

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

SAN JUAN MINERALS EXPLORATION COMPANY
G. R. DICKINSON, OPERATOR

3. ADDRESS OF OPERATOR

Box 422, MEXICAN HAT, UTAH - 84531

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

At surface
177 FT. FROM THE SOUTH LINE AND 1940 FT. FROM THE WEST LINE
At proposed prod. zone
SAME

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

2 5/8 MILES NE

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

177'
515 FT.

16. NO. OF ACRES IN LEASE
600.64

17. NO. OF ACRES ASSIGNED TO THIS WELL
UNLIMITED

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

249'
300 FT.

19. PROPOSED DEPTH
1600 FT. 900'

20. ROTARY OR CABLE TOOLS
ROTARY

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

ON PLAT 4252'

22. APPROX. DATE WORK WILL START*

10-01-84

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"	20PD.	150'	35 SACKS NEAT
6 3/4"	4 1/2"	17PD.	200'	18 SACKS NEAT

DRILL HOLE WITH SPUD MUD TO SET 7 5/8" SURFACE CASING. DRILL 6 3/4" HOLE WITH AIR TO TD. ESTIMATED DEPTH - GOODRIDGE ^{800'}~~1200'~~ PLUS.

THIS IS KNOWN AS A LOW PRESSURE AREA. ADEQUATE BLOWOUT PREVENTION EQUIPMENT WILL BE USED.

APPROVED BY THE STATE
OF UTAH DIVISION OF
OIL, GAS, AND MINING
DATE: 10/24/84
BY: [Signature]

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

24. SIGNED [Signature] TITLE Operator DATE 10-15-84

(This space for Federal or State office use)

PERMIT NO. _____ APPROVAL DATE _____

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

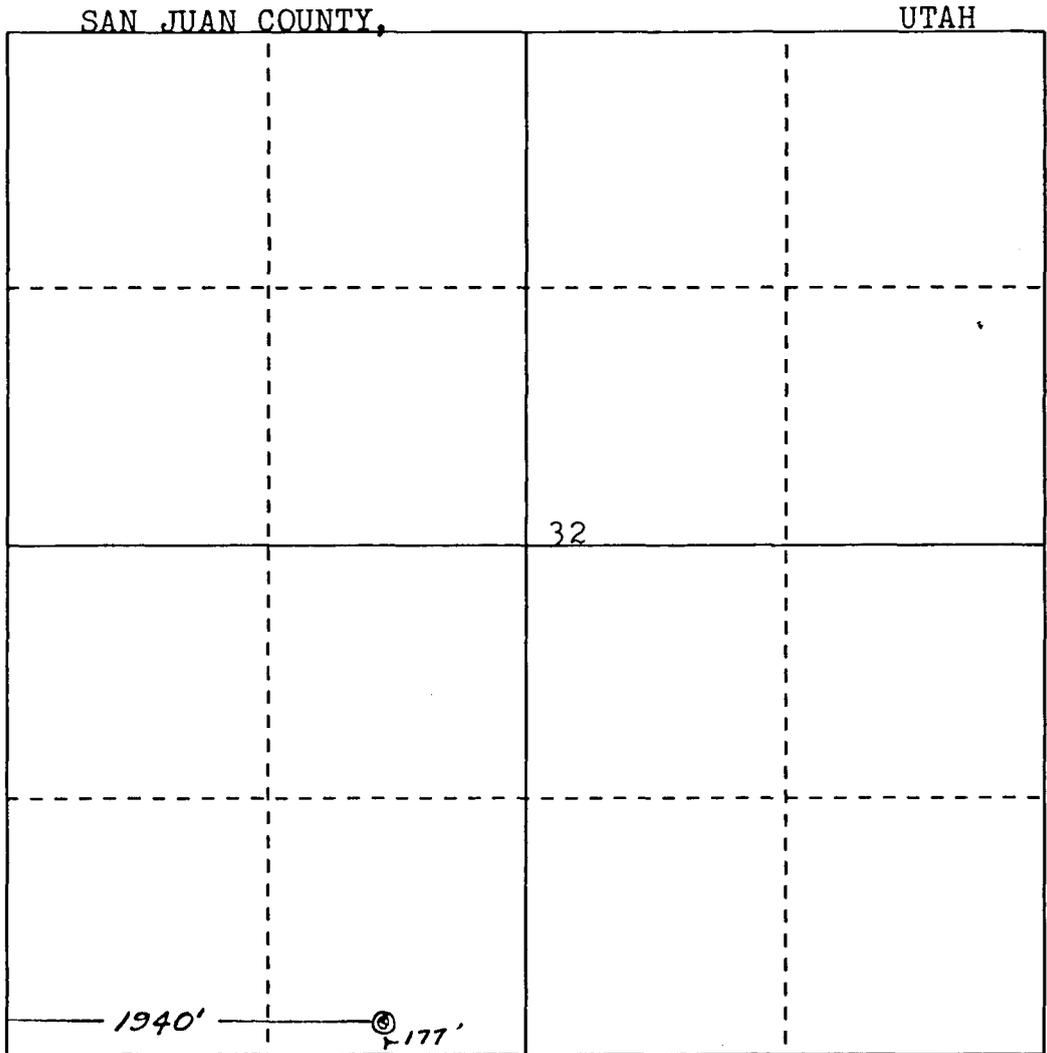
*See Instructions On Reverse Side

COMPANY SAN JUAN MINERALS CO.
G. R. DICKERSON, OPERATOR
LEASE LOUISE FEDERAL WELL NO. 8

SEC. 32 T. 41 SOUTH R. 19 EAST, S.L.M.

LOCATION 177 FEET FROM THE SOUTH LINE AND
1940 FEET FROM THE WEST LINE

ELEVATION 4252 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. Lee
Registered Land Surveyor.

JAMES P. LEESE
UTAH REG. #1472

SURVEYED AUGUST 31, 19 84

November 21, 1983

DEVELOPMENT PLAN FOR SURFACE USE:

San Juan Minerals
Sec. 32, 41S, 19E
San Juan County Utah
Lease # U-22899

1. Existing roads - See Exhibit No. 1 Topography Map.

The San Juan County Road Department (801) 587-2231, ext. 43, will be contacted before county roads are used.

Improvement to existing access will be necessary and will be limited to a total disturbed width of 16 feet.

2. Planned Access Roads - Roads already in existence.
New construction will be limited to a total disturbed width of 16 feet.
The road will be built to Class III Standards.

3. Location of Existing Wells: Nearest Well approximately ³⁰⁰~~2000~~ ft. away.
See Map.

4. Location of Production - This is a proposed oil well test. A small gas jack will be installed and flow line will be laid after completion - tanks to be placed on lease after consultation with B.L.M. and U.S.G.S.

The reserve pit and that portion of the location and access road not needed for production or production facilities will be reclaimed as described in the reclamation section. Enough topsoil will be kept to reclaim the remainder of the location at a future date. This remaining stockpile of topsoil will be seeded in place using the prescribed seed mixture. See Map No. 1.

All above-ground production facilities will be painted a neutral color to be approved by the BLM (Largo Red)

5. Location and tupe of Water Supply - This is to be an air foam drilled hole. Fresh water for surface hole and cement will be hauled from the town of Mexican Hat.

Use of water for this operation will be approved by obtaining a temporary use permit from the Utah State Engineer (801) 637-1303 and by receiving permission from the land owner or surface managing agency to use the land containing the water source.

6. Source of Construction Materials - None Required.

7. Handling of Waste Materials:

- (a) Liquid waste to be retained in earthen pit.
- (b) Burnable waste, if any, to be placed in earthen pit and burned at appropriate times.

- (c) Non-burnable waste to be placed near burn pit and hauled off on completion.
- (d) Latrine facilities to be furnished by contractor and waste hole filled upon completion.
- (e) A trash barrel will be used.
- (f) The reserve pit will not be lined. At least half of the capacity will be in cut.
- (g) Three sides of the reserve pit will be fenced with four strands of barbed wire before drilling starts. The fourth side will be fenced as soon as the drilling is completed. The fence will be kept in good repair while the pit is drying.

8. Ancillary Facilities - None required.

9. Well Layout - See Exhibit No. 2.

The top 6 inches of soil material will be removed from the location and stockpiled separate from the trees on the uphill side. Topsoil along the access will be reserved in place.

10. Plans for restoration of surface - upon completion of drilling, fill and grade down to conform as nearly as possible to topography as per BLM specification.

Immediately on completion of drilling, all trash and debris will be collected from the location and surrounding area. All trash and debris will be hauled to the Mexican Hat dump.

The operator or his contractor will contact the BLM office in Monticello, Utah, (801) 587-2201, 48 hours before starting reclamation work that involved earth moving equipment and upon completion of restoration measures.

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

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.

The stockpiled topsoil will be spread evenly over the disturbed area. All disturbed areas will be ripped 12 inches deep with the contour.

Water bars will be built 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
5+%	Every 50 feet

Seed will be broadcast between October 1 and February 28 with the following prescription. A harrow of similar implement will be dragged over the area to assure seed cover.

- 2 lbs/acre Indian ricegrass (Oryaopsis hymenoides)
- 1 lb/acre Curley grass (Hilaria jamesii)
- 2 lbs/acre Shadscale (Atriplex confertifolia)
- 1 lb/acre Wild sunflower (Helianthus annuus)

The access will be blocked to prevent vehicular access.

11. Other information - Surface area of proposed location is rocky with very little vegetation - some Shadscale. Little dirt work is necessary.

The operator or his contractor will contact the San Juan Resource Area Office in Monticello, Utah, (801) 587-2201, 48 hours before beginning any work on public land. BLM will be present during all construction.

The operator will give the dirt contractor a copy of the Surface Use Plan and any additional BLM stipulations before any work.

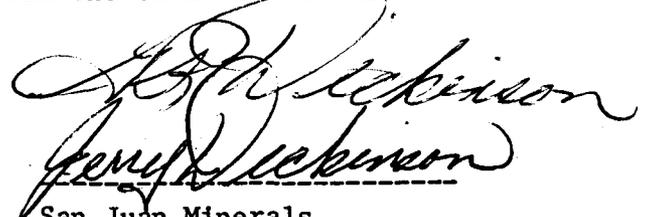
All employees working in the area will be informed by the operator that they are subject to prosecution for disturbing archaeological sites or picking up artifacts. Salvage or excavation of identified archaeological sites will only be done if damage occurs.

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.

12. San Juan Minerals, Box 422, Mexican Hat, Utah - 84531 - (801)683-2226.

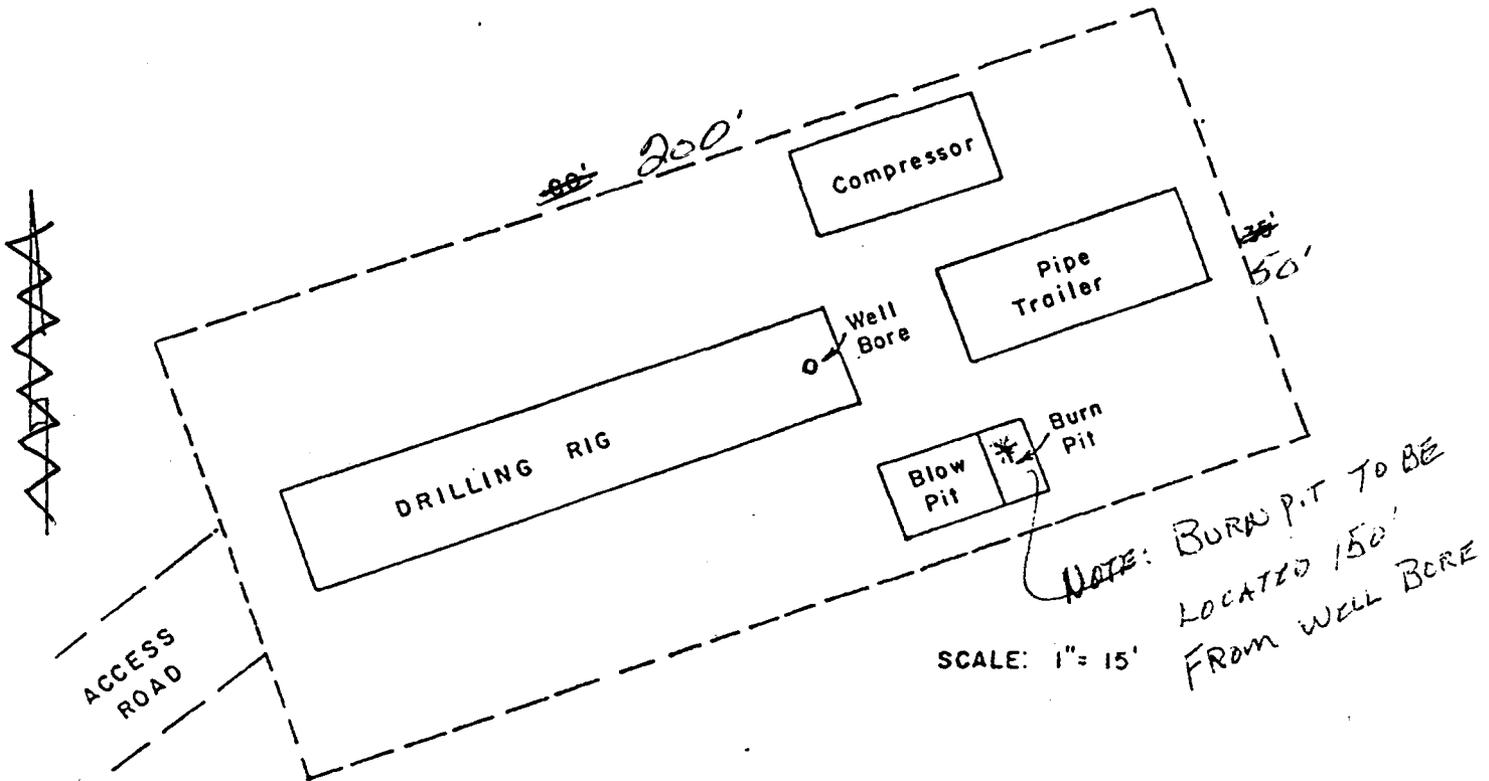
13. Certification:

I hereby certify that I have inspected the proposed drill site and access route; that I am familiar with the conditions which presently exist; that the statements made in this plan are to the best of my knowledge, true and correct; and that the work associated with the operations proposed herein will be performed by a competent contractor. Dirt work and other contract work will be in conformity with this plan and the terms and conditions under which it is approved.



San Juan Minerals
by Jerry Dickinson

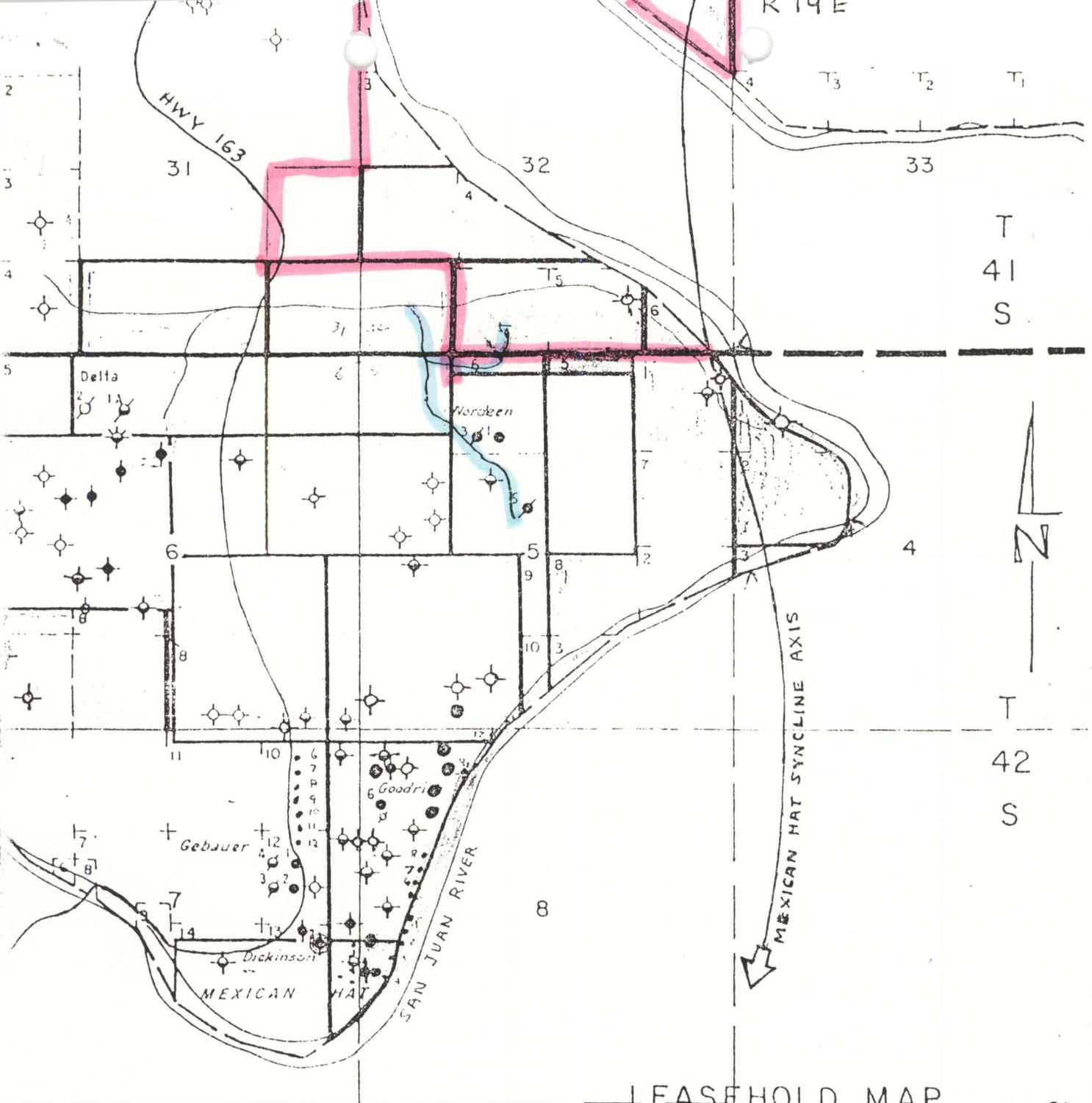
NORTH



SAN JUAN MINERALS EXPLORATION CO

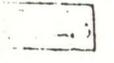
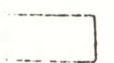
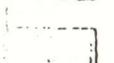
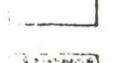
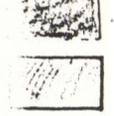
10 Point Check List

1. Halicaito
2. Goodridge ^{800'} ~~400'~~ - Desert Creek ~~2000'~~
3. Water at 80' Oil at 200' plus
4. Plan to set 7 5/8" APIJ-55 and 4 1/2" APIJ-55 - 7 5/8" weighs 20# per foot & 4 1/2", 15# per foot - new.
5. Attached is Schematic Diagram. Will pressure test 7 5/8" casing with mud pump to 500 PSI and on the ~~4~~ 1/2" casing will circulate cement to surface - plan 1 test.
6. Drill with air.
7. Standard 1500' Drilling Rig
8. If we have a good oil show we will log & test the well.
9. No abnormal pressures anticipated.
10. December 21, 1983, 2 months.



LEASEHOLD MAP

Existing Trails in Blue

-  BLM FEDERAL U-22899 (EXPIRES DEC. 31, 1983) S.J.M.E
-  NORDEEN LEASEHOLD (FEE MINERAL)
-  GOODRIDGE LEASEHOLD (FEE MINERAL)
-  BLM FEDERAL U-16484 (Expired OCT. 31, '82)
-  S.J.M FEDERAL - U-7303 (held by production)
-  BLM FEDERAL - U-23761 (expires, Nov. 30, '83)
-  BLM FEDERAL U-23761-A (expires NOV. 30, '83)

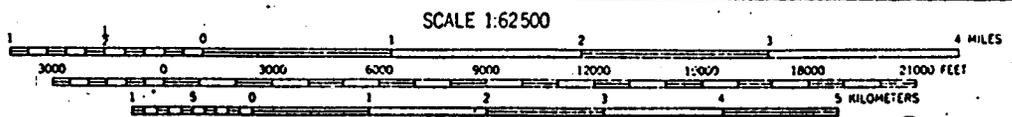
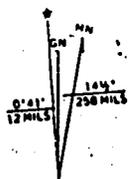
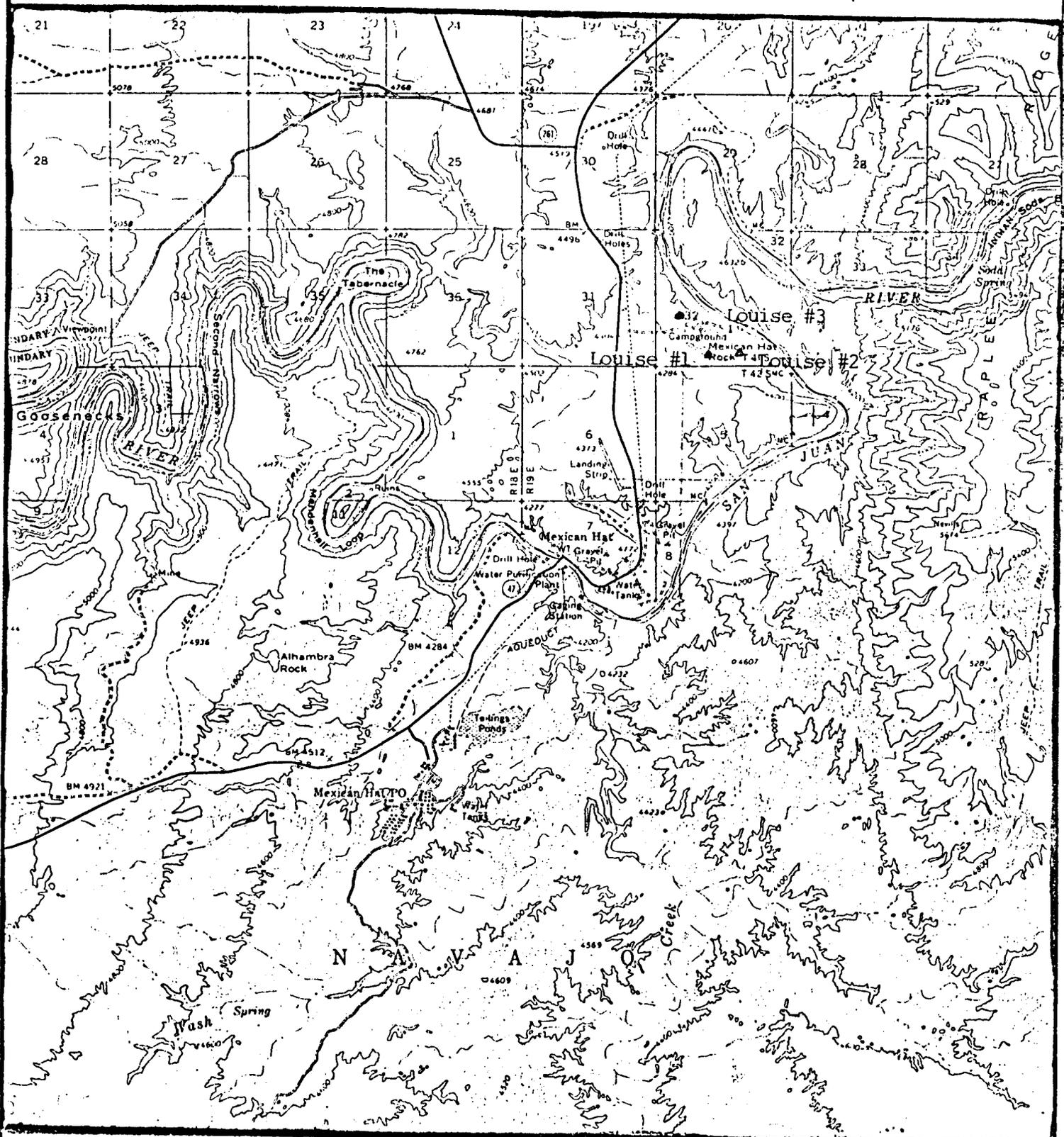
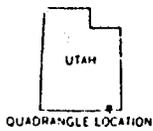
-  Producing oil well
-  Dry hole
-  Abandoned Hole w/ OIL SHOWS
-  Discovery well
-  Abandoned well/ poor completion

-  Poor completion w/ oil s
-  Abandoned incomplete h
-  Exhausted producer
-  Abandoned well
-  Wesgre Corporation Figure 4 (197-

MEXICAN HAT AREA

SAN JUAN COUNTY, UTAH Scale 1"=2000'

Map



CONTOUR INTERVAL 40 FEET
CONTOUR INTERVAL ON RIVER SURFACE 20 FEET
DATUM IS MEAN SEA LEVEL

Figure 1. Locations of Louise #1, 2, and 3

OPERATOR San Juan Minerals Exploration DATE 10-24-84

WELL NAME Levisa Fed. # 8

SEC SESW 32 T 41S R 19E COUNTY San Juan

43-037-31093
API NUMBER

Fed.
TYPE OF LEASE

POSTING CHECK OFF:

<input type="checkbox"/>	INDEX	<input type="checkbox"/>	HL	<input type="checkbox"/>
<input type="checkbox"/>	NID	<input type="checkbox"/>	PI	<input type="checkbox"/>
<input type="checkbox"/>	MAP	<input type="checkbox"/>		<input type="checkbox"/>

PROCESSING COMMENTS:

Levisa # 156-3
Foot water permit Air drilled as per Jerry Dickman

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: STIPULATIONS

1-Water

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.



STATE OF UTAH
NATURAL RESOURCES
Oil, Gas & Mining

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

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

October 24, 1984

San Juan Minerals Exploration
P. O. Box 422
Mexican Hat, Utah 84531

Attention: G. R. Dickinson

Gentlemen:

Re: Well No. Louise Federal #8 - SE SW Sec. 32 - T. 41S, R. 19E
177' FSL, 1940' FWL - San Juan County, Utah

Approval to drill the above referenced oil well is hereby granted in accordance with Order of Cause No. 156-3 dated April 15, 1980.

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

1. Spudding notification to the Division within 24 hours after drilling operations commence.
2. Submittal to the Division of completed Form OGC-8-X, Report of Water Encountered During Drilling.
3. Prompt notification to the Division should you determine that it is necessary to plug and abandon this well. Notify John R. Baza, Petroleum Engineer, (Office) (801) 533-5771, (Home) 298-7695 or R. J. Firth, Associate Director, (Home) 571-6068.
4. Compliance with the requirements and regulations of Rule C-27, Associated Gas Flaring, General Rules and Regulations, Oil and Gas Conservation.

Page 2

San Juan Minerals Exploration Co.

Well No. Louise Federl #8

October 24, 1984

5. This approval shall expire one (1) year after date of issuance unless substantial and continuous operation is underway or an application for an extension is made prior to the approval expiration date.

The API number assigned to this well is 43-037-31093.

Sincerely,



R. J. Firth
Associate Director, Oil & Gas

as

Enclosures

cc: Branch of Fluid Minerals

REC'D MDO OCT 19 1984

Form 3160-3
(November 1983)
(formerly 9-331C)

SUBMIT IN TRIPLICATE*
(Other instructions on
reverse side)

Form approved.
Budget Bureau No. 1004-0136
Expires August 31, 1985

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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
 SAN JUAN MINERALS EXPLORATION COMPANY
 G. R. DICKINSON, OPERATOR

3. ADDRESS OF OPERATOR
 Box 422, MEXICAN HAT, UTAH - 84531

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)
 At surface
 177 Ft. FROM THE SOUTH LINE AND 1940 Ft. FROM THE WEST LINE
 At proposed prod. zone
 SAME

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 2 5/8 MILES NE

15. DISTANCE FROM PROPOSED* LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT. (Also to nearest drlg. unit line, if any)
 177'
~~515 FT.~~

16. NO. OF ACRES IN LEASE
 600.64

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 UNLIMITED

18. DISTANCE FROM PROPOSED* LOCATION TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT.
 249'
~~300 FT.~~

19. PROPOSED DEPTH
~~1500 FT.~~ 900'

20. ROTARY OR CABLE TOOLS
 ROTARY

21. ELEVATIONS (Show whether DF, RT, GR, etc.)
 ON PLAT

22. APPROX. DATE WORK WILL START*
 10-01-84

5. LEASE DESIGNATION AND SERIAL NO.
 U-22899

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
 NONE

7. UNIT AGREEMENT NAME
 NONE

8. FARM OR LEASE NAME
 LOUISE FEDERAL

9. WELL NO.
 WELL #8

10. FIELD AND POOL, OR WILDCAT
 MEXICAN HAT

11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA
 SEC. 32 T41S R19E S.L.M.

12. COUNTY OR PARISH 13. STATE
 SAN JUAN UTAH

PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
SURFACE 9"	7 5/8"	20PD.	150'	35 SACKS NEAT
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DRILL HOLE WITH SPUD MUD TO SET 7 5/8" SURFACE CASING. DRILL 6 3/4" HOLE WITH AIR TO TD. ESTIMATED DEPTH - GOODRIDGE ^{300'} ~~200'~~ PLUS.

THIS IS KNOWN AS A LOW PRESSURE AREA. ADEQUATE BLOWOUT PREVENTION EQUIPMENT WILL BE USED.

RECEIVED

OCT 30 1984

DIVISION OF OIL
GAS & MINING

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 prevention program, if any.

24. SIGNED G. R. Dickinson TITLE Operator DATE 10-15-84

(This space for Federal or State office use)

PERMIT NO. _____ APPROVAL DATE _____
 APPROVED BY Kenneth V. Rhea TITLE Acting DISTRICT MANAGER DATE 29 OCT 1984

CONDITIONS OF APPROVAL, IF ANY:

CONDITIONS OF APPROVAL ATTACHED

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

*See Instructions On Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the

John H. ...

COMPANY SAN JUAN MINERALS CO.

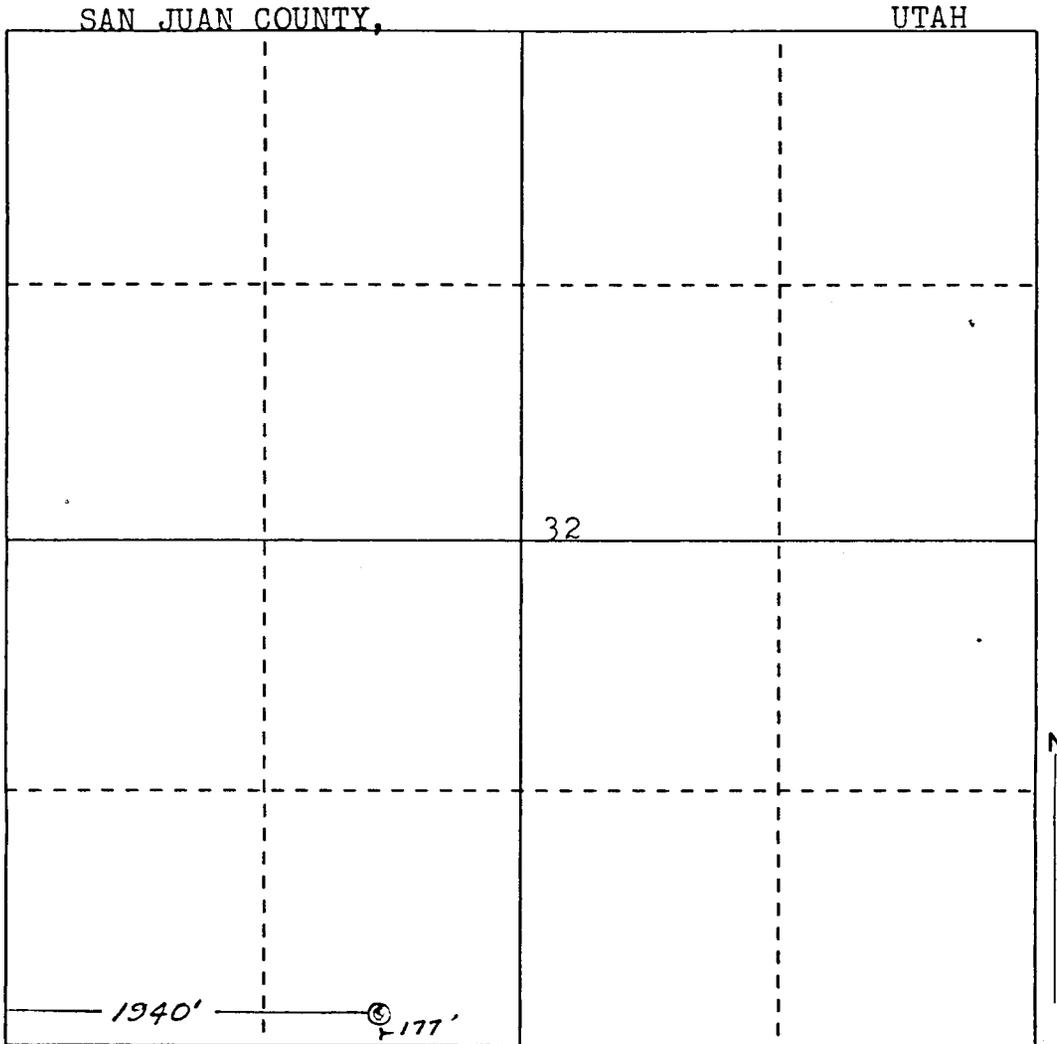
G. R. DICKERSON, OPERATOR

LEASE LOUISE FEDERAL WELL NO. 8

SEC. 32 T. 41 SOUTH R. 19 EAST, S.L.M.

LOCATION 177 FEET FROM THE SOUTH LINE AND
1940 FEET FROM THE WEST LINE

ELEVATION 4252 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 AUGUST 31, 19 84

San Juan Minerals Exploration Company
c/o G.R. Dickinson, Operator
Well No. Louise Federal #8
Sec. 32, T. 41 S., R. 19 E.
San Juan County, Utah
Lease U-22899

Supplemental Stipulations:

1. Flow lines for Louise Federal #8 must be buried.
2. There will be no change from the proposed drilling and/or workover program without prior approval from the District Manager. Safe drilling and operating practices must be used. All wells, whether drilling, producing, suspended, or abandoned will be identified in accordance with 43 CFR 3162.2.
3. "Sundry Notice and Report on Wells" (Form 3160-5) will be filed for approval for all changes of plans and other operations in accordance with 43 CFR 3164.
4. No location will be constructed or moved, no well will be plugged, and no drilling or workover equipment will be removed from a well to be placed in a suspended status without prior approval of the District Manager. If operations are to be suspended, prior approval of the District Manager will be obtained and notification given before resumption of operations.
5. The spud date will be reported orally to the San Juan Area Manager, a minimum of 24 hours before spudding. A Sundry Notice (Form 3160-5) will be sent w/in 24 hours after spudding, reporting the spud date and time. The Sundry will be sent to the District Manager. If the spudding is on a weekend or holiday, the Sundry will be submitted on the following regular work day.
6. In accordance with Onshore Oil and Gas Order No. 1, this well will be reported on Form 3160-6 "Monthly Report of Operations," starting with the month in which operations begin and continue each month until the well is physically plugged and abandoned. This report will be sent to the BLM District Office, P.O. Box 970, Moab, Utah 84532.
7. Immediate Report: Spills, blowouts, fires, leaks, accidents, or any other unusual occurrences shall be promptly reported to the Resource Area in accordance with requirements of NTL-3A.
8. If a replacement rig is planned for completion operations, a Sundry Notice (Form 3160-5) to that effect will be filed, for prior approval of the District Manager. All conditions of this approved plan are applicable during all operations conducted with the replacement rig. In emergencies, verbal approval can be given by the District Petroleum Engineer.

9. If the well is successfully completed for production, then the District Manager will be notified when the well is placed in a producing status. Such notification will be sent by telegram or other written communication, not later than 5 business days following the date on which the well is placed on production.
10. No well abandonment operations will begin without the prior approval of the District Manager. In the case of newly drilled dry holes or failures, and in emergencies, oral approval will be obtained from the District Petroleum Engineer. A "Subsequent Report of Abandonment" (Form 3160-5), will be filed with the District Manager, within 30 days following completion of the well for abandonment. This report will indicate where plugs were placed and the current status of surface restoration.
11. Final abandonment will not be approved until the surface reclamation work required by the approved APD or approved abandonment notice has been completed to the satisfaction of the San Juan Area Manager, or the appropriate surface manager.
12. Approval to vent/flare gas during initial well evaluation will be obtained from the District Office. This preliminary approval will not exceed 30 days or 50 MMCF gas. Approval to vent/flare beyond this initial test period will require District Office approval pursuant to guidelines in NTL-4A.
13. Upon completion of approved plugging, a regulation marker will be erected in accordance with 43 CFR 3162.6. The following information will be permanently beaded-on with a welding torch: Fed, Well Number, location by $\frac{1}{4}$ section, township and range, lease number.
14. This permit will be valid for a period of one year from the date of approval. After permit termination a new application will be filed for approval for any future operations.
15. Your contact with the District Office is: Robert (Bob) Graff, Petroleum Engineer
Address: 82 E. Dogwood, P.O. Box 970
Moab, Utah 84532
Office Phone: 801-259-6111 Ext. 216
Home Phone: 801-259-6088

Resource Area Manager's address and contacts are: San Juan Resource Area
Address: 480 South First West, P.O. Box 7
Monticello, Utah 84535
Your contact is: Rich McClure
Office Phone: 801-587-2201
Home Phone: 801-587-2874

DIVISION OF OIL, GAS AND MINING

SPUDDING INFORMATION

API #43-037=31093

NAME OF COMPANY: SAN JUAN MINERALS

WELL NAME: Louise Federal #8

SECTION SE SW 32 TOWNSHIP 41S RANGE 19E COUNTY San Juan

DRILLING CONTRACTOR H & H Drilling

RIG # 1

SPUDED: DATE 11-1-84

TIME 12:00Noon

HOW Rotary

DRILLING WILL COMMENCE _____

REPORTED BY Gerry Dickinson

TELEPHONE # 683-2229

DATE 11-5-84 SIGNED AS

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

5. LEASE U-52879 **REC'D MDO NOV 7 1984**

6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____

7. UNIT AGREEMENT NAME _____

8. FARM OR LEASE NAME LOUISE FEDERAL

9. WELL NO. #8

10. FIELD OR WILDCAT NAME MEXICAN HAT

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC 32 T 41S R 19E S 4M

12. COUNTY OR PARISH SAN JUAN 13. STATE _____

14. API NO. _____

15. ELEVATIONS (SHOW DF, KDB, AND WD) 4252 GRUND

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 well disposal.)

1. oil well gas well other

2. NAME OF OPERATOR

SAN JUAN MINING & OIL CO. (G.R. DICKINSON)

3. ADDRESS OF OPERATOR

Box 422 MEXICAN HAT UTAH 84531

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 177 FSL 1940' FWL

AT TOP PROD. INTERVAL: SAME

AT TOTAL DEPTH: SAME

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

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

SPUDDED IN WELL #8 ON 11-1-84 - 0400 PM

RECEIVED
DEC 17 1984

DIVISION OF
OIL, GAS & MINING

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

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

SIGNED G.R. Dickinson TITLE Operator DATE 11-2-84

(This space for Federal or State office use)

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

ACCEPTED

STATE OF UTAH
OIL & GAS CONSERVATION COMMISSION

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

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

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
San Juan Minerals Exploration Co. (G. R. Dickinson - Operator)

3. ADDRESS OF OPERATOR
P.O. Box 422, 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 177' FSL & 1940' FWL
Same

14. PERMIT NO.
Approved 10/29/84

15. ELEVATIONS (Show whether DF, RT, OR, etc.)
4252 GR

5. LEASE DESIGNATION AND SERIAL NO.
Federal Lease #U-22899

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Louise Federal

9. WELL NO.
#8

10. FIELD AND POOL, OR WILDCAT
Mexican Hat

11. SEC., T., R., M., OR BLEK. AND SURVEY OR AREA
Sec. 32, T41S, R19E, SLM

12. COUNTY OR PARISH
San Juan

13. STATE
Utah

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

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

- Waiting on completion rig to complete well.
- Please send copies of all correspondence and notices to:

APA Development, Inc.
Post Office Box 215
Cortez, Colorado 81321

Telephone: (303) 565-8245
Freda Yeomans

18. I hereby certify that the foregoing is true and correct
APA DEVELOPMENT, INC.
SIGNED BY: Patrick B. Woosley, Pres. TITLE Agent for Operator DATE February 25, 1985
(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 84180-1203 • 801-538-5340

April 8, 1985

San Juan Minerals
Route #1, Box 52J
Blythe, California 92225

Gentlemen:

Re: Well No. Louise Federal #8, Sec. 32, T. 41S, R. 19E.,
San Juan County, Utah - API #43-037-31093

Our records indicate that you have not filed drilling reports for the months of November 1984 to present on the above listed 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 22, 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/54



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

June 24, 1985

San Juan Minerals Company
P.O. Box 422
Mexican Hat, Utah 84531

Gentlemen:

Re: Well No. Louise Federal #8 - Sec. 32, T. 41S., R. 19E.,
San Juan County, Utah - API #43-037-31093

Our records indicate that you have not filed drilling reports for the months of January 1984 to completion 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.

Also, please be advised that the "Well Completion or Recompletion Report and Log" for the above referenced well is due and has not been filed with this office as required by our rules and regulations.

Enclosed are forms for your convenience in filing the necessary reports as soon as possible but no later than July 5, 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

0170S/68

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

5. LEASE DESIGNATION (SEE SERIAL NO.)
Federal Lease #11-22899
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 BLK. AND SUBST OR AREA
12. COUNTY OR PARISH
13. STATE

RECEIVED
JUL 08 1985

RECEIVED
JUL 08 1985
DIVISION OF OIL
& 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 GAS WELL OTHER
2. NAME OF OPERATOR: APA DEVELOPMENT, INC.
3. ADDRESS OF OPERATOR: P.O. Box 215, Cortez, Colorado
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface 177' FSL & 1940' FWL
Same
14. PERMIT NO.
15. ELEVATIONS (Show whether of, RT, GR, etc.)
4252 GR

Louise Federal
#8
Mexican Hat
Sec. 32, T41S, R19E
San Juan Utah

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	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) _____
(Other) Information <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.)

- For months of March, April and May, 1985, waiting on completion rig to complete well.
- Please note change of operator from San Juan Minerals Exploration Co. (G.R. Dickinson - Operator). (See attached copy of Designation of Operator).
- Request name change from Louise Federal #8 to Mexican Hat Federal #8.

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

SIGNED Larry B. Howard TITLE President DATE 7-2-85
By [Signature] SECRETARY

(This space for Federal or State office use)

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

RECEIVED

JUL 08 1985

DIVISION OF OIL
GAS & MINING

DESIGNATION OF OPERATOR

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

DISTRICT LAND OFFICE:
SERIAL NO.: U-22899

and hereby designates

NAME: APA Development, Inc.
ADDRESS: P.O. Box 215, Cortez, Colorado 81321

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

Section 31: Lot 4
Section 32: Lots 4, 5, and 6; and
NE/4 NE/4 and SE/4 SW/4

Township 41 South, Range 19 East, S.L.M.;
San Juan County, State of Utah;
Containing approximately 149.51 acres, more or less.

It is understood that this designation of operator does not relieve the lessee of responsibility for compliance with the terms of the lease and the Operating Regulations. It is also understood that this designation of operator does not constitute an assignment of any interest in the lease.

In case of default on the part of the designated operator, the lessee will make full and prompt compliance with all regulations, lease terms, or orders of the Secretary of the Interior or his representative.

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

SAN JUAN MINERALS EXPLORATION COMPANY, INC.,
a Utah corporation,

By: Jack Williams
(Signature of lessee)

Jack Williams, President
Route 1 - Box 52
Blythe, California 92225
(Address)

5-18-85
(Date)

MAILED
4-17-85
FLY

DESIGNATION OF OPERATOR

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

DISTRICT LAND OFFICE:
SERIAL NO.: U-22899

RECEIVED

AUG 12 1985

and hereby designates

NAME: APA Development, Inc.
ADDRESS: P.O. Box 215, Cortez, Colorado 81321

DIVISION OF OIL
GAS & MINING

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

Section 31: NE/4 SE/4
Section 32: Lots 4, 5, and 6; and
NE/4 NE/4 and SE/4 SW/4

Township 41 South, Range 19 East, S.L.M.;
San Juan County, State of Utah
Containing approximately 149.51 acres,
more or less.

It is understood that this designation of operator does not relieve the lessee of responsibility for compliance with the terms of the lease and the Operating Regulations. It is also understood that this designation of operator does not constitute an assignment of any interest in the lease.

In case of default on the part of the designated operator, the lessee will make full and prompt compliance with all regulations, lease terms, or orders of the Secretary of the Interior or his representative.

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

SAN JUAN MINERALS EXPLORATION COMPANY, INC.,
a Utah corporation,

By

Jack Williams
.....
(Signature of lessee)
Jack Williams, President

Route 1 - Box 52
Blythe, California 92225

.....
(Address)

7-30-85
.....
(Date)



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

October 9, 1985

APA Development, Inc.
P.O. Box 215
Cortez, Colorado 81321

Gentlemen:

Re: Well No. Louise Federal #8 - Sec. 32, T. 41S., R. 19E.,
San Juan County, Utah - API #43-037-31093

Our records indicate that you have not filed drilling reports for the months of January 1984 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 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

0170S/55

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

5. LEASE DESIGNATION AND SERIAL NO.
Federal Lease #U-22899
6. INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

RECEIVED

(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.)

OCT 21 1985

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR APA Development, Inc.		8. FORM OR LEASE NAME Mexican Hat Federal	
3. ADDRESS OF OPERATOR P.O. Box 215, Cortez, Colorado 81321		9. WELL NO. #8	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 177' FSL & 1940' FWL Same		10. FIELD AND POOL, OR WILDCAT Mexican Hat	
14. PERMIT NO. 43-037-31093		18. STATE Utah	
15. ELEVATIONS (Show whether of, to, or, etc.) 4252 GR		12. COUNTY OR PARISH San Juan	
11. SEC., T., R., M., OR BLK. AND SUBST OR AREA Sec. 32-T41S-R19E			

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) _____	<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.) *

Month of January, 1985, waiting on completion rig to complete well.

18. I hereby certify that the foregoing is true and correct
SIGNED [Signature] TITLE Office Manager DATE 10-18-85

(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

DESIGNATION OF OPERATOR

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

STATE OFFICE: UTAH
SERIAL No.: U-22899

RECEIVED

and hereby designates

DEC 13 1985

NAME: Howell Oil Co.
ADDRESS: 60 N. Main, Blanding, Utah 84511

DIVISION OF OIL
GAS & MINING

as his operator and local agent, with full authority to act in his behalf in complying with the terms of the lease and regulations applicable thereto and on whom the authorized officer may serve written or oral instructions in securing compliance with the Operating Regulations (43 CFR 3160) with respect to (describe acreage to which this designation is applicable):

Lots 3,4,5 and 6 Sec 32, 41S, 19E
S.E. quarter of South west quarter #4, #9
N.E. quarter of N.E. quarter all in sec 32
41S, 19E
Containing 149.51 acres more or less

Louise Fed. #8

It is understood that this designation of operator does not relieve the lessee of responsibility for compliance with the terms of the lease and the Operating Regulations. It is also understood that this designation of operator does not constitute an assignment of any interest in the lease.

In case of default on the part of the designated operator, the lessee will make full and prompt compliance with all regulations, lease terms, or orders of the Secretary of the Interior or his representative.

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

Jack Williams for San Juan Minerals Exp. Co.
(Signature of lessee)

12-11-85
(Date)

P.O. Box 57 Blythe Calif
(Address) 92225

This form does not constitute an information collection as defined by 44 U.S.C. 3502 and thereto does not require OMB approval.

STATE OF UTAH
OIL & GAS CONSERVATION COMMISSION

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

SUNDRY NOTICES AND REPORTS ON WELLS

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

<p>1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/></p> <p>2. NAME OF OPERATOR San Juan Minerals Exploration Company</p> <p>3. ADDRESS OF OPERATOR P.O. Box 422, Mexican Hat, UT 84531</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 177' FSL & 1940' FWL Same</p>		<p>5. LEASE DESIGNATION AND SERIAL NO. Federal Lease #U-22899</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME Mexican Hat Federal</p> <p>9. WELL NO. #8</p> <p>10. FIELD AND POOL, OR WILDCAT Mexican Hat</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 32, T41S, R19E</p>	
<p>14. PERMIT NO. 43-037-31093</p>	<p>15. ELEVATIONS (Show whether DF, RT, OR, etc.) 4252 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) Change of Operator <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.)*

Change of Operator from San Juan Exploration Company to Howell Oil Company, 60 North Main, Blanding, Utah 84511 (APA Development, Inc. was operator of well from February 7, 1985, until approximately November 14, 1985, pursuant to Agreement dated February 7, 1985. November 14, 1985, APA Development, Inc. sold its interest in this well to Wesgra Corporation and Howell Oil Company pursuant to Agreement of same date.)

RECEIVED
MAR 10 1986

DIVISION OF
OIL, GAS & MINING

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

SIGNED Frederick J. ... TITLE Agent DATE 3/4/86

(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 84180-1203 • 801-538-5340

April 4, 1986

Howell Oil Company
60 North Main
Blanding, Utah 84511

Gentlemen:

Re: Well No. Louise Federal #8 - Sec. 32, T. 41S, R. 19E
San Juan County, Utah - API #43-037-31093

A records review indicates that no required reports for the referenced well have been filed since May 1985. Monthly drilling reports must be submitted to account for the time between spudding and well completion.

Rule 312 of the Oil and Gas Conservation General Rules requires that Form DOGM-3 "Well Completion or Recompletion Report and Log" or copy of the equivalent federal form, along with copies of logs and tests run, be filed with this office not later than 90 days after termination of drilling.

Please submit the required drilling reports and Well Completion Report, including copies of logs and tests which may have been run on the referenced well, not later than April 27, 1986. Address the required response to:

Utah Division of Oil, Gas and Mining
Attention: Suspense File - Norm Stout
355 West North Temple
3 Triad Center, Suite 350
Salt Lake City, Utah 84180-1203

Respectfully,


Norman C. Stout
Records Manager

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

0385S/13

~~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
Howell Oil Co.

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

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE:
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

5. LEASE
U-22899

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Mexican Hat Federal

9. WELL NO.
eight

10. FIELD OR WILDCAT NAME
Mexican Hat

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
sec 32, 41s, 19e

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

14. API NO.

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

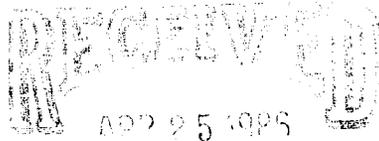
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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

filled with cement top to bottom
run drill pipe and started pumping cement 5 ft off bottom
depth 300'



DIVISION OF
OIL, GAS & MINING

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

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

SIGNED W. Steen TITLE V.P. DATE 4-3-80

(This space for Federal or State office use)

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

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

*See Instructions on Reverse Side

DATE 5-5-86
John R. Daza

DTS ✓

031812
RECEIVED
AUG 11 1986

Howell Oil Company, Inc.
60 North Main Street
Blanding, Utah 84511

DIVISION OF
OIL, GAS & MINING

August 5, 1986

Division of Oil Gas and Mining
#3 Triad Center Suite #350
Salt Lake City, Utah 84180-1203

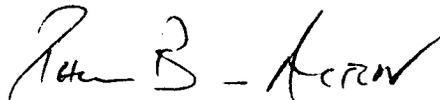
Attention: Ron Firth

Re: Howell Oil Company / Clinton K. Howell

Dear Mr. Firth,

Pursuant to my telephone conversation 8-4-86 with Don Staley, I am requesting that the wells covered by the above named operators be combined as they are one and the same. The account number of 1810 currently associated with Howell Oil Co. is the number we would like to retain.

Thank You,



Phil B. Acton, Manager

PBA:dh



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

August 11, 1986

RETURN RECEIPT REQUESTED
P 168 903 925

Howell Oil Company
60 North Main
Blanding, Utah 84511

Gentlemen:

Re: Well No. Louise Federal #8 - Sec. 32, T. 41S, R. 19E
San Juan County, Utah - API #43-037-31093

Rule 312 of the Oil and Gas Conservation General Rules requires that Form DOGM-3 "Well Completion or Recompletion Report and Log", along with copies of logs and tests run, be filed with this office not later than 90 days after well completion and/or plugging procedure.

Please complete and return the enclosed Form DOGM-3 or the equivalent federal form including copies of logs and tests which may have been run on the referenced well to the address listed below, at your earliest convenience, but not later than August 27, 1986.

Utah Division of Oil, Gas, and Mining
Attention: Suspense File - Norm Stout
355 West North Temple
3 Triad Center, Suite 350
Salt Lake City, Utah 84180-1203

Respectfully,

A handwritten signature in cursive script, appearing to read "Norman C. Stout".

Norman C. Stout
Records Manager

ts
cc: Dianne R. Nielson
Ronald J. Firth
John R. Baza
Well File
Suspense File
0448S/11



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

September 11, 1986

RETURN RECEIPT REQUESTED
P 168 903 922

Howell Oil Company
60 North Main
Blanding, Utah 84511

Gentlemen:

Re: Well No. Louise Federal #8 - Sec. 32, T. 41S, R. 19E
San Juan County, Utah - API #43-037-31093

Rule 312 of the Oil and Gas Conservation General Rules requires that Form DOGM-3 "Well Completion or Recompletion Report and Log", along with copies of logs and tests run, be filed with this office not later than 90 days after well completion and/or plugging procedure.

Please complete and return the enclosed Form DOGM-3 or the equivalent federal form including copies of logs and tests which may have been run on the referenced well to the address listed below, at your earliest convenience, but not later than September 30, 1986.

Utah Division of Oil, Gas, and Mining
Attention: Suspense File - Norm Stout
355 West North Temple
3 Triad Center, Suite 350
Salt Lake City, Utah 84180-1203

Respectfully,

Norman C. Stout
Records Manager

ts

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

0448S/11



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

August 11, 1986

RETURN RECEIPT REQUESTED
P 168 903 925

Howell Oil Company
60 North Main
Blanding, Utah 84511

Gentlemen:

Re: Well No. Louise Federal #8 - Sec. 32, T. 41S, R. 19E
San Juan County, Utah - API #43-037-31093

Rule 312 of the Oil and Gas Conservation General Rules requires that Form DOGM-3 "Well Completion or Recompletion Report and Log", along with copies of logs and tests run, be filed with this office not later than 90 days after well completion and/or plugging procedure.

Please complete and return the enclosed Form DOGM-3 or the equivalent federal form including copies of logs and tests which may have been run on the referenced well to the address listed below, at your earliest convenience, but not later than August 27, 1986.

Utah Division of Oil, Gas, and Mining
Attention: Suspense File - Norm Stout
355 West North Temple
3 Triad Center, Suite 350
Salt Lake City, Utah 84180-1203

Respectfully,

A handwritten signature in cursive script, appearing to read 'Norman C. Stout'.

Norman C. Stout
Records Manager

ts
cc: Dianne R. Nielson
Ronald J. Firth
John R. Baza
Well File
Suspense File
0448S/11

PS Form 3811, July 1983 447-945

SENDER: Complete items 1, 2, 3 and 4.
 Put your address in the "RETURN TO" space on reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

1. Show to whom, date and address of delivery.
 2. Restricted Delivery.

3. Article Addressed to:
 Howell Oil Company
 60 North Main
 Blanding, Utah 84511

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	P 168 903 922

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X *Duan Hurst*

6. Signature - Agent
 X *—*

7. Date of Delivery
 9-15-86

8. Addressee's Address (ONLY if requested and fee paid)
 60 North Main

norm

DOMESTIC RETURN RECEIPT

P 168 903 922

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

PS Form 3800, Feb. 1982

U.S.G.P.O. 1984-446-014

Sent to	Howell Oil Company
Street and No.	60 North Main
P.O., State and ZIP Code	Blanding, Utah 84511
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	<i>SEP 15 1986</i>

norm

PS Form 3811, July 1983 447-945

SENDER: Complete items 1, 2, 3 and 4.
 Put your address in the "RETURN TO" space on reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

1. Show to whom, date and address of delivery.
 2. Restricted Delivery.

3. Article Addressed to:
 Howell Oil Company
 60 North Main
 Blanding, Utah 84511

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	P 168 903 925

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X

6. Signature - Agent
 X *Duan Hurst*

7. Date of Delivery
 8-15-86

8. Addressee's Address (ONLY if requested and fee paid)
 address correct

DOMESTIC RETURN RECEIPT

P 168 903 925

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

PS Form 3800, Feb. 1982

U.S.G.P.O. 1984-446-014

Sent to	Howell Oil Company
Street and No.	60 North Main
P.O., State and ZIP Code	Blanding, UT 84511
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	<i>SEP 13 1986</i>

norm

STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST-CLASS POSTAGE,
CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES. (see front)

1. If you want this receipt postmarked, stick the gummed stub on the left portion of the address side of the article leaving the receipt attached and present the article at a post office service window or hand it to your rural carrier. (no extra charge)
2. If you do not want this receipt postmarked, stick the gummed stub on the left portion of the address side of the article, date, detach and retain the receipt, and mail the article
3. If you want a return receipt, write the certified mail number and your name and address on a return receipt card, Form 3811, and attach it to the front of the article by means of the gummed ends if space permits. Otherwise, affix to back of article. Endorse front of article. **RETURN RECEIPT REQUESTED** adjacent to the number.
4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article.
5. Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811.
6. Save this receipt and present it if you make inquiry.

STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST-CLASS POSTAGE,
CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES. (see front)

1. If you want this receipt postmarked, stick the gummed stub on the left portion of the address side of the article leaving the receipt attached and present the article at a post office service window or hand it to your rural carrier. (no extra charge)
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5. Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811.
6. Save this receipt and present it if you make inquiry.

TO RETURN

UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS
SENDER INSTRUCTIONS
Print your name, address, and ZIP Code in the space below.
• Complete items 1, 2, 3, and 4 on the reverse.
• Attach to front of article if space permits.
• Otherwise affix to back of article.
• Endorse article "Return Receipt Requested" adjacent to number.

DIVISION OF
OIL GAS & MINING

AUG 18 1986



PENALTY FOR PRIVATE USE, \$300



STATE OF TEXAS
NATURAL RESOURCES
OIL GAS & MINING (No. and Street, Apt., Suite, P.O. Box or R.D. No.)
3 TRIAD CENTER, SUITE 350
SALT LAKE CITY, UTAH 84119-1203

TO RETURN

UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS
SENDER INSTRUCTIONS
Print your name, address, and ZIP Code in the space below.
• Complete items 1, 2, 3, and 4 on the reverse.
• Attach to front of article if space permits.
• Otherwise affix to back of article.
• Endorse article "Return Receipt Requested" adjacent to number.

UNITED STATES POSTAL SERVICE



PENALTY FOR PRIVATE USE, \$300



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

121803

5. LEASE DESIGNATION AND SERIAL NO.

4-22899

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

N/A

7. UNIT AGREEMENT NAME

N/A

8. FARM OR LEASE NAME

N/A

9. WELL NO.

Mexican Hat Fed #8

10. FIELD AND POOL, OR WILDCAT

MEXICAN HAT

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

SEC 32, 41 S, 19 E 50 M

12. COUNTY OR PARISH

SAN JUAN

13. STATE

UT.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

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 _____

2. NAME OF OPERATOR
HOWELL OIL CO.

3. ADDRESS OF OPERATOR
60 NORTH MAIN - BLANDING, UTAH 84511

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface 177 FSL, 1940 FWL
At top prod. interval reported below SAME
At total depth SAME

14. PERMIT NO. 43-037-31093
DATE ISSUED 10-24-84

15. DATE SPUDDED 11-1-84
16. DATE T.D. REACHED EST 11-15-84
17. DATE COMPL. (Ready to prod.) P&A 4-3-86
18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 4252 GR
19. ELEV. CASINGHEAD —

20. TOTAL DEPTH, MD & TVD 360
21. PLUG. BACK T.D., MD & TVD NA
22. IF MULTIPLE COMPL., HOW MANY* N/A
23. INTERVALS DRILLED BY —
ROTARY TOOLS —
CABLE TOOLS —

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*
GDRSD NONE
25. WAS DIRECTIONAL SURVEY MADE NO

26. TYPE ELECTRIC AND OTHER LOGS RUN NONE
27. WAS WELL CORDED NO

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

CASING SIZE	WEIGHT, LB/FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
		UNK			

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)
		UNK		

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)

31. PERFORATION RECORD (Interval, size and number)

NONE

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
	N/A

33. PRODUCTION

DATE FIRST PRODUCTION: NONE
PRODUCTION METHOD: _____
WELL STATUS (Producing or shut-in): P&A 4-3-86

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO

FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)
TEST WITNESSED BY: [Signature]

35. LIST OF ATTACHMENTS
ADMINISTRATIVE REPORT-DOGDM
UNABLE TO OBTAIN REPORT FROM OPERATOR

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

SIGNED: [Signature] TITLE: _____ DATE: 12-16-86

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

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 (dillers, 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.

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

Item 29: "Sacks 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.)

37. SUMMARY OF POROUS ZONES:
SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CURSION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.

38.

GEOLOGIC MARKERS

NAME	MEAS. DATE	TOP	FROM WEST. DATE
HALIGATO SHALE RICO	SURFACE 275		275 360 TD

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TWO COPIES
(Other instructions on reverse side)

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

5. LEASE DESIGNATION AND SERIAL NO. U-22899 **14**

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
San Juan Minerals Mexican Hat Federal

9. WELL NO.
9,10 **(8)**

10. FIELD AND POOL, OR WILDCAT
Mexican Hat

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 32, 41S, 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

2. NAME OF OPERATOR
Howell Oil Co.

3. ADDRESS OF OPERATOR
60 N. Main, Blanding, Utah 84511

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 DF, RT, 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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Plugging</u>	

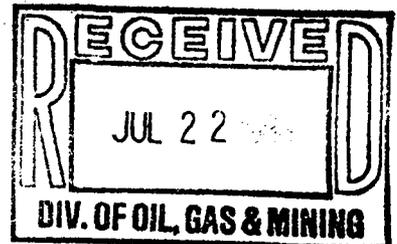
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)*

Wells 9, 10, 8 were ~~XXXX~~ plugged according to sundry report sent in on 11-30-87

Wells 1, 11, and 3 were left to the ~~XXXXX~~ new designated operators at their behest for future development.

New operators, Mexican Hat Oil Co. LACTO, P O BOX 7133, Farmington, New Mexico, 87401



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

SIGNED W.E. Sheen TITLE V-President DATE 2-14-88

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE [Signature] DATE 6/29/88

CONDITIONS OF APPROVAL, IF ANY:

Approve w/ conditions
AMM 6/22/88

CONDITIONS OF APPROVAL ATTACHED
*See Instructions on Reverse Side