

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

5. LEASE DESIGNATION AND SERIAL NO.
U-7303

6. INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Gebauer-Skeen

9. WELL NO.
22

10. FIELD AND POOL, OR WILDCAT
Mexican Hat

11. SEC., T., R., M., OR BLDG. AND SURVEY OR AREA
sec 7, 42S, 19E

12. COUNTY OR PARISH
San Juan

13. STATE
Utah

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK
 DRILL DEEPEN PLUG BACK

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

2. NAME OF OPERATOR
Wesgra Corporation

3. ADDRESS OF OPERATOR
P.O. Box 14, Mexican Hat, Utah 84531

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)
 At surface 906' from the south line
 At proposed prod. zone 952' from the east line

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE
one half mile

15. DISTANCE FROM PROPOSED* LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT. (Also to nearest drlg. unit line, if any)
952'

16. NO. OF ACRES IN LEASE
712

17. NO. OF ACRES ASSIGNED TO THIS WELL
2 1/2

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

19. PROPOSED DEPTH
240'

20. ROTARY OR CABLE TOOLS
rotary

21. ELEVATIONS (Show whether DF, RT, GR, etc.)
4079' ungraded ground

22. APPROX. DATE WORK WILL START*
after approval

23. PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
surface 9"	7 5/8"	20 pd.	30'	7 sacks
long string 6 3/4"	5 1/2"	15 pd.	200'	18 sacks

- 1,2,4,5,8,9
 3. surface formation Supai
 6. estimated top of geological marker Goodridge zone 200' plus
 7. estimated ~~XXXXXX~~ depth of anticipated water, oil, or gas Goodridge 200' plus
 10. pressure equipment, none, Goodridge zone is shallow and carries very little or no gas
 11. circulating medium, air and foam
 12. testing, logging samples only by Geologist, no cores
 13. abnormal pressures or temperatures, none no hydrogen sulfite
 14. anticipated starting date, reasonable time after approval
 duration of drilling operation, six days

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

DATE: 4-15-83
BY: *[Signature]*

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

24. SIGNED *[Signature]* TITLE President DATE 3-28-83

(This space for Federal or State office use)

PERMIT NO. _____ APPROVAL DATE _____

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

5. LEASE DESIGNATION AND OPERATIONS RECEIVED
U-7303

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Sapai

7. UNIT AGREEMENT NAME
Sapai Lake City, UTA

8. FARM OR LEASE NAME
Gebauer-Skeen

9. WELL NO.
22

10. FIELD AND POOL, OR WILDCAT
Mexican Hat

11. SEC., T., R., M., OR BLF. AND SURVEY OR AREA
sec 7, 42S, 19E

12. COUNTY OR PARISH 13. STATE
San Juan Utah

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK
 DRILL DEEPEN PLUG BACK

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

2. NAME OF OPERATOR
Wesgra Corporation

3. ADDRESS OF OPERATOR
P.O. Box 14, Mexican Hat, Utah 84531

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*)
 At surface 906' from the south line
 At proposed prod. zone 952' from the east line

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*
one half mile

15. DISTANCE FROM PROPOSED* LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT. (Also to nearest drig. unit line, if any) 952'

16. NO. OF ACRES IN LEASE 712

17. NO. OF ACRES ASSIGNED TO THIS WELL 2 1/2

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

19. PROPOSED DEPTH 240'

20. ROTARY OR CABLE TOOLS rotary

21. ELEVATIONS (Show whether DF, RT, GR, etc.) 4079' ungraded ground

22. APPROX. DATE WORK WILL START* after approval

23. PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
surface 9"	7 5/8"	20 pd.	30'	7 sacks
long string 6 3/4"	5 1/2"	15 pd.	200'	18 sacks

1. 2, 4, 5, 8, 9
 3. surface formation Supai
 6. estimated top of geological marker Goodridge zone 200' plus
 7. estimated ~~XXXXXX~~ depth of anticipated water, oil, or gas Goodridge 200' plus
 10. pressure equipment, none, Goodridge zone is shallow and carries very little or no gas
 11. circulating medium, air and foam
 12. testing, logging samples only by Geologist, no cores
 13. abnormal pressures or temperatures, none no hydrogen sulfite
 14. anticipated starting date, reasonable time after approval
 duration of drilling operation, six days

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

24. SIGNED W. S. Skeen TITLE President DATE 3-28-83

(This space for Federal or State office use)

PERMIT NO. _____ APPROVAL DATE
 FOR E. W. GUYNN
 APPROVED BY [Signature] TITLE DISTRICT OIL & GAS SUPERVISOR DATE MAY 24 1983
 CONDITIONS OF APPROVAL, IF ANY:

NOTICE OF APPROVAL

CONDITIONS OF APPROVAL ATTACHED TO OPERATOR'S COPY
 FLARING OR VENTING OF GAS IS SUBJECT TO NTL-4-A DATED 1/1/80

State of Utah

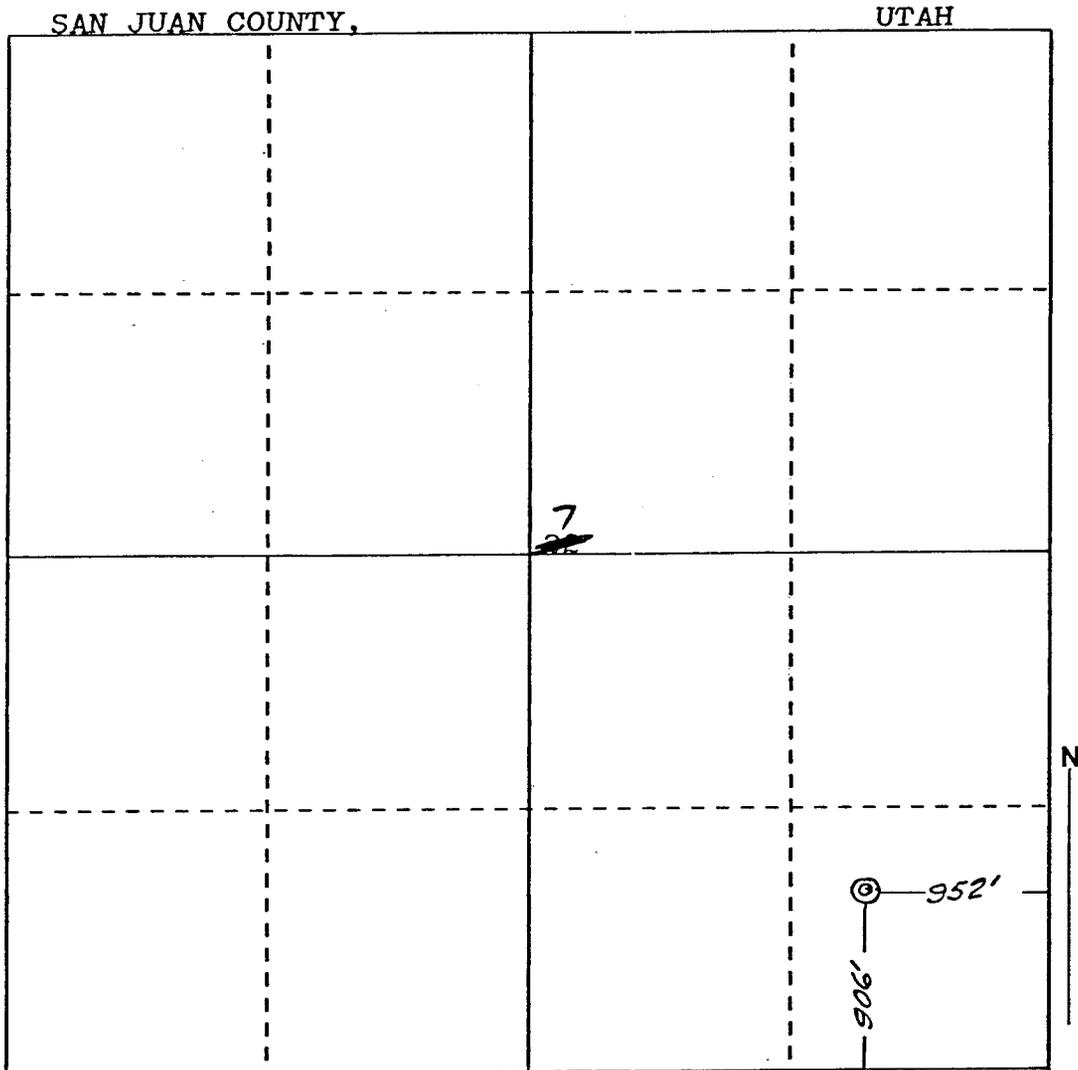
COMPANY THE WESTGRA CORPORATION

LEASE _____ WELL NO. 22

SEC. 7 . T 42 SOUTH . R 19 EAST, SLM

LOCATION 906 FEET FROM THE SOUTH LINE AND
952 FEET FROM THE EAST LINE

ELEVATION 4079 UNGRADED GROUND



SCALE - 1 INCH EQUALS 1000 FEET

THIS IS TO CERTIFY THAT THE ABOVE PLAT WAS PREPARED FROM FIELD NOTES 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.

SEAL:

James P. Leese
Registered Land Surveyor.
James P. Leese
Utah Reg. #1472

SURVEYED _____ March 7, _____, 19 83

OPERATOR WESLAW CORP DATE 4-15-83

WELL NAME GERBAUER-SKEEN # 22

SEC SESE 7 T 42 S R 19 E COUNTY SAN JUAN

43-037-30885
API NUMBER

FED
TYPE OF LEASE

POSTING CHECK OFF:

INDEX

HL

NID

PI

MAP

PROCESSING COMMENTS:

RJF ✓

APPROVAL LETTER:

SPACING:

A-3

UNIT

c-3-a

156-3 4-15-80
CAUSE NO. & DATE

c-3-b

c-3-c

SPECIAL LANGUAGE:

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

AUTHENTICATE LEASE AND OPERATOR INFORMATION

VERIFY ADEQUATE AND PROPER BONDING

AUTHENTICATE IF SITE IS IN A NAMED FIELD, ETC.

APPLY SPACING CONSIDERATION

ORDER _____

UNIT _____

c-3-b

c-3-c

CHECK DISTANCE TO NEAREST WELL.

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

IF POTASH DESIGNATED AREA, SPECIAL LANGUAGE ON APPROVAL LETTER

IF IN OIL SHALE DESIGNATED AREA, SPECIAL APPROVAL LANGUAGE.

Wesgra Corporation
Well No. 22
Section 7, T42S, R19E
San Juan County, Utah
Lease U-7303

Supplemental Stipulations

1. No blading or earthwork will be done unless BLM is present.
2. The operator will give the contractor a copy of the Surface Use Plan and any additional BLM stipulations prior to any work.
3. The San Juan County Road Department in Monticello will be contacted prior to the use of county roads for this activity at 801 587-2231, extension 43.
4. Use of water for this operation will be approved by obtaining a temporary use permit from the Utah State Engineer (801) 647-1303 and by receiving permission from the land owner or surface managing agency to use the land containing the water source.
5. If subsurface cultural material is exposed during construction, work in that spot will stop immediately and the San Juan Resource Area Office will be contacted. All employees working in the area will be informed by the operator that they will be subject to prosecution for disturbing archaeological sites or picking up artifacts. Salvage or excavation of identified archaeological sites will only be done if damage occurs.
6. Surface disturbance and vehicular travel will be limited to the approved location and approved access route. Any additional area needed will be approved in advance.
7. The top 6 inches of soil material will be removed from the location and stockpiled separate from the trees on all sides. Topsoil along the access will be reserved in place.
8. Trash will be collected and removed daily from the location.
9. There will be no road widening. Surfacing material will not be placed on the access road or location without prior BLM approval.

Reclamation:

1. Immediately on completion of drilling, all trash and debris will be collected from the location and surrounding area. All trash and debris will be disposed of in the Mexican Hat dump.
2. The operator or his contractor will contact the BLM office 48 hours before starting reclamation work that involves earthmoving equipment and upon completion of restoration measures.

3. Before any dirt work to restore the location takes place, the reserve pit must be completely dry.

4. All disturbed areas will be recontoured to blend as nearly as possible with the natural topography. This includes removing all berms and refilling all cuts.

5. The stockpiled topsoil will be spread evenly over the disturbed area.

6. All disturbed areas will be scarified with the contour to a depth of six inches.

7. Seed will be broadcast between October 1 and February 28 with the following seed prescription. When broadcast seeding, a harrow or similar implement will be dragged over the seeded area to assure seed cover. Seeding must be done if the topsoil is bladed, otherwise the area need only be scarified six inches deep.

2 lbs/acre Indian ricegrass (*Oryzopsis hymenoides*)
2 lbs/acre Shadscale (*Atriplex confertifolia*)
1 lb/acre Curleygrass (*Hilaria jamesii*)

8. Water bars will be constructed as follows to control erosion.

<u>Grade</u>	<u>Spacing</u>
2%	Every 200 feet
2%--4%	Every 100 feet
4%--5%	Every 75 feet

Production

1. The reserve pit and that portion of the location and access road not needed for production or production facilities will be reclaimed in the methods described in the rehabilitation section. Enough topsoil will be retained to reclaim the remainder of the location at a future date. The remaining stockpile of topsoil will be seeded in place using the prescribed seed mixture.

2. All above-ground production facilities will be painted Badlands Brown, Federal Standard No. 30318.

3. The access shall be upgraded to BLM Class III road specifications.

April 15, 1983

Wespra Corporation
P. O. Box 14
Mexican Hat, Utah 84531

RE: Well No. Cebauer-Skeen #22
SESE Sec. 7, T.42S, R.19E
906' FSL, 922' FEL
San Juan County, Utah

Gentlemen:

Insofar as this office is concerned, approval to drill the above referred to oil well is hereby granted in accordance with the Order issued in Cause No. 156-3 dated April 15, 1980.

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

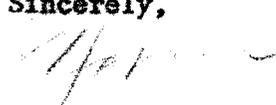
RONALD J. FIRTH - Chief Petroleum Engineer
Office: 533-5771
Home: 571-6068

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

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

The API number assigned to this well is 43-037-30885.

Sincerely,


Norman C. Stout
Administrative Assistant

NCS/as
cc: Oil & Gas Operations
Enclosure



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

January 4, 1984

Wesgra Corporation
P.O. Box 14
Mexican Hat, Utah 84531

Re: Well No. Gebauer-Skeen #22
API #43-037-30885
906' FSL, 952' FEL SE/SE
Sec. 7, T. 42S, R. 19E.
San Juan County, Utah

Gentlemen:

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

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

If spudding has not occurred within one year of the date of approval for this well, approval to drill is rescinded.

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

Your prompt attention to the above will be greatly appreciated.

Respectfully,

Claudia Jones
Well Records Specialist

CJ/cj

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

10

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. U-7303
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME Gebauer-Skeen
9. WELL NO. 23 thru 23
10. FIELD AND POOL, OR WILDCAT Mexican Hat
11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA Sec 7, 42S, 19E
12. COUNTY OR PARISH San Juan
13. STATE Utah

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. NAME OF OPERATOR Wesgra Corp.
3. ADDRESS OF OPERATOR P. O. Box 14, Mexican Hat, Utah 84531
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: XXXXXXXXXXXX N.E. of S. E.
14. PERMIT NO.
15. ELEVATIONS (Show whether DF, ST, CR, etc.)

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

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

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

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

We intend to drill these wells before the expiration of the permits.

[Faint signature]

***-----
President

DIVISION OF
OIL, GAS & MINING

18. I hereby certify that the foregoing is true and correct
SIGNED W. C. Skeen TITLE President DATE 1-10-84

(This space for Federal or State office use)

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

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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.

V-7303

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Gebauer-Skeen

9. WELL NO.

22

10. FIELD AND, POOL, OR WILDCAT

Mexican Hat

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

Sec 7, 42 S, 19 E

12. COUNTY OR PARISH 13. STATE

SAN JUAN Utah

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR

Wesgro Corp

3. ADDRESS OF OPERATOR

P.O. Box 14 Mexican Hat, Utah 84531

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

906' from the
952' from the east line

14. PERMIT NO.

43-037-30885

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

4079'

18. 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)

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

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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.)*

Spud 5-14-84 drilled 9 7/8" hole to 20'.
Set 20' of 8" casing, circulated 5 sacks
of cement

RECEIVED

MAY 25 1984

DIVISION OF OIL
GAS & MINING

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

SIGNED

Mc Skeen

TITLE

President

DATE

5-14-84

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side



STATE OF UTAH
NATURAL RESOURCES
Oil, Gas & Mining

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

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

April 9, 1985

Wesgra Corporation
1901 Classen Boulevard
Oklahoma City, Oklahoma 73106

Gentlemen:

Re: Well No. Gebauer-Skeen #22 - Sec. 7, T. 42S., R. 19E.,
San Juan County, Utah - API #43-047-30885

Our records indicate that you have not filed drilling reports for the months of June 1984 to present on the above referenced well. Our rules and regulations stipulate that these reports be filed by the sixteenth of each month until the well is completed.

Enclosed are forms for your convenience in filing the necessary reports as soon as possible but no later than April 23, 1985.

Thank you for your cooperation in this matter.

Sincerely,

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

Pam Kenna
Well Records Specialist

Enclosure

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

0161S/91

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

5. LEASE DESIGNATION AND SERIAL NO.
U-7303

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Gebauer-Skeen

9. WELL NO.
#22

10. FIELD AND POOL, OR WILDCAT
Mexican Hat,

11. SEC., T., R., M., OR BLK. AND
SUBVY OR AREA
Sec 7, 42S, 19E

12. COUNTY OR PARISH | 13. STATE
San Juan | Utah

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
Wesgra Corporation

3. ADDRESS OF OPERATOR
P.O. Box 14, Mexican Hat, Utah 84531

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

14. PERMIT NO.
43-047-30885

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

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) <u>waiting on rig</u>	

(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.)*
surface pipes set, waiting on rig

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

SIGNED W. E. Skeen TITLE operator DATE 4-15-85

(This space for Federal or State office use)

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



STATE OF UTAH
NATURAL RESOURCES
Oil, Gas & Mining

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

355 W. North Temple • 3 Triad Center • Suite 350 • Salt Lake City, UT 84130-1203 • 801-538-5340

October 10, 1985

Wesgra Corporation
P.O. Box 14
Mexican Hat, Utah 84531

Gentlemen:

Re: Well No. Gebauer-Skeen 22 - Sec. 7, T. 42S., R. 19E.,
San Juan County, Utah - API #43-037-30885

Our records indicate that you have not filed drilling reports for the months of June to present on the above referenced well. Our rules and regulations stipulate that these reports be filed by the sixteenth of each month until the well is completed.

Enclosed are forms for your convenience in filing the necessary reports as soon as possible but no later than October 24, 1985.

Thank you for your cooperation in this matter.

Sincerely,

A handwritten signature in black ink that reads "Pam Kenna". The signature is written in a cursive, flowing style.

Pam Kenna
Well Records Specialist

Enclosure

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

0170S/99

UTAH, GAS, AND MINING
~~UNION STATES~~ SUBMIT IN DUPLICATE
 DEPARTMENT OF THE INTERIOR
 GEOLOGICAL SURVEY

16

WELL COMPLETION OR RECOMPLETION REPORT

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

b. TYPE OF COMPLETION: NEW WELL WORK OVER DEEP-EN PLUG BACK DIFF. RESVR. Other **OCT 18 1983**

2. NAME OF OPERATOR
Wesgra Corporation

3. ADDRESS OF OPERATOR
P.O. Box 14, Mexican Hat, Utah 84531

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
 At surface **906' from the south line**
952' from the east line SESE
 At top prod. interval reported below
 At total depth

14. PERMIT NO. **43-037-30885** DATE ISSUED **4-15-83**

5. LEASE DESIGNATION AND SERIAL NO.
U-7303

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Gebauer-Skeen

9. WELL NO.
22

10. FIELD AND POOL, OR WILDCAT
Mexican Hat

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA
sec 7, 42S, 19E

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

15. DATE SPUDDED **3-2-84** 16. DATE T.D. REACHED **5-20-85** 17. DATE COMPL. (Ready to prod.) **5-23-85** 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* **4079'** 19. ELEV. CASINGHEAD **4079'**

20. TOTAL DEPTH, MD & TVD **182.7'** 21. PLUG, BACK T.D., MD & TVD _____ 22. IF MULTIPLE COMPL., HOW MANY* _____ 23. INTERVALS DRILLED BY **rotary** ROTARY TOOLS _____ CABLE TOOLS _____

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*
161' to 180' Goodridge 25. WAS DIRECTIONAL SURVEY MADE _____

26. TYPE ELECTRIC AND OTHER LOGS RUN _____ 27. WAS WELL CORED **no**

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

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
X9" 7 5/8"	32#	30'	6 1/2"	XXXXsacks 7 sacks	none
4 1/2"	15 pd	182.		18 sacks	

29. LINER RECORD 30. TUBING RECORD

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

31. PERFORATION RECORD (Interval, size and number) 32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
161' to 178'	

33.* PRODUCTION

DATE FIRST PRODUCTION **6-30-85** PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) **pumping** WELL STATUS (Producing or shut-in) **shut in**

DATE OF TEST _____ HOURS TESTED _____ CHOKER SIZE _____ PROD'N. FOR TEST PERIOD **1/2 bbl?** OIL—BBL. _____ GAS—MCF. _____ WATER—BBL. _____ GAS-OIL RATIO _____

FLOW. TUBING PRESS. _____ CASING PRESSURE _____ CALCULATED 24-HOUR RATE **1/2 bbl** OIL—BBL. _____ GAS—MCF. **none** WATER—BBL. **none** OIL GRAVITY-API (CORR.) **38?**

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) _____ TEST WITNESSED BY **Luther Risenhoover**

35. LIST OF ATTACHMENTS _____

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

SIGNED **W. Skeen** TITLE **operator** DATE **8-25-85**

INSTRUCTIONS

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

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

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

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s) and bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

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

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

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.
Goodridge	101'	178'	This well marginal, may have to plug later, but we are attempting to produce it.

38. GEOLOGIC MARKERS	NAME	DEPTH	TOP
<div style="text-align: right; font-size: small;"> REVERSE SIDE OF THIS FORM IS TO BE USED FOR MARKERS MARKERS SHOULD BE INDICATED BY NUMBER AND DEPTH </div>			

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

5. LEASE DESIGNATION AND SERIAL NO.
U-7303

6. IF INDICATED, LIST THE SURVEY NAME
RECEIVED

7. UNIT AGREEMENT NAME
JAN 31 1986

8. FARM OR MINING UNIT
Geba GAS-MINING

9. WELL NO.
22

10. FIELD AND POOL, OR WILDCAT
Mexican Hat

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 7, 42S, 19E

12. COUNTY OR PARISH
San Juan

13. STATE
Utah

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL GAS WELL OTHER abandon

2. NAME OF OPERATOR
Wesgra Corporation

3. ADDRESS OF OPERATOR
P.o. Box 14, Mesican Hat, Utah 84531

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface 906' from the south line
952' from the east line

14. PERMIT NO.
43-037-39885

15. ELEVATIONS (Show whether DF, NT, OR, etc.)
4079'

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

NOTICE OF INTENTION TO:

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

SUBSEQUENT REPORT OF:

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

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

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

Run drill to bottom and started pumping cement, filled hole to top put in pump down plug and put 600 pds of pressure on zone.

Federal approval of this action is required before commencing operations.

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

DATE: 2/4/86
BY: John R. Dwyer

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

SIGNED McKee TITLE President DATE 1-27-86

(This space for Federal or State office use)

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