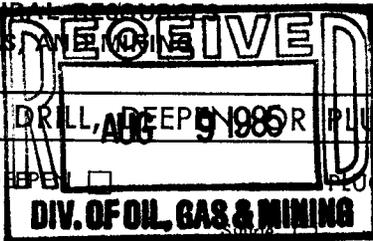


STATE OF UTAH DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS AND MINING

(Other instructions on reverse side)



Fee

5. Lease Designation and Serial No.

None

6. If Indian, Allottee or Tribe Name

None

7. Unit Agreement Name

None

8. Farm or Lease Name

Well #1

9. Well No.

Mexican Hat

10. Field and Pool, or Wildcat

Sec. 6 T42S R19E S.L.M.

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

SAN JOAN

12. County or Parrish 13. State

APPLICATION FOR PERMIT TO DRILL, DEEPEN OR PLUG BACK

1a. Type of Work

DRILL [X]

DEEPEN []

PLUG BACK []

b. Type of Well

Oil Well [X]

Gas Well []

Other []

Multiple Zone []

2. Name of Operator

J & L Oil Company

683-2215

3. Address of Operator

P.O. Box 307 Mexican Hat, UT 84531

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

At surface 1690 Ft from South Line and 1030 Ft from West Line

At proposed prod. zone

Same

NW/SW

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

1 1/2 Miles NW

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

56 Ft

16. No. of acres in lease

60

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.

"156.3"

19. Proposed depth

450 Ft

20. Rotary or cable tools

Rotary

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

4230 Ft

22. Approx. date work will start*

Aug. 15, 1985

23.

PROPOSED CASING AND CEMENTING PROGRAM

Table with 5 columns: Size of Hole, Size of Casing, Weight per Foot, Setting Depth, Quantity of Cement. Row 1: 7", 5 1/2", 21 pd, 100 Ft, 17 sacks neat

Drill hole with Spud Mud to set 7" surface casing. Drill 5 1/2" hole with mud to est. depth - ~~156~~ - 450' more or less.

GOODRIDGE

A Notification of Intent to Drill has been directed to each working interest in the drilling unit, an operating agreement is being prepared.

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

DATE: 9/5/85

BY: [Signature]

WELL SPACING: 156-3 4/15/80

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: Aug 8, 1985

(This space for Federal or State office use)

Permit No. 43-037-31191 Approval Date

Approved by: Title: Date:

Conditions of approval, if any:

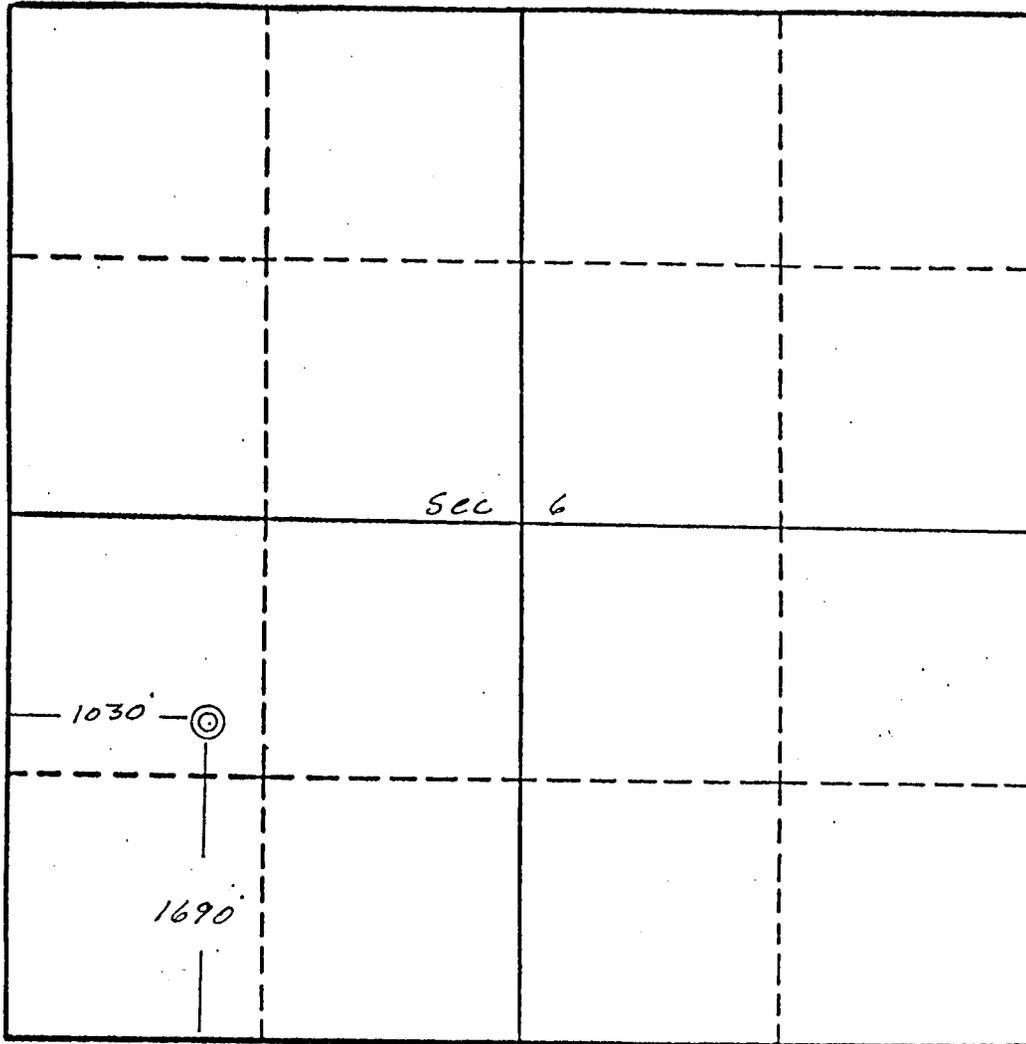
Company J and L Oil Company

Well Name & No. J and L No. 1

Location 1690' F/SL 1030' F/WL

Sec. 6, T. 42 S., R. 19 E., S. L. M., County San Juan, Utah

Ground Elevation 4230



Scale, 1 inch = 1,000 feet

Surveyed July 28, 19 85

This is to certify that the above plat was prepared from field notes of actual surveys made by me or under my supervision and that the same are true and correct to the best of my knowledge and belief.

Seal:



Edgar L. Risenhoover

Edgar L. Risenhoover
Registered Land Surveyor
New Mexico Reg. No. 5979

Non-resident certification as
authorized by Utah State Law
58-22-21(b)

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

DESIGNATION OF OPERATOR

The undersigned producer, operator, transporter, refiner, gasoline of initial purchaser who is conducting oil and/or gas operations in the State of Utah, does, pursuant to the Rules and Regulations and Rules of Practice and Procedure of the Division of Oil, Gas and Mining of the State of Utah, hereby appoint J & L Oil Company, whose address is P.O. Box 307, Mexican Hat, UT 84531, (~~his or her~~ its) designated operator to accept and to be served with notices from said Board, or from other persons authorized under the Oil and Gas Conservation Act of the State of Utah.

The undersigned further agrees to immediately report in writing, all changes of address of the operator, and any termination of the operator's authority, and in the latter case, the designation of a new operator shall be immediately made. This designation of operator, however, shall remain in full force and effect until and unless a new designation of operator is filed in accordance with said statute and said regulations.

Effective date of designation August 12, 1985

Company San Juan Minerals Corp. Co. Address Box 52, Blythe Calif 92225
(619) 922-4422
By Jack Williams Title Pres.
(signature)

Note: Please include with APD for J & L Oil Co. Vol #1

RECEIVED

AUG 15 1985

August 12, 1985

DIVISION OF OIL
GAS & MINING

Utah State Natural Resources
355 W. North Temple
3 Triad Center - Suite 350
Salt Lake City, UT 84180-1203

Subject: J & L Oil Company

Gentlemen:

J & L Oil Company, Mexican Hat, Utah, has requested and received authorization from the undersigned to use culinary water from the township of Mexican Hat, Utah, for the purpose of drilling oil wells.

Very truly yours,

SAN JUAN SPECIAL SERVICE DIST. #1

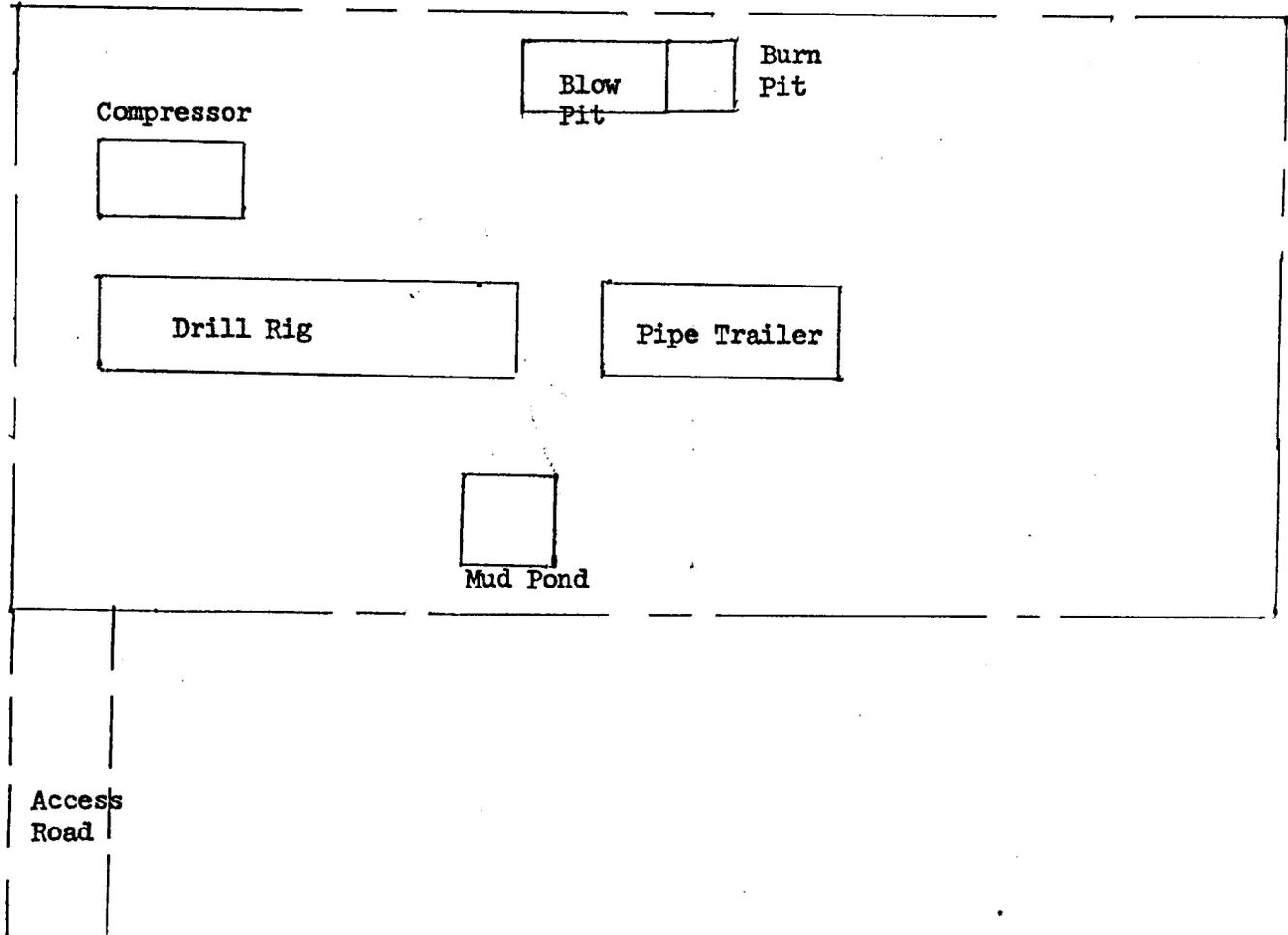
Luther P. Risenhoover

Luther Risenhoover, President

EXHIBIT I

J & L Oil Co.
Well #1

1. Important geologic markers is the Goodridge sand which stands 30' above the wash where the well will be drilled.
2. Estimated depths at which the top and the bottom of anticipated, water, oil, gas, etc. is unknown as there has not been any other wells drilled in this location. All precautions will be taken to protect any resource of this type which is encountered.
3. This is known as a low pressure area. Adequate blowout prevention equipment will be used.
4. The type and characteristics of the proposed circulating medium or mediums to be employed in drilling, the quantities and types of mud and weighting material to be maintained is unknown until the drilling commences.
5. A sample will be taken every 5 feet.
6. It is anticipated that there will be no bottomhole, or abnormal pressures or temperatures or other hazards encountered.
7. Approved source of water: Approval for use per Ms. Dorothy Bolton, Utah Div. of Water Rights and San Juan Spec. Service Dist. #1.
Fresh water for surface hole, drilling and cement will be hauled from the town of Mexican Hat.
8. Cultural Resource clearance is not required as this is fee land.
9. Planned Access Roads - Roads already in existence.
10. Surface area of proposed location is rocky with very little vegetation - some Shadscale. Little dirt work is necessary to restore the area to it's original condition.
11. Source of Construction Materials - None required.
12. Handling of Wast Materials:
 - Liquid waster to be retained in earthen pit.
 - Burnable waste, if any, to be placed in earthen pit and burned at appropriate times.
 - Non-burnable waste to be placed near burn pit and hauled off on completion
13. Well layout - See Exhibit II



OPERATOR J & L Oil Co. DATE 8-14-85

WELL NAME Medicine Hat #1

SEC NW/SW 6 T 42S R 19E COUNTY San Juan

43-037-31191
API NUMBER

Free
TYPE OF LEASE

CHECK OFF:

- PLAT
- BOND
- NEAREST WELL
- LEASE
- FIELD
- POTASH OR OIL SHALE

PROCESSING COMMENTS:

Water OK

APPROVAL LETTER:

SPACING: A-3 _____ UNIT c-3-a 156-3 4/15/80
CAUSE NO. & DATE

c-3-b c-3-c

STIPULATIONS:

ONSITE PREDRILL INSPECTION FORM

COMPANY J & L Oil Company WELL NO. Mexican Hat #1

LOCATION: 1690FSL 1030FWL
SECTION 6 TOWNSHIP 42S RANGE 19E COUNTY San Juan

LEASE NO. FEE ONSITE INSPECTION DATE 22 August 1985

(A) PERSONS IN ATTENDANCE Patrick deGruyter/State of UT-DOGM, Jerold Baum/J & L Oil Company

(B) SURFACE FORMATION AND CHARACTERISTICS canyon bottom alluvial fill material - gravel and red colored sand - adjacent cliffs are Halgaito Fm (red color ss & siltstone some ls)

(C) BRIEF DESCRIPTION OF VEGETATION sagebrush, Mormon tea, ricegrass

(D) ARCHAEOLOGICAL CLEARANCE: YES OR NO NA

(E) DESCRIPTION OF TOPOGRAPHY (drainages, slope, roads, etc.) location is in canyon bottom adjacent to dry wash

(F) CONDITIONS FOR APPROVAL:

PIT LINING (YES OR NO) no

TYPE OF LINING IF NEEDED NA

ADDITIONAL REQUIREMENTS none

SIGNATURE: Patrick deGruyter TITLE Oil & Gas Field Specialist

RECEIVED

AUG 26 1985

August 22, 1985

DIVISION OF OIL
GAS & MINING

Utah Dept. of Natural Resources
Salt Lake City, Utah

Subject: Bonding Requirements for J & L Oil Company

Gentlemen:

Enclosed is "Designation of Operator" which completes all our requirements for having our ADP approved.

San Juan Minerals, owners of the lease, share an interest in the well and we will be drilling under their Blanket Bond.

Yours truly,

J & L OIL COMPANY



J. G. Baum

Enclosure



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 5, 1985

J & L Oil Company
P.O. Box 307
Mexican Hat, UT 84531

Gentlemen:

Re: Well No. Mexican Hat #1 - NW SW Sec. 6, T. 42S, R. 19E
1690' FSL, 1030' FWL - San Juan County, Utah

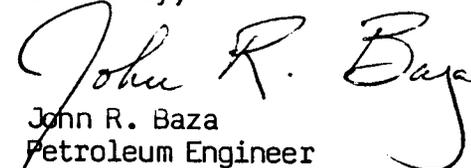
Approval to drill the above-referenced oil well is hereby granted in accordance with the Order of Cause No. 156-3 dated April 15, 1980.

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) 538-5340, (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.
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 43-037-31191.

Sincerely,


John R. Baza
Petroleum Engineer

Enclosures

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

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
J & L Oil Company

3. ADDRESS OF OPERATOR
P.O. Box 307 Mexican Hat, UT 84531

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface
1690 Ft from South Line & 1030 Ft from West Line

14. PERMIT NO.
43-037-31191

15. ELEVATIONS (Show whether SP, RT, GR, etc.)
4230 Ft

5. LEASE DESIGNATION AND SERIAL NO.
Fee

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
None

7. UNIT AGREEMENT NAME
None

8. FARM OR LEASE NAME
None

9. WELL NO.
Well #1

10. FIELD AND POOL, OR WILDCAT
Mexican Hat

11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA
Sec 6 T42S R19E SLM

12. COUNTY OR PARISH
San Juan

13. STATE
Utah

RECEIVED

OCT 28 1985

DIVISION OF OIL, GAS & MINING

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.)

Change name of Well #1 from Mexican Hat Well #1 to J & L Well #1

18. I hereby certify that the foregoing is true and correct
SIGNED Jerald L. Baum TITLE Operator DATE Oct 23, 1985

(This space for Federal or State office use)

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

A-1 DRILLING CO.

DRILLING TIME REPORT

Fri DATE

12-85

COUNTY: _____

LEASE: _____

SEC. _____ TWP. _____ RANGE _____

WELL NO. TOL No 1

TYPE OF RIG MW 15

TYPE OF INDICATOR _____

MUD WEIGHT _____

WEIGHT ON DRILL PIPE _____

MUD VISCOSITY: Air Mist

R.P.M. ROTARY TABLE: 120

Set 60FT 8 1/4 20 cement

DEPTH		ACTUAL DRILLING TIME		MIN. PER	REMARKS	BIT NO
FROM	TO	BEGAN	ENDED			
100	105	9:18	9:23	5		GR44 5 1/2 1
105	110	9:23	9:28	5		
110	115	9:28	9:31	3		
115	120	9:31	9:35	4		
120	125	9:35	9:39	4		
125	130	9:39	9:45	6		
130	135	9:45	9:48	3		
135	140	9:48				
135	140	9:27	9:34	7	CONN	
140	145	9:36	9:41	5		
145	150	9:41	9:45	4		
150	155	9:45	9:50	5		
155	160	9:50	9:55	5	CONN	
160	165	9:57	9:59	2		
165	170	9:59	10:03	4		
170	175	10:03	10:05	2		
175	180	10:05	10:08	3	CONN	
180	185	10:09	10:14	5		
185	190	10:14	10:17	3		
190	195	10:17	10:20	3		
195	200	10:20	10:24	4	CONN	
200	205	10:25	10:29	4		
205	210	10:29	10:34	5		
210	215	10:34	10:36	2		
215	220	10:36	10:39	3	CONN	
220	225	10:40	10:44	4		
225	230	10:44	10:46	2		
230	235	10:46	10:50	4		
235	240	10:50	10:54	4		
240	245	10:55	10:59	4		

CASE & CEMENT HOLE
LET SET OVER THE WEEKEND
12/9/85 Mon Start 8 am

DESIGNATE A.M. AND P.M. TIME.

RECORD TIME TOUR IS CHANGED UNDER REMARKS

ACTUAL DRILLING TIME IS TIME SPENT IN DRILLING THE DEPTH. SHUT DOWN TIME IS SPENT SHUT DOWN FOR REPAIRS, ROUND TRIPS, WAIT ETC. SHOW WHEN BIT IS CHANGED AND KIND OF NEW BIT. MENTION ROUND TRIPS IN REMARKS COLUMN. FILL OUT THIS FORM FROM TOP BOTTOM OF HOLE.

A-1 DRILLING CO.

DRILLING TIME REPORT

MON DATE
12-9-85

COUNTY: _____

LEASE: _____

SEC. _____ TWP. _____ RANGE _____

WELL NO. J4# NO 1

TYPE OF RIG MW-15

TYPE OF INDICATOR _____

MUD WEIGHT _____

WEIGHT ON DRILL PIPE _____

MUD VISCOSITY: AIR MIST

R.P.M. ROTARY TABLE: 120

DEPTH		ACTUAL DRILLING TIME		MIN. PER	REMARKS	BIT NO.
FROM	TO	BEGAN	ENDED			
245	250	10:59	11:03	4		
250	255	11:03	11:05	2		
255	260	11:05	11:08	3	CONN	
260	265	11:09	11:13	4		
265	270	11:13	11:16	3		
270	275	11:16	11:19	3		
275	280	11:19	11:23	4	CONN	
280	285	11:30	11:35	5		
285	290	11:35	11:38	3		
290	295	11:38	11:41	3		
295	300	11:41	11:44	3	CONN	
300	305	11:46	11:50	4		
305	310	11:50	11:54	4		
310	315	11:54	11:56	2		
315	320	11:56	11:59	3	CONN	
320	325	12:01	12:04	3		
325	330	12:04	12:08	4		
330	335	12:08	12:12	4		
335	340	12:12	12:15	3	CONN	
340	345	12:16	12:21	5		
345	350	12:21	12:25	4		
350	355	12:25	12:28	3		
355	360	12:28	12:30	2	CONN	
360	365	12:33	12:37	4		
365	370	12:37	12:41	4		
370	375	12:41	12:44	3		
375	380	12:44	12:47	3	CONN	
380	385	12:49	12:53	4		
385	390	12:53	12:55	2		
390	395	12:55	12:58	3		
395	400	12:58	1:03	5		

DESIGNATE A.M. AND P.M. TIME.

RECORD TIME TOUR IS CHANGED UNDER REMARKS

ACTUAL DRILLING TIME IS TIME SPENT IN DRILLING THE DEPTH. SHUT DOWN TIME IS SPENT SHUT DOWN FOR REPAIRS, ROUND TRIPS, WATER ETC. SHOW WHEN BIT IS CHANGED AND KIND OF NEW BIT. MENTION ROUND TRIPS IN REMARKS COLUMN. FILL OUT THIS FORM FROM TOP TO BOTTOM OF HOLE.

A-1 DRILLING CO.
DRILLING TIME REPORT

LEASE: _____ DATE: 12/9/85 COUNTY: _____
 WELL NO. J42 No 1 SEC. _____ TWP. _____ RANGE _____
 TYPE OF INDICATOR _____ TYPE OF RIG MW-15
 WEIGHT ON DRILL PIPE _____ MUD WEIGHT _____
 R.P.M. ROTARY TABLE: 120 MUD VISCOSITY: Air Mist

DEPTH		ACTUAL DRILLING TIME		MIN. PER	REMARKS	BIT NO.
FROM	TO	BEGAN	ENDED			
400	405	1:04	1:12	8	60 RPM GR 44-5 1/8	
425	430	4:27	4:37	10		
430	435	4:37	4:39	2		
435	440	4:39	4:44	5	CONN	
440	445	4:45	4:57	12	446 show	
445	450	4:57	5:03	6		
450	455	5:03	5:09	6		
455	460	5:09	5:15	6		
12/10/85						
460	465	8:37	8:43	6		
465	470	8:43	8:50	7		
470	475	8:50	8:56	6		
475	480	8:56	9:03	7	CONN	
480	485	9:04	9:09	5		
485	490	9:09	9:14	5		
490	495	9:14				

DESIGNATE A.M. AND P.M. TIME. RECORD TIME TOUR IS CHANGED UNDER REMARKS.
 ACTUAL DRILLING TIME IS TIME SPENT IN DRILLING THE DEPTH. SHUT DOWN TIME IS SPENT SHUT DOWN FOR REPAIRS, ROUND TRIPS, WATER ETC. SHOW WHEN BIT IS CHANGED AND KIND OF NEW BIT. MENTION ROUND TRIPS IN REMARKS COLUMN. FILL OUT THIS FORM FROM TOP TO BOTTOM OF HOLE.

EXPRESS MAIL ROUTING SLIP

Pam

Tami

Vicky

Claudia

Stephane

Charles

Rula

Mary Alice

Connie

Millie

Pam

AK 10:35 12-11
TA 11:00 12-11

VC 2:20 12/12
G 9:03 12-12

SB 8:30
CP 2:26 12/12

BR 10:08 12/12
MKP 10:33 12/12

CD 1041 12-12

AK 1045 12/12

DIVISION OF OIL, GAS AND MINING

SPUDDING INFORMATION

API #43-037-31191

NAME OF COMPANY: J & L OIL COMPANY

WELL NAME: J & L #1

SECTION NW SW 16 TOWNSHIP 42S RANGE 19E COUNTY San Juan

DRILLING CONTRACTOR George Petty

RIG # _____

SPUDDED: DATE 12-5-85

TIME 11:00 AM

How Rotary

DRILLING WILL COMMENCE _____

REPORTED BY Jerold Bawn

TELEPHONE # 683-2215

DATE 12-5-85 SIGNED AS

EXPRESS MAIL ROUTING SLIP

Pam

AL 10:30 12/11
AA 11:00 12/11

Tami

VC 2:20

Vicky

G 8:59 12/12
SB 9:30 12-12

Claudia

CP 2:25

Stephane

RM 10:00 12/12

Charles

MAP 10:29 12/12

Rula

CD 1039 12-12

Mary Alice

Connie

AL 1045 12/12

Millie

Pam

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

SUNDRY NOTICES AND REPORTS ON WELLS

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

RECEIVED

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. Fee	
2. NAME OF OPERATOR J & L Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME None	
3. ADDRESS OF OPERATOR P.O. Box 307 Mexican Hat, UT 84531		7. UNIT AGREEMENT NAME None	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1690 Ft from So Line & 1031 Ft from West Line		8. FARM OR LEASE NAME None	
14. PERMIT NO. 43-037-31191		9. WELL NO. J & L #1	
15. ELEVATIONS (Show whether of, ft, or, etc.) 4230 ft		10. FIELD AND POOL, OR WILDCAT Mexican Hat	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		11. SEC., T., R., M., OR BLK. AND SUBSTY OR AREA Sec 6 T42S R19E S1M	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)		12. COUNTY OR PARISH San Juan	
		13. STATE Utah	

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

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

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

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

Spudding Report:

Dec. 5, 1985 5:30 p.m. Completed drilling and installing 8" 200 psi PVC surface pipe thru red blow sand to a depth of 60'.

Drilled by: G. Petty, A-1 Drilling Co. Blanding, UT - Rotary Rig No. 11

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

SIGNED Jerald S. Baum TITLE Operator DATE 12-5-85

(This space for Federal or State office use)

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

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

SUNDRY NOTICES AND REPORTS ON WELLS

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

<p>1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/></p> <p>2. NAME OF OPERATOR J & L Oil Company</p> <p>3. ADDRESS OF OPERATOR P.O. Box 307, 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 1690 Ft from So Line & 1031 Ft from West Line</p>		<p>5. LEASE DESIGNATION AND SERIAL NO. Fee</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME None</p> <p>7. UNIT AGREEMENT NAME None</p> <p>8. FARM OR LEASE NAME None</p> <p>9. WELL NO. J & L #1</p> <p>10. FIELD AND POOL, OR WILDCAT Mexican Hat</p> <p>11. SEC., T., R., M., OR BLK. AND SUBST OR ARRA Sec 6 T42S R19E S1M</p> <p>12. COUNTY OR PARISH 13. STATE San Juan Utah</p>
<p>14. PERMIT NO. 43-037-31191</p>	<p>15. ELEVATIONS (Show whether OF, BT, OR, etc.) 4230 ft</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"/>	<input checked="" type="checkbox"/> XX

(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.)*

Well was drilled to a depth of 490 ft, well was dry, however there was a show at the 446 ft depth. Well is currently on standby while plans are being formulated to determine what the best course of action will be.

RECEIVED
JAN 31 1986
**DIVISION OF OIL
GAS & MINING**

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

SIGNED Jerald S. Baum TITLE Operator DATE 1-29-86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

NAME	ACTION CODE(S)	INTL
NORM		2
TAMI		
VICKY		
CLAUDIA		
STEPHANE		
CHARLES		
RULA		
MARY ALICE		
CONNIE		
MILLIE		
PAM	FILE	

Required Action Code

1. Data Entry
2. Filming
3. Posting
 - a. Card Index
 - b. File Label
 - c. Lists
4. Bonding Verification
5. Other (See Norm)

2
Dr

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

5. LEASE DESIGNATION AND SERIAL NO.
Fee

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

9. WELL NO.
J & L #1

10. FIELD AND POOL, OR WILDCAT
Mexican Hat

11. SEC., T., R., M., OR BLK. AND SURVEY OR ABBA
Sec 6 T42S R19E ELM

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.)

RECEIVED
MAR 03 1986

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
J & L Oil Co.

3. ADDRESS OF OPERATOR
P.O. Box 307 Mexican Hat, UT 84531

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface
1690 Ft from So Line & 1031 Ft from West Line

14. PERMIT NO.
43-037-31191

15. ELEVATIONS (Show whether OF, RT, OR, etc.)
4231 Ft

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 checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input checked="" 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.)

Well is dry, no significant oil. Plans are to fill the well and plug it.

CONDITIONS OF APPROVAL:

- The well shall be plugged with cement completely from TD to Surface.
- A regulation P&A marker shall be erected unless waived by the land owner. A statement to this effect should accompany the subsequent report of abandonment.

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

DATE: 3-6-86
BY: John P. Bays

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

SIGNED Sheldon J. Brown TITLE Operator DATE 2-25-86

(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

August 8, 1986

J & L Oil Company
P.O. Box 307
Mexican Hat, Utah 84531

Gentlemen:

Re: Well No. J & L Well #1 - Sec. 6, T. 42S, R. 19E
San Juan County, Utah - API #43-037-31191

A records review indicates that no required reports for the referenced well have been filed since February 25, 1986. 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 well completion and/or plugging procedure.

Please use the address listed below to provide the required information 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,

Norman C. Stout
Records Manager

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

0448S/7



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 9, 1986

RETURN RECEIPT REQUESTED
 P 168 903 936

J & L Oil Company
 P.O. Box 307
 Mexican Hat, Utah 84531

2nd NOTICE

Gentlemen:

Re: Well No. J & L Well #1 - Sec. 6, T. 42S, R. 19E
San Juan County, Utah - API #43-037-31191

A records review indicates that no required reports for the referenced well have been filed since February 25, 1986. 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 well completion and/or plugging procedure.

Please use the address listed below to provide the required information 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/7

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

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. None
2. NAME OF OPERATOR J & L Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME None
3. ADDRESS OF OPERATOR P.O. Box 307 Mexican Hat, UT 84531		7. UNIT AGREEMENT NAME None
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1690 Ft from So Line & 1031 Ft from West Line		8. FARM OR LEASE NAME None
14. PERMIT NO. 43-037-31191	15. ELEVATIONS (Show whether OF, ST, OR, etc.) 4230 ft	9. WELL NO. J & L #1
		10. FIELD AND POOL, OR WILDCAT Mexican Hat
		11. SEC., T., S., M., OR BLE. AND SURVEY OR AREA Sec 6 T42S R19E LSM
		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) <u>Plugging Report</u> <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.)

Plugging Report:

Well was plugged with cement (69 sacks required)

RECEIVED
SEP 09 1986

DIVISION OF
OIL, GAS & MINING

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

SIGNED Jerald G. Baum TITLE Operator DATE 9-13-86

(This space for Federal or State office use)

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

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

DATE: 9-13-86
BY: John R. Bay

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

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO Fee
2. NAME OF OPERATOR J & L Oil Co.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 307 Mexican Hat, UT 84531		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1690 Ft from So Line & 1031 Ft from West Line		8. FARM OR LEASE NAME
14. PERMIT NO. 43-037-31191	15. ELEVATIONS (Show whether of, at, or, etc.) 4231 Ft	9. WELL NO. J & L #1
		10. FIELD AND POOL, OR WILDCAT Mexican Hat
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 6 T42S R19E ELM
		12. COUNTY OR PARISH San Juan
		13. STATE Utah

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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

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

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

March - No activity on well

Held for authorization to abandon well

RECEIVED
SEP 22 1986

DIVISION OF
OIL, GAS & MINING

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

SIGNED Jerald J. Brown TITLE Operator DATE 3-25-86

(This space for Federal or State office use)

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

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

SUBMIT TO THE DIVISION OF OIL, GAS AND MINING
(Other instructions on reverse side)

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. Fee
2. NAME OF OPERATOR J & L Oil Co.		6. IF INDIAN, ALLOTTEE OR TRUST NAME
3. ADDRESS OF OPERATOR P.O. Box 307 Mexican Hat, UT 84531		7. UNIT/AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1690 Ft from So Line & 1031 Ft from West Line		8. FARM OR LEASE NAME
14. PERMIT NO. 43-037-31191	15. ELEVATIONS (Show whether OF, AT, OR, etc.) 4231 Ft	9. WELL NO. J & L #1
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		10. FIELD AND POOL, OR WILDCAT Mexican Hat
		11. SEC., T., R., M., OR BLK. AND SUBST OR AREA Sec 6 T42S R19E ELM
		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"/>	FULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input 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 and ending to this work.)
April - Authorization to abandon received -
Plugging of well started - 15 bags cement

RECEIVED
SEP 22 1986

DIVISION OF
OIL, GAS & MINING

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

SIGNED Sheld S. Brown TITLE Operator DATE 4-25-86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

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

SUBMIT TRIPlicate
(Other instructions on reverse side)

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
J & L Oil Co.

3. ADDRESS OF OPERATOR
P.O. Box 307 Mexican Hat, UT 84531

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
1690 Ft from So Line & 1031 Ft from West Line

14. PERMIT NO.
43-037-31191

15. ELEVATIONS (Show whether OF, ST, OR, etc.)
4231 Ft

5. LEASE DESIGNATION AND SERIAL NO.
Fee

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

9. WELL NO.
J & L #1

10. FIELD AND POOL, OR WILDCAT
Mexican Hat

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 6 T42S R19E E1M

12. COUNTY OR PARISH
San Juan

13. STATE
Utah

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

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

May - Plugging of well continued - 10 bags cement

RECEIVED
SEP 22 1986

DIVISION OF
OIL, GAS & MINING

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

SIGNED Arnold J. Baum TITLE Operator DATE 5-25-86

(This space for Federal or State office use)

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

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

SUBMIT TRIPPLICATE
(Other instructions on reverse side)

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
J & L Oil Co.

3. ADDRESS OF OPERATOR
P.O. Box 307 Mexican Hat, UT 84531

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
1690 Ft from So Line & 1031 Ft from West Line

14. PERMIT NO.
43-037-31191

15. ELEVATIONS (Show whether OF, AT, OR, etc.)
4231 Ft

5. LEASE DESIGNATION AND SERIAL NO.
Fee

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

9. WELL NO.
J & L #1

10. FIELD AND POOL, OR WILDCAT
Mexican Hat

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 6 T42S R19E ELM

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

June - Continue plugging well - 9 bags cement

RECEIVED
SEP 22 1986

DIVISION OF
OIL, GAS & MINING

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

SIGNED Wald E. Baum

TITLE Operator

DATE 6-25-86

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

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

SUBMIT TRIPlicate
(Other instructions on
reverse side)

009510

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
J & L Oil Co.

3. ADDRESS OF OPERATOR
P.O. Box 307 Mexican Hat, UT 84531

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
1690 Ft from So Line & 1031 Ft from West Line

14. PERMIT NO.
43-037-31191

15. ELEVATIONS (Show whether OF, BT, OR, etc.)
4231 Ft

5. LEASE DESIGNATION AND SERIAL NO.
Fee

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

9. WELL NO.
J & L #1

10. FIELD AND POOL, OR WILDCAT
Mexican Hat

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 6 T42S R19E BLM

12. COUNTY OR PARISH
San Juan

13. STATE
Utah

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

NOTICE OF INTENTION TO:

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

SUBSEQUENT REPORT OF:

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

(NOTE: Report results of multiple completion on Well -XX
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 proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and points pertinent to this work.)

July - Continue plugging well - 25 sacks cement

RECEIVED
SEP 22 1986

DIVISION OF
OIL, GAS & MINING

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

SIGNED Jerald L. Brown TITLE Operator DATE 7-25-86

(This space for Federal or State office use)

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

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

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

092509

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
J & L Oil Co.

3. ADDRESS OF OPERATOR
P.O. Box 307 Mexican Hat, UT 84531

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface
1690 Ft from So Line & 1031 Ft from West Line

14. PERMIT NO.
43-037-31191

15. ELEVATIONS (Show whether OF, AT, OR, etc.)
4231 Ft

5. LEASE DESIGNATION AND SERIAL NO.
Fee

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

9. WELL NO.
J & L #1

10. FIELD AND POOL, OR WILDCAT
Mexican Hat

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 6 T42S R19E ELM

12. COUNTY OR PARISH
San Juan

13. STATE
Utah

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

NOTICE OF INTENTION TO:

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

SUBSEQUENT REPORT OF:

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

August - Continue plugging well - 10 sacks cement

RECEIVED
SEP 22 1986

DIVISION OF
OIL, GAS & MINING

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

SIGNED Jerald S. Brown TITLE Operator DATE 8-25-86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

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

SUBMIT IN DUPL. FE*
(See other instructions
on reverse side)

56 64 01

092519

12

5. LEASE DESIGNATION AND SERIAL NO.

Fee

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

9. WELL NO.

J & L #1
FIELD AND POOL, OR WILDCAT

Mexican Hat
T. SEC., T. R. M., OR BLOCK AND SURVEY
OR AREA

Sec 6 T42S R19E SLM

DIVISION OF
OIL, GAS & MINING

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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

J & L Oil Co.

3. ADDRESS OF OPERATOR

P.O. Box 307 Mexican Hat, UT 84531

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

At top prod. interval reported below

At total depth

14. PERMIT NO.

DATE ISSUED

12. COUNTY OR PARISH

13. STATE

43-037-31191

9-5-85

SAN JUAN

15. DATE SPUNDED

16. DATE T.D. REACHED

17. DATE COMPL. (Ready to prod.)

18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*

19. ELEV. CASINGHEAD

12-5-85

12-9-85

4230

4230

20. TOTAL DEPTH, MD & TVD

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

22. IF MULTIPLE COMPL., HOW MANY*

23. INTERVALS DRILLED BY

ROTARY TOOLS

CABLE TOOLS

495

495

--

→

XX

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

25. WAS DIRECTIONAL SURVEY MADE

NO

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
8"	PVC Surface	60'	8"	8 bags around casing	none

29. LINER RECORD

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

30. TUBING RECORD

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

33. PRODUCTION

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
						Dry - Shut in	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BSL.	GAS—MCF.	WATER—BSL.	GAS-OIL RATIO
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BSL.	GAS—MCF.	WATER—BSL.	OIL GRAVITY-API (CORR.)	

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

TEST WITNESSED BY

35. LIST OF ATTACHMENTS

Drilling Time Report

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

SIGNED Jerald G. Baum

TITLE Operator

DATE 9-16-86

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

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

SUBMIT IN DUPL. FE*
(See other instructions
on reverse side)

56 64 01

092519

12

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
J & L Oil Co.

3. ADDRESS OF OPERATOR
P.O. Box 307 Mexican Hat, UT 84531

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface _____
At top prod. interval reported below _____
At total depth _____

RECEIVED
SEP 22 1986

DIVISION OF OIL, GAS & MINING
Sec 6 T42S R19E SLM

14. PERMIT NO. 43-037-31191 DATE ISSUED 9-5-85

12. COUNTY OR PARISH _____ 13. STATE _____

15. DATE SPUNDED 12-5-85

20. TOTAL DEPTH, ft. 49'

24. PRODUCING IN _____

26. TYPE ELECTRIC 1690 FSL, 1030 FWL

No surface footage call on this report.
CK 6/28/05
1690 FSL, 1030 FWL

Name changed from Mexican Hat Well #1 to J+L Well #1 on 10/23/85

Well Completed w/ 8" PVC surface pipe run to 60' not the approved 5 1/2" 21# pipe run to 100' (8/8/85 APD) Approved Switch?

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

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8"	PVC Surface	60'	8"	8 bags around casing	none

30. TUBING RECORD

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

31. PERFORATION RECORD (Interval, size and number)

32. DEPTH IN _____

SQUEEZE, ETC. OF MATERIAL USED _____

Drilled under San Juan Minerals bond (see 8/22/85)

33. PRODUCTION

DATE FIRST PRODUCTION _____ PRODUCTION METHOD (Flowing, gas lift, pumping—size and _____)

WELL STATUS (Producing or shut-in) Dry - Shut in

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 _____

35. LIST OF ATTACHMENTS
Drilling Time Report

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

SIGNED Jerald B. Baum TITLE Operator DATE 9-16-86

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