980

(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.)

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>																				
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3. ADDRESS OF OPERATOR <b>Rt. 1 Box 52 Blythe, CA 92225</b>		7. UNIT AGREEMENT NAME																				
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<table border="0"> <tr> <th colspan="2">NOTICE OF INTENTION TO:</th> <th colspan="2">SUBSEQUENT REPORT OF:</th> </tr> <tr> <td>TEST WATER SHUT-OFF <input type="checkbox"/></td> <td>PULL OR ALTER CASING <input type="checkbox"/></td> <td>WATER SHUT-OFF <input type="checkbox"/></td> <td>REPAIRING WELL <input type="checkbox"/></td> </tr> <tr> <td>FRACTURE TREAT <input type="checkbox"/></td> <td>MULTIPLE COMPLETE <input type="checkbox"/></td> <td>FRACTURE TREATMENT <input type="checkbox"/></td> <td>ALTERING CASING <input type="checkbox"/></td> </tr> <tr> <td>SHOOT OR ACIDIZE <input type="checkbox"/></td> <td>ABANDON* <input type="checkbox"/></td> <td>SHOOTING OR ACIDIZING <input type="checkbox"/></td> <td>ABANDONMENT* <input type="checkbox"/></td> </tr> <tr> <td>REPAIR WELL <input type="checkbox"/></td> <td>CHANGE PLANS <input 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., R., M., OR BLE. AND SURVEY OR AREA <b>Sec 8 T 42 S R 19 E SLM</b>
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(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 at this time.**

**Plans are to drill sometime this ~~year~~ year.**

**RECEIVED**  
MAY 12 1980  
DIVISION OF  
OIL, GAS & MINING

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

SIGNED [Signature] TITLE Secretary DATE 5-8-80

(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. 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 <del>W</del> 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 919' from N line and 294' from W 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</p> <p>9. WELL NO. 71</p> <p>10. FIELD AND POOL, OR WILDCAT Mexican Hat</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 8 T 42 S R 19 E</p>
<p>14. PERMIT NO. 43 037 <del>30524</del> 30523</p>	<p>15. ELEVATIONS (Show whether DF, RT, OR, etc.) 4185 gr</p>	<p>12. COUNTY OR PARISH San Juan</p> <p>13. STATE UT</p>

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REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	(Other) _____
(Other) _____	<input checked="" type="checkbox"/>	(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

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This well has not been drilled at this time. Plans are to drill this year.

**RECEIVED**

JUN 5 1980

DIVISION OF OIL, GAS & MINING

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

SIGNED *Julie J. Ok* 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

**SUNDRY NOTICES AND REPORTS ON WELLS**

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<p>14. PERMIT NO. <b>43 037 <del>INDEX</del> # 30523</b></p>	<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>4185 gr</b></p>	<p>12. COUNTY OR PARISH <b>San Juan</b></p> <p>13. STATE <b>UT</b></p>

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TEST WATER SHUT-OFF <input type="checkbox"/>	FULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
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**This well has not been drilled at this time.**

**Plans are to drill sometime this year.**

**RECORDED**  
JUL 03 1980

DIVISION OF  
OIL, GAS & MINING

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

SIGNED <u><i>Bill Johnson</i></u>	TITLE <u>Secretary</u>	DATE <u>7-1-80</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

SUNDRY NOTICES AND REPORTS ON WELLS

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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.) <b>At surface</b> <b>919' from N line and 294' from W line</b>		8. FARM OR LEASE NAME <b>Goodridge</b>
14. PERMIT NO. <b>43 037 30523</b>	15. ELEVATIONS (Show whether DF, RT, OR, etc.) <b>4185 gr</b>	9. WELL NO. <b>71</b>
		10. FIELD AND POOL, OR WILDCAT <b>San Juan - Mexican Hat</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"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input checked="" type="checkbox"/>	(Other) _____	

(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 at this time.

Plans are to drill sometime this year.

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

5. LEASE DESIGNATION AND SERIAL NO.

Private land

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

**SUNDRY NOTICES AND REPORTS ON WELLS**

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

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Goodridge

9. WELL NO.

71

10. FIELD AND POOL, OR WILDCAT

Mexican Hat

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

Sec 8 T 42 S R 19 E

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  
919' from N line and 294' from W line

14. PERMIT NO.  
43 037 30523

15. ELEVATIONS (Show whether DF, RT, OR, etc.)  
4185 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:

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.)

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 at this time.

Plans are to drill sometime in the future.

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

SIGNED

*Paul J. Geh*

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.)

<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> Private land
<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</b> (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 919' from N line and 294' from W line		<b>8. FARM OR LEASE NAME</b> Goodridge
<b>14. PERMIT NO.</b> 43 037 30523		<b>9. WELL NO.</b> 71
<b>15. ELEVATIONS</b> (Show whether DF, RT, OR, etc.) 4185 gr		<b>10. FIELD AND POOL, OR WILDCAT</b> Mexican Hat Field
		<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**

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

Plans are to drill sometime in the future.

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

SIGNED Full John 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.)  
AT SURFACE: **919' from N line and 294' W line**  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:

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

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>		<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>		<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>		<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>		<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>		<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>		<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>		<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>		<input type="checkbox"/>
(other)	<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 at this time, plans are to drill sometime in the future.**

5. LEASE  
**Private**

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
**Goodridge**

9. WELL NO.  
**71**

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 S1M**

12. COUNTY OR PARISH  
**San Juan**

13. STATE  
**UT**

14. API NO.

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

**RECEIVED**

NOV 10 1980

DIVISION OF  
OIL, GAS & MINERAL RESOURCES

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

18. I hereby certify that the foregoing is true and correct  
SIGNED *Neil Johnson* 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 TRIPPLICATE\*  
(Other instructions on reverse side)

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. Private land	
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 919' from N line and 294' from W line		8. FARM OR LEASE NAME Goodridge 71	
14. PERMIT NO. 43 037 30523		9. WELL NO. 71	
15. ELEVATIONS (Show whether DV, RT, CR, etc.) 4185 gr		10. FIELD AND POOL, OR WILDCAT Mexican Hat	
		11. SEC., T., R., N., OR S.E. AND SURVEY OR AREA Sec 8 T 42 S R 19 E SLM	
		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 ACIDISE <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 at this time.

Plans are to drill sometime this year.

RECEIVED

JAN 12 1981

DIVISION OF  
OIL, GAS & MINING

18. I hereby certify that the foregoing is true and correct  
SIGNED Bill Johnson TITLE Secretary 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 71</b>
9. WELL NO. <b>71</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 S1M</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  
**SanJuan 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  
**919' from N line and 294' from W line**

14. PERMIT NO. **43 037 30523**

15. ELEVATIONS (Show whether DP, WT, GR, etc.)  
**4185 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.)

~~XXXXXXXX~~

This well has not been drilled at this time.

Plans are to drill sometime this ye ar.

**RECEIVED**  
FEB 13 1981  
DIVISION OF OIL, GAS & MINING

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

SIGNED *[Signature]* TITLE Sec DATE 2-9-81

(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.) **919' from N line and 294' from W line**  
AT SURFACE:  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:

5. LEASE  
**private land**

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
**Goodridge**

9. WELL NO.  
**71**

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 S1M**

12. COUNTY OR PARISH  
**San Juan**

13. STATE  
**UT**

14. API NO.  
**43 037 30523**

15. ELEVATIONS (SHOW DF, KDS, AND WD)  
**4185 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 checked="" type="checkbox"/>		<input type="checkbox"/>

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

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

**This well has not been drilled at this time. Plans are to drill sometime this year.**

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 **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: **919' from N line and 294' from**  
AT TOP PROD. INTERVAL: **W line**  
AT TOTAL DEPTH: **W 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 land**

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
**Goodridge**

9. WELL NO.  
**71**

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.  
**43 037 30523**

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
**4185 gt**

(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 at this time. plans are to drill sometime in the future.**

**RECEIVED**  
**APR 10 1981**  
DIVISION OF  
**OIL GAS & MINING**  
Ft.  
**4-7-81**

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

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

SIGNED *Bill Johnson* TITLE *Sec* DATE \_\_\_\_\_

(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.)  
919' from N line and 294' from W line  
AT SURFACE:  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:

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

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>		<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>		<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>		<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>		<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>		<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>		<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>		<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>		<input type="checkbox"/>
(other)	<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 71

9. WELL NO.

10. FIELD OR WILDCAT NAME  
Mexican Hat

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec 8 T 42 R 19 S 14

12. COUNTY OR PARISH  
San Juan

13. STATE  
UT

14. API NO.  
43 037 30523

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
4185 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 at this time.  
Plans are to drill sometime this year.

**RECEIVED**  
MAY 18 1974

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

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

SIGNED [Signature] TITLE Secretary DIVISION OF OIL, GAS & MINERAL RESOURCES DATE \_\_\_\_\_

(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: **919' from N line and 294' from W line**  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:

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

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>		<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>		<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>		<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>		<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>		<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>		<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>		<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>		<input type="checkbox"/>
(other)	<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.  
**71**

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 81M**

12. COUNTY OR PARISH  
**San Juan**

13. STATE  
**UT**

14. API NO.  
**43 037 30523**

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
**4185 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 at this time, plans are to drill sometime ~~xxx~~ this year.**

**RECEIVED**

**JUN 2 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 **6-2-81**

(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

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

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 919' from N line and 294' from  
AT TOP PROD. INTERVAL: W 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.  
71

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.  
43 037 30523

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
4185 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 at this time, plans are to drill sometime this year.

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 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: 919' from N line and 294' from  
AT TOP PROD. INTERVAL: W 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
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME:
8. FARM OR LEASE NAME Goodridge
9. WELL NO. 71
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 SLM
12. COUNTY OR PARISH San Juan
13. STATE UT
14. API NO. 43 037 30523
15. ELEVATIONS (SHOW DF, KDB, AND WD) 4185 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.)\*

Intentions are to drill sometime in the future

**RECEIVED**

AUG 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 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: 919' from N line and 294' from  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH: W 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"/>

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 at this time, plans are to drill sometime in the future.

5. LEASE
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME Goodridge
9. WELL NO. 71
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 S1M
12. COUNTY OR PARISH San Juan
13. STATE UT
14. API NO. 43 037 30523
15. ELEVATIONS (SHOW DF, KDB, AND WD) 4185 gr

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

*Received  
9-8-81*

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

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

SIGNED *Neil 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

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

**SUNDRY NOTICES AND REPORTS ON WELLS**

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

<p>1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER</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 919' from N line and 294' from W line</p> <p>14. PERMIT NO. 43 037 30523</p>		<p>5. LEASE DESIGNATION AND SERIAL NO.</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME Goodridge</p> <p>9. WELL NO. 71</p> <p>10. FIELD AND POOL, OR WILDCAT Mexican Hat</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 8 T 42 S R 19 E S1M</p> <p>12. COUNTY OR PARISH San Juan</p> <p>13. STATE UT</p>	
<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4185 gr</p>			

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

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

**RECEIVED**  
OCT 13 1981  
DIVISION OF  
OIL, GAS & MINING

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

SIGNED <u><i>Gene Johnson</i></u>	TITLE <u>Secretary</u>	DATE <u>10-6-81</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

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

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

**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 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 919' from N line and 294' from W line</p>	<p>5. LEASE DESIGNATION AND SERIAL NO.</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME Goodridge</p> <p>9. WELL NO. 71</p> <p>10. FIELD AND POOL, OR WILDCAT Mexican Hat</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 8 T 42 S R 19 E SLM</p>		
<p>14. PERMIT NO. 43 037 30523</p>	<p>15. ELEVATIONS (Show whether DF, RT, OR, etc.) 4185 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"/>	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.) \*

Intentions 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 11-6-81

(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: 919' from N line and 294' from W  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH: 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.  
71

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.  
43 037 30523

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
4185 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 at this time.

Plans are to drill sometime this year.

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 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 IN TRIPLICATE\*  
(for 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.)		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 919' From N line and 294' from W line		9. WELL NO. 71
10. FIELD AND POOL, OR WILDCAT Mexican Hat		11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA Sec 8 T 42 S R 19 E SIM
14. PERMIT NO. 43 037 30523	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4185 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 at this time.  
Plans are to drill sometime this year.

RECEIVED

JAN 14 1982

DIVISION OF  
OIL, GAS & MINING

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

SIGNED <u>Bill Adams</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:

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

SECRET IN TRIPLICATE\*  
(See 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. 71
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 919' from N line and 294' from W line		10. FIELD AND POOL, OR WILDCAT Mexican Hat
14. PERMIT NO. 43 037 30523		11. SEC., T., E., M., OR BLK. AND SUBVY OR AREA Sec 8 T 42 S R 19 E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4185 gr		12. COUNTY OR PARISH 13. STATE 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"/>	
(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 at this time. Plans are to drill sometime  
this year.

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

SIGNED <u><i>[Signature]</i></u>	TITLE <u>Secretary</u>	DATE <u>2-11-82</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

SU            N TRIPLICATE\*  
(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. 71
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  919' from N line and 294' from W line		10. FIELD AND POOL, OR WILDCAT Mexican Hat
14. PERMIT NO. 43 037 30523		11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Sec 8 T 42 S R 19 E SLM
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4185 gr		12. COUNTY OR PARISH   13. STATE 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"/> 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 at this time.

Plans are to drill sometime this year.

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

SIGNED Julie Johnson TITLE 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

SUBMITTED IN TRIPLICATE\*  
(See 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 71
3. ADDRESS OF OPERATOR Rt. 1 Box 52 Blythe, CA 92225		9. WELL NO. 71
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 919' from N line and 294' from W line		10. FIELD AND POOL, OR WILDCAT Mexican Hat
14. PERMIT NO. 43 037 30523	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4185 gr	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"/> 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.)\*

~~XXXX~~ This well has not been drilled at this time. Plans are to drill sometime this year.

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

SIGNED <u><i>Gene Johnson</i></u>	TITLE <u>Secretary</u>	DATE <u>4-12-82</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

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

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 Corp. Co.</i>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <i>Rt 1 Box 52 Blythe Ca</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>919' from line &amp; 294' from W line</i>		8. FROM OR LEASE NAME <i>Bradridge</i>
14. PERMIT NO. <i>43 037 - 32523</i>		9. WELL NO. <i>71</i>
15. ELEVATIONS (Show whether OF, RT, GR, etc.) <i>4185 gr</i>		10. FIELD AND POOL, OR WILDCAT <i>Mexican Plat</i>
		11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA <i>Sec 8 1428 E 19E</i>
		12. COUNTY OR PARISH 13. STATE <i>San Juan UT</i>

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 - intentions are to drill sometime in the future*

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

SIGNED *July Johnson* TITLE *Sec* DATE *5-12-12*

(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"/>		5. LEASE DESIGNATION AND SERIAL NO.
<b>2. NAME OF OPERATOR</b> San Juan Minerals Exploration Co.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
<b>3. ADDRESS OF OPERATOR</b> Rt. 1 Box 52 Blythe, CA 92225		7. UNIT AGREEMENT NAME
<b>4. LOCATION OF WELL</b> (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 919' from N line and 294' from W line		8. FARM OR LEASE NAME Goodridge
<b>14. PERMIT NO.</b> 43 -37 30523		9. WELL NO. 71
<b>15. ELEVATIONS</b> (Show whether DV, RT, GR, etc.) 4185 gr		10. FIELD AND POOL, OR WILDCAT Mexican Hat
		11. SEC., T., R., M., OR BLK. AND SUBST 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.)

Plans are to drill this well in the future.

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

SIGNED *Julie Johis* TITLE Secretary DATE 5-6-5-82

(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)

**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>2. NAME OF OPERATOR</b> San Juan Minerals Exploration Co. <b>3. ADDRESS OF OPERATOR</b> Rt. 1 Box 52 Blythe, CA 92225 <b>4. LOCATION OF WELL</b> (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 919' from N line and 294' from W line <b>14. PERMIT NO.</b> 43 037 30523 <b>15. ELEVATIONS</b> (Show whether OF, RT, GR, etc.) 4185 gr		<b>5. LEASE DESIGNATION AND SERIAL NO.</b>  <b>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</b>  <b>7. UNIT AGREEMENT NAME</b>  <b>8. FARM OR LEASE NAME</b> Goodridge <b>9. WELL NO.</b> 71 <b>10. FIELD AND POOL, OR WILDCAT</b> Mexican Hat <b>11. SEC., T., R., M., OR BLM. AND SUBVST OR AREA</b> Sec 8 T 42 S R 19 E <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"/>	(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.

RECEIVED

JUL 22 1982

DIVISION OF  
OIL, GAS & MINING

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

SIGNED *Allen Johnson* 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

5. LEASE DESIGNATION AND SERIAL NO.  
 private land

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
~~XXXXXXXX~~ Goodridge 71

9. WELL NO.  
 71

10. FIELD AND POOL, OR WILDCAT  
 Mexican Hat

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

12. COUNTY OR PARISH | 13. STATE  
 San Juan | 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  
 919' from N line and 294' from W line

14. PERMIT NO.  
 43 037 30523

15. ELEVATIONS (Show whether DV, RT, GR, etc.)  
 4185 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"/>		(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 at this time, plans are to drill sometime this year.

**RECEIVED**  
 AUG 19 1982

DIVISION OF  
 OIL, GAS & MINING

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

SUBMITTED IN TRIPPLICATE\*  
See 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.)		5. LEASE DESIGNATION AND SERIAL NO.
		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
1. <b>OIL WELL</b> <input checked="" type="checkbox"/> <b>GAS WELL</b> <input type="checkbox"/> <b>OTHER</b> <input type="checkbox"/>		7. UNIT AGREEMENT NAME
2. <b>NAME OF OPERATOR</b> San Juan Minerals Exploration Co.		8. FARM OR LEASE NAME Goodridge
3. <b>ADDRESS OF OPERATOR</b> Rt. 1 Box 52 Blythe, CA 92225		9. <b>WELL NO.</b> 71
4. <b>LOCATION OF WELL</b> (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  919' from N line and 294' from W line		10. <b>FIELD AND POOL, OR WILDCAT</b> Mexican Hat
		11. <b>SEC., T., R., M., OR BLE. AND SUBVST OR AREA</b> Sec 8 T 42 S R 19 E S1M
14. <b>PERMIT NO.</b> 43 037 30523	15. <b>ELEVATIONS</b> (Show whether DF, RT, GR, etc.) 4185 gr	12. <b>COUNTY OR PARISH</b>   13. <b>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"/>	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, plans are to drill sometime ~~txx~~ this year.

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

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

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

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

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 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 B BUREX 919° from N line and 294° from W line		8. FARM OR LEASE NAME Goodridge 71
14. PERMIT NO. 43 037 30523		9. WELL NO. 71
15. ELEVATIONS (Show whether OF, RT, GR, etc.) 4185 ft		10. FIELD AND POOL, OR WILDCAT Mexican Hat Field
		11. SEC., T., R., M., OR BLE. AND SUNDRY OR AREA Sec 8 T 42 S R 19 E SLM
		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 this year

RECEIVED  
OCT 18 1982  
DIVISION OF  
OIL, GAS & MINING

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

SIGNED [Signature] TITLE Secretary DATE 10-11-82

(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

SUBMITTED 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>		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 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  919' from N line and 294' from W line		9. WELL NO.    71
14. PERMIT NO. 43 037 30523		10. FIELD AND POOL, OR WILDCAT Mexican Hat
15. ELEVATIONS (Show whether DF, RT, OR, etc.) 4185 gr		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 8 T 42 S R 19 E
		12. COUNTY OR PARISH    13. STATE 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"/>	
(Other) <input type="checkbox"/>		<small>(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)</small>	

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 this year

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

SIGNED  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. <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 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  919' from N line and 294' from W line		8. FARM OR LEASE NAME Goodridge
14. PERMIT NO. 43 037 30523		9. WELL NO. 71
15. ELEVATIONS (Show whether OF, ST, OR, etc.) 4185 gr		10. FIELD AND POOL, OR WILDCAT SURVEY OR AREA Mexican Hat Field
		11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Sec 8 T 42 S R19 E
		12. COUNTY OR PARISH 13. STATE 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"/>	(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 [Signature] 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

Submit in triplicate\*  
(See instructions on reverse side)

1 M

<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. 71
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  919' from N line and 294' from W line		10. FIELD AND POOL, OR WILDCAT Mexican Hat
		11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Sec 8 T 42 S R 19 E
14. PERMIT NO. 43 037 30523	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4185 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) <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 some time in the future.

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

SIGNED Joe Johnson TITLE Secretary DATE 1-1-83

(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

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

21

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. <i>Private</i>
2. NAME OF OPERATOR <i>San Juan Minerals Exploration</i>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <i>Ht. P. Box 52 Blythe Ca</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>919' from N line &amp; 294' from W line</i>		8. FARM OR LEASE NAME <i>Goodridge</i>
14. PERMIT NO. <i>43 037 30523</i>		9. WELL NO. <i>71</i>
15. ELEVATIONS (Show whether of, to, or, etc.) <i>4185 gr.</i>		10. FIELD AND POOL, OR WILDCAT <i>Mexican Hat</i>
		11. SEC., T., S., M., OR BLE. AND SURVEY OR AREA <i>Sec 8 T42S R19E</i>
		12. COUNTY OR PARISH <i>San Juan Ut</i>
		13. STATE <i>Ut</i>

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"/>	

(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 this year*

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

3 COPIES IN TRIPLICATE\*  
(Other instructions on reverse side)

<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. private land</p>
<p>1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/></p>		<p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p>
<p>2. NAME OF OPERATOR San Juan Minerals Exploration Co.</p>		<p>7. UNIT AGREEMENT NAME</p>
<p>3. ADDRESS OF OPERATOR Rt. 1 Box 52 Blythe, CA 92225</p>		<p>8. FARM OR LEASE NAME Goodridge 71</p>
<p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  919' from N line and 294' from W line</p>		<p>9. WELL NO. 71</p>
<p>14. PERMIT NO. 43 037 30523</p>		<p>10. FIELD AND POOL, OR WILDCAT Mexican Hat</p>
<p>15. ELEVATIONS (Show whether DF, RT, CR, etc.) 4185 gr</p>		<p>11. SEC., T., R., M., OR BLE. AND SUBST OR ABA Sec 8 T 42 S R 19 E</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:	
<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) _____</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) _____</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 at this time, plans are to drill sometime this year.

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

SIGNED Julie Johnson TITLE Secretary 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

5. LEASE DESIGNATION AND SERIAL NO.  
private land

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Goodbridge

9. WELL NO.  
71

10. FIELD AND POOL, OR WILDCAT  
Mexican Hat

11. SEC., T., R., M., OR BLE. AND SUBST. 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  
919' from N line and 294' from W line

14. PERMIT NO.  
43 037 30523

15. ELEVATIONS (Show whether of, to, or, etc.)  
4185 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

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

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

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

*Gene Johnson*

TITLE

*Sec*

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

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

M

SUNDRY NOTICES AND REPORTS ON WELLS

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

5. LEASE DESIGNATION AND SERIAL NO.	private land
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME	Snowbridge
9. WELL NO.	71
10. FIELD AND POOL, OR WILDCAT	Mexican Hat
11. SEC., T., R., M., OR S.E. AND SUBVY OR AREA	Sec 9 T 40 R 19 E
12. COUNTY OR PARISH	San Juan
13. STATE	UT

1. OIL WELL  GAS WELL  OTHER

2. NAME OF OPERATOR  
Minerals Exploration co.

3. ADDRESS OF OPERATOR  
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  
293' from W line and 294' from W line

14. PERMIT NO.

15. ELEVATIONS (Show whether of, RT, GR, etc.)  
5155 ft

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

NOTICE OF INTENTION TO:

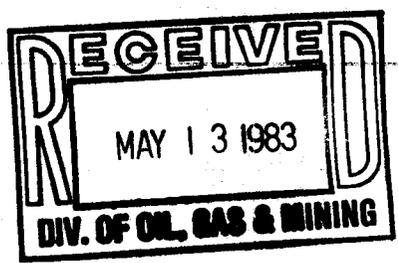
SUBSEQUENT REPORT OF:

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"/>	

(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.)\*

Please plan to drill this well sometime in the future.



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

SIGNED Gene Johnson TITLE Sec DATE 5-9-83

(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

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

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL  GAS WELL  OTHER

2. NAME OF OPERATOR  
The Iron Minerals Exploration Co.

3. ADDRESS OF OPERATOR  
P.O. 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  
819' from N line and 294' from W line

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.  
71

10. FIELD AND POOL, OR WILDCAT  
Mexican Hat

11. SEC. T., S., M., OR BLM. AND SURVEY OR AREA  
Sec 9 T 42 S R 19 E

12. PERMIT NO.  
90-007-00522

13. ELEVATIONS (Show whether SV, RT, CR, etc.)  
4185 gr

13. COUNTY OR PARISH  
San Juan

13. STATE  
UT

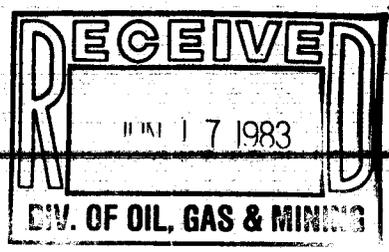
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

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 ACIDISING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>

(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 Bill Johnson TITLE Sec 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

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.  
71

10. FIELD AND POOL, OR WILDCAT  
Morrison

11. SEC., T., S., M., OR BLE. AND SURVEY OR AREA  
Sec 9 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  
919' from N line & 294' from W line

14. PERMIT NO.

15. ELEVATIONS (Show whether OF, RT, OR, etc.)  
4185 gr

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

NOTICE OF INTENTION TO:

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

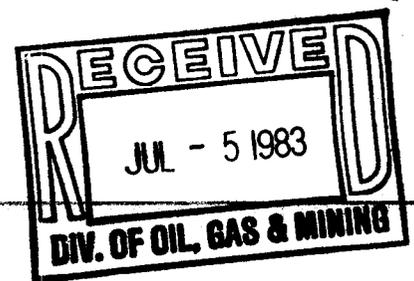
SUBSEQUENT REPORT OF:

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

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

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting 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 [Signature] TITLE Sec DATE 7-1-83

(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.)

5. LEASE DESIGNATION AND SERIAL NO.

6. IF 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 BLM. AND SURVEY OR ABBA

12. COUNTY OR PARISH 13. STATE

1. OIL WELL  GAS WELL  OTHER

2. NAME OF OPERATOR

3. ADDRESS OF OPERATOR

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

14. PERMIT NO.

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

43037 30523

4185 9r

Le 8 T 425 R 19 E

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)

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

RECEIVED

AUG 18 1983

DIVISION OF  
OIL, GAS & MINING

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

SIGNED

TITLE

DATE

*Jill Johnson*

*Sec*

*8/18/83*

(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. private land
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 919' from N line and 924' from W line		8. FARM OR LEASE NAME Goodridge
14. PERMIT NO. 43 037 30523	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4185 gr	9. WELL NO. 71
		10. FIELD AND POOL, OR WILDCAT , Mexican Hat
		11. SEC., T., R., M., OR BLE. 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) _____	(Other) _____

(NOTE: Report results of multiple completion or 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 Gail Johnson TITLE Sec DATE 9-14-83

(This space for Federal or State office use)

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

COMMENTS OF APPROVAL, IF ANY:

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

SEE INSTRUCTIONS ON REVERSE SIDE

5. LEASE DESIGNATION AND SERIAL NO.

SUNDRY NOTICES AND REPORTS ON

(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.)

RECEIVED  
OCT 7 1983

6. OPERATOR, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

1. OIL WELL  GAS WELL  OTHER

2. NAME OF OPERATOR

San Juan Minerals Expl. Co.

8. FARM OR LEASE NAME

Goodridge

3. ADDRESS OF OPERATOR

Rt. 1 - Box 52 Blythe Ca 92225

9. WELL NO.

71

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

919' from N line & 294' from W line  
NW NW

10. FIELD AND POOL, OR WILDCAT

Neuscan dat

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

Sec 8 S42 R19E

14. PERMIT NO.

43 037 30523

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

4185 gr

12. COUNTY OR PARISH 13. STATE

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

FULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON\*

SHOOTING OR ACIDIZING

ABANDONMENT\*

REPAIR WELL

CHANGE PLANS

(Other)

(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

*Bill Jones*

TITLE

Sec

DATE

10-5-83

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

COPIES 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