

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

FEE

5. Lease Designation and Serial No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

6. If Indian, Allottee or Tribe Name

1a. Type of Work

DRILL

DEEPEEN

PLUG BACK

7. Unit Agreement Name

Champlin 239 Amoco "B"

8. Farm or Lease Name

9. Well No.

1

10. Field and Pool, or Wildcat

Nugget

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

Sec 1 -T2N-R7E

12. County or Parrish 13. State

Summit, Utah

2. Name of Operator

Amoco Production Company

3. Address of Operator

P. O. Box 17675, Salt Lake City, Utah 84117

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

At surface

NW/4 SE/4 Section 1, 1952.5' FEL, 1993.2' FSL

At proposed prod. zone

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

16 Miles East of Coalville, Utah

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

1952.5'

16. No. of acres in lease

5760

17. No. of acres assigned to this well

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

19. Proposed depth

11,000'

20. Rotary or cable tools

Rotary to TD

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

7429.9' Ungraded

22. Approx. date work will start*

When Approved

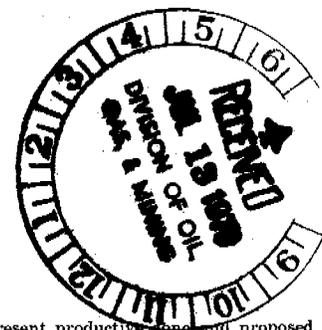
23.

PROPOSED CASING AND CEMENTING PROGRAM

Size of Hole	Size of Casing	Weight per Foot	Setting Depth	Quantity of Cement
17 1/2"	13 3/8"		1600'	Class "G" W/ 2% CaCl ₂
8 3/4"	7"		11,000'	Class "G" as required

Propose to drill and to test the Nugget formation for commercial hydrocarbons

See attachments



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

D. Davidson

Title

Dist. Adm. Supervisor

Date July 6, 1979

(This space for Federal or State office use)

Permit No.

Approval Date

Approved by

Title

Date

Conditions of approval, if any:

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

FEE

5. Lease Designation and Serial No.

6. If Indian, Allottee or Tribe Name

7. Unit Agreement Name

Champlin 239 Amoco "B"

8. Farm or Lease Name

9. Well No.

1

10. Field and Pool, or Wildcat

Nugget (Wildcat?)

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

Sec 1 -T2N-R7E

12. County or Parrish 13. State

Summit, Utah

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work

DRILL

DEEPEN

PLUG BACK

b. Type of Well

Oil Well

Gas Well

Other

Single Zone

Multiple Zone

2. Name of Operator

Amoco Production Company

3. Address of Operator

P. O. Box 17675, Salt Lake City, Utah 84117

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

At surface

NW/4 SE/4 Section 1, ~~1952.5'~~ FEL, 1993.2' FSL

At proposed prod. zone

(1953)

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

16 Miles East of Coalville, Utah

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

1952.5'

16. No. of acres in lease

5760

17. No. of acres assigned to this well

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

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Rotary to TD

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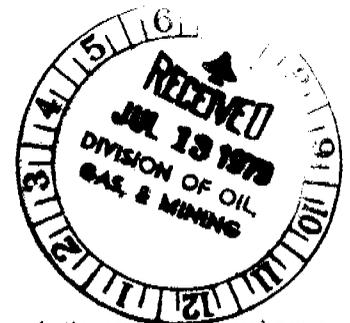
22. Approx. date work will start*

When Approved

23. PROPOSED CASING AND CEMENTING PROGRAM

Size of Hole	Size of Casing	Weight per Foot	Setting Depth	Quantity of Cement
17 1/2"	13 3/8"		1600'	Class "G" W/ 2% CaCl ₂
8 3/4"	7"		11,000'	Class "G" as required

Propose to drill and to test the Nugget formation for commercial hydrocarbons



See attachments

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: Original Signed By D. S. DAVIDSON Title: Dist. Adm. Supervisor Date: July 6, 1979

(This space for Federal or State office use)

Permit No. _____ Approval Date _____

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

Attachment to Form OGC-1a

Champlin 239 Amoco "B" Well #1

1. Geologic name of the surface formation: Wasatch

2. Estimated tops of geological markers:

Kelvin	3300'
Stump	5795'
Pruess	6530'
Twin Creek	8530'
Nugget	9810'

3. Estimated depths anticipated to encounter water, oil, gas, or other mineral-bearing formations:

Water, Oil, and Gas anticipated at 8530

4. Casing Program - See Form OGC-1a #23

5. Operators minimum specifications for pressure control equipment are explained on attached schematic diagram. Testing of such is to be performed daily and noted on the IADC Daily Drilling Report. After running surface casing and prior to drilling out, BOP and other pressure equipment will be tested to the full working pressure rating as shown on the attached diagram. Thereafter, the BOP will be checked daily for mechanical operations only and will be noted on the IADC Daily Drilling Report.

6. Mud Program:

0-1600' Spud
1600'-TD LSND, 8.8#/gal., minimum viscosity for good hole cleaning, W.L. less than 20cc thru pay zones

7. Auxiliary Equipment:

Kelly Cock: floor sub with a full opening valve. 3" choke manifold with remote control choke, 2500 PSI WP. Mud Logger (2 man type)

8. Testing Program

Drill stem tests to be conducted as follows:
3 DST's within the Twin Creek
1 DST within the Nugget

Logging Program:

DIL	Base of surface casing to total depth
DLL and micro SFL	Base of surface casing to total depth
FDC-CNL	Over zones of interest
Dipmeter	Base of surface casing to total depth
BHC sonic W/caliper	Base of surface casing to total depth

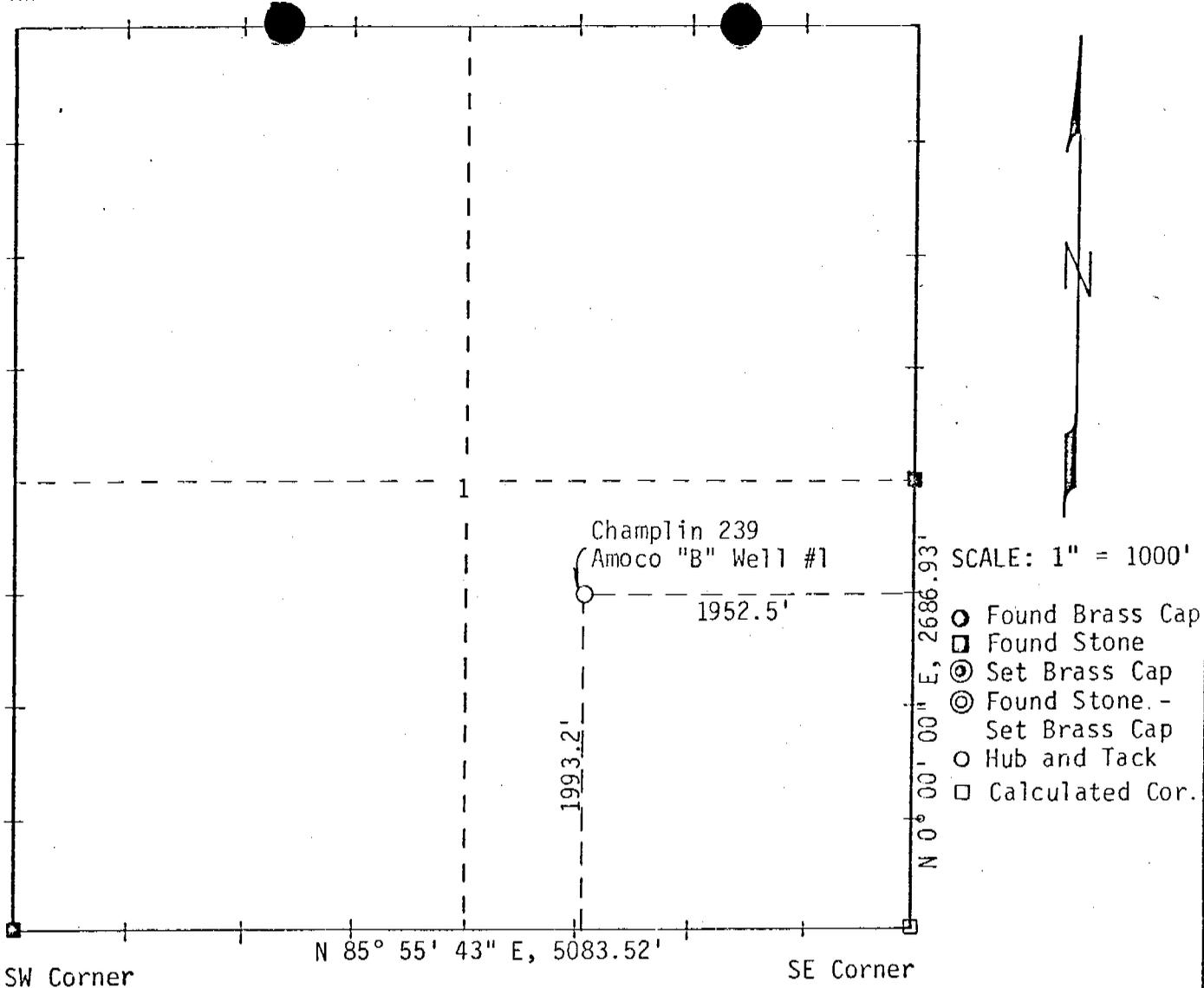
Coring Program:

None Proposed

9. No abnormal pressures or temperatures or potential hazards are anticipated. Anticipated bottom hole pressure -5000 PSI. Casing head 13 3/8 3000# WP. Double stud adapter flange 3000# WP x 5000# WP. Tubing head, Series 1500, 5000# WP x 10,000# test.

10. The anticipated starting date will be when approved. The duration of the operations will be approximately sixty days.

NW Corner T 2 N R 7 E NE Corner



I, John A. Proffit of Evanston, Wyoming certify that in accordance with a request from Harvey Howard of Riverton, Wyoming for Amoco Production Company I made a survey on the 22nd day of November, 1977 for Location and Elevation of the Champlin 239 Amoco "B" Well #1 as shown on the above map, the wellsite is in the NW $\frac{1}{4}$ SE $\frac{1}{4}$ of Section 1, Township 2 N, Range 7 E of the Salt Lake Base&Meri, Summit County, State of Utah, Elevation is 7429.9 Feet top of hub Datum U.S.G.S. Quadrangle - Red Hole Utah-Wyo. - Elev. 7754' - NE $\frac{1}{4}$ SW $\frac{1}{4}$ Section 1, T 2 N, R 7 E, S. L. B. & M.

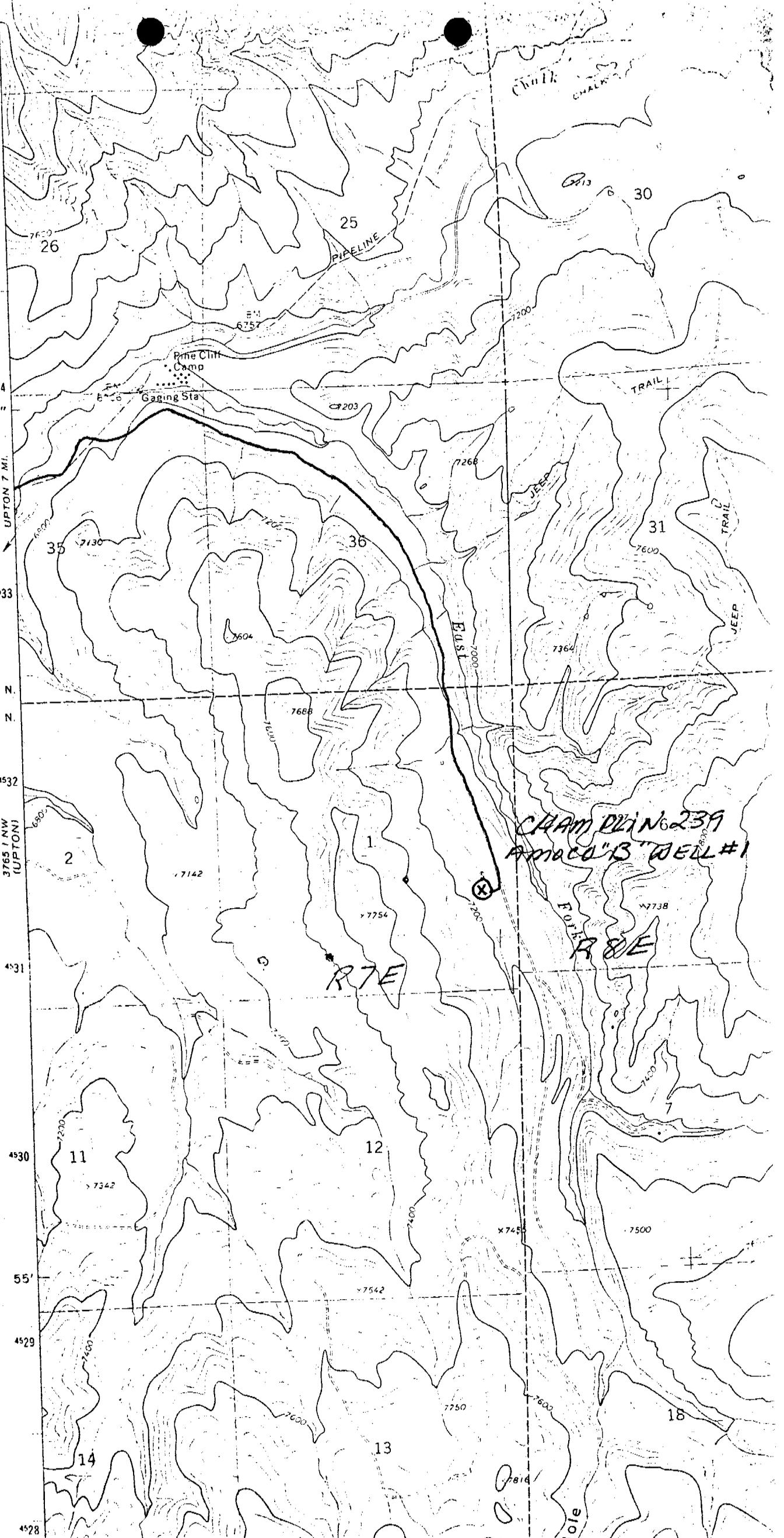
Reference point	<u>North-1</u>	<u>299.9'</u>	<u>5/8" rebar</u>	Elev. top of bar:	<u>7373.0'</u>
Reference point	<u>North-2</u>	<u>399.9'</u>			<u>7383.4'</u>
Reference point	<u>North-3</u>	<u>499.9'</u>			<u>7399.8'</u>
Reference point					

Revised: 6/12/79
 Changed Name from H.H. HAYNES
 Well #1-1 To Champlin 239 Amoco
 DATE: November 23, 1977 "B" Well #1
 JOB NO.: 77-10-49

John A. Proffit 11/23/77
 JOHN A. PROFFIT UTAH R.L.S. NO. 2860
 UTA ENGINEERING & SURVEYING, INC.
 808 MAIN STREET, EVANSTON, WYOMING

COALVILLE 17 MILES

4536
4535
4534
30"
UPTON 7 MI.
4533
T. 3 N.
T. 2 N.
4532
3765 T. NW (UPTON)
4531
4530
55'
4529
4528



26

25

30

Pine Cliff Camp

Gaging Sta

TRAIL

35

36

31

CHAM PLIN #239
AMOCO 13" WELL #1

2

1

FOUR R & E

RTE

11

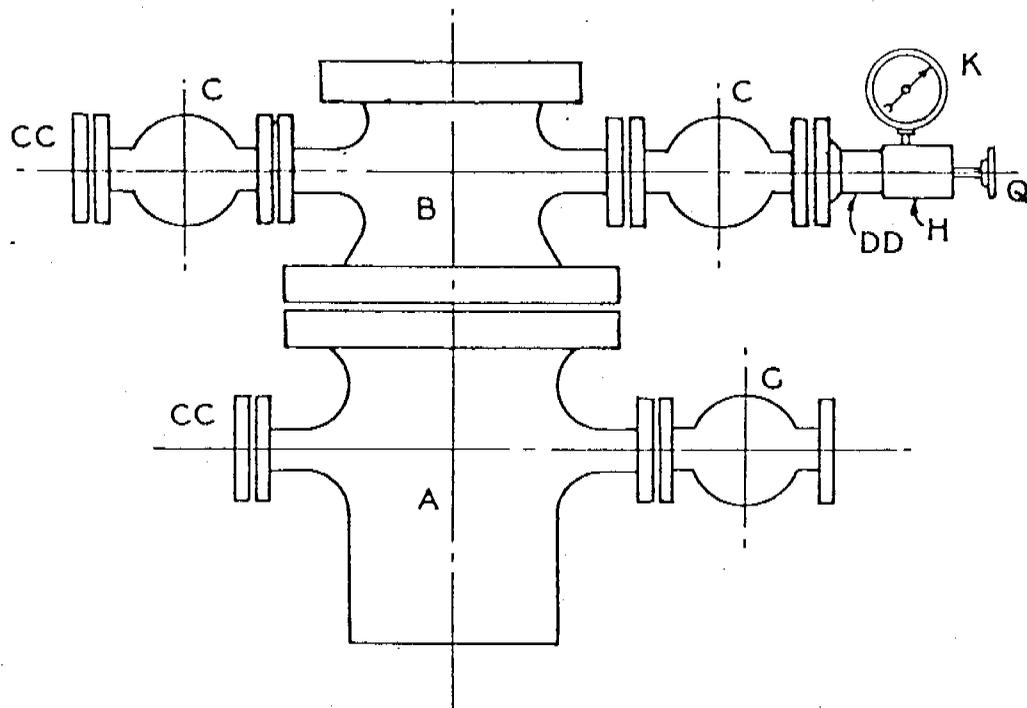
12

14

13

18

Hole

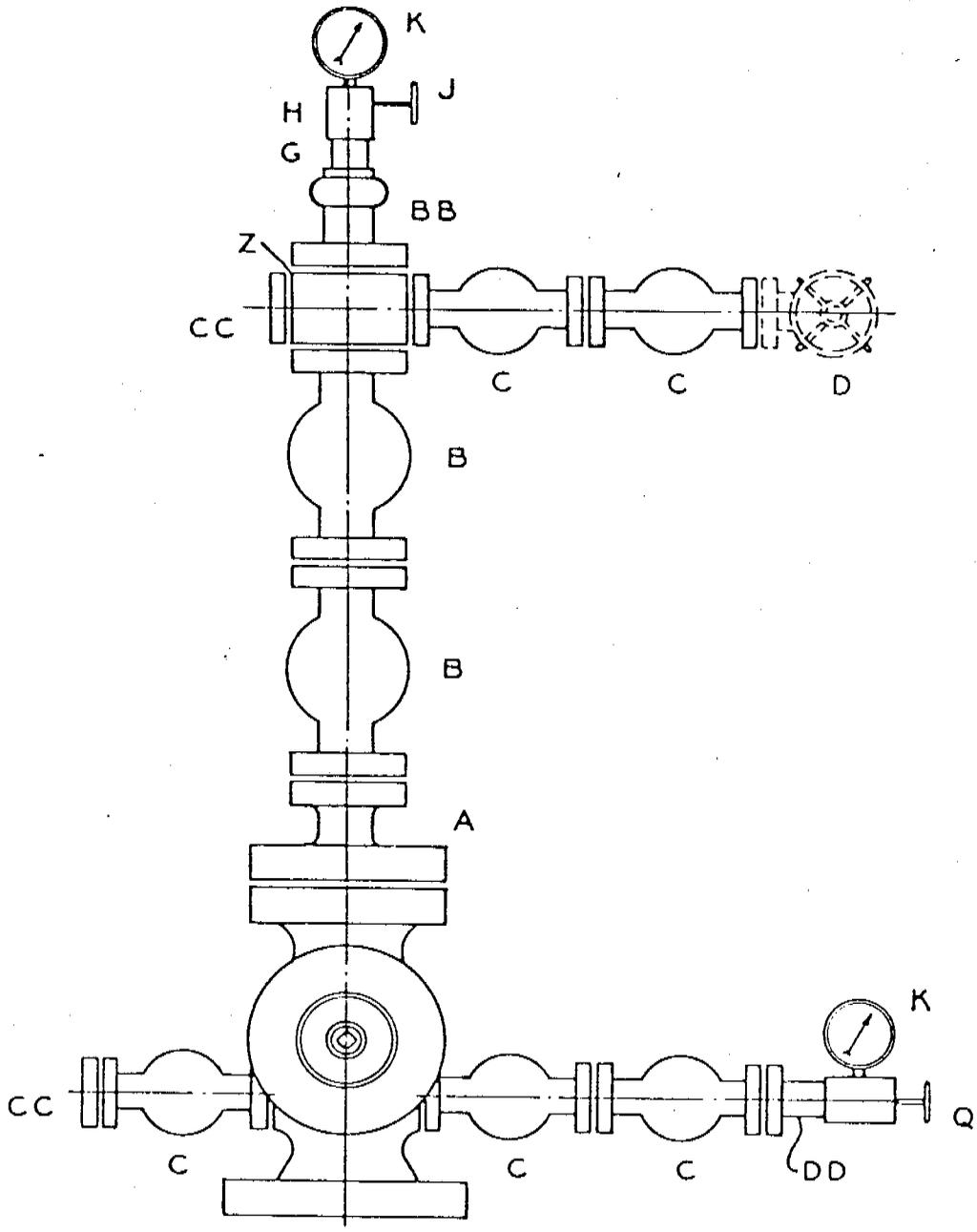


FOR 5,000# W. P. PRIMARY CASINGHEAD,
 AND 5,000# W.P. SECONDARY CASINGHEAD.

IF INTERMEDIATE STRING OF CASING NOT REQUIRED,
 LOWER (PRIMARY) HEAD WILL BE ONLY CASINGHEAD USED.

Amoco Production Company
 STANDARD BASIC CASINGHEAD HOOK-UP
 5 000 # W. P.

SCALE: NONE
DR. MBB AP.
DRG. A-8343
No



Amoco Production Company

STANDARD BASIC WELL HEAD HOOK-UP
 10,000# W.P.
 (CHOKE STEM UP STREAM)

SCALE: NONE

DR. W. J. F. AP. *WJF*

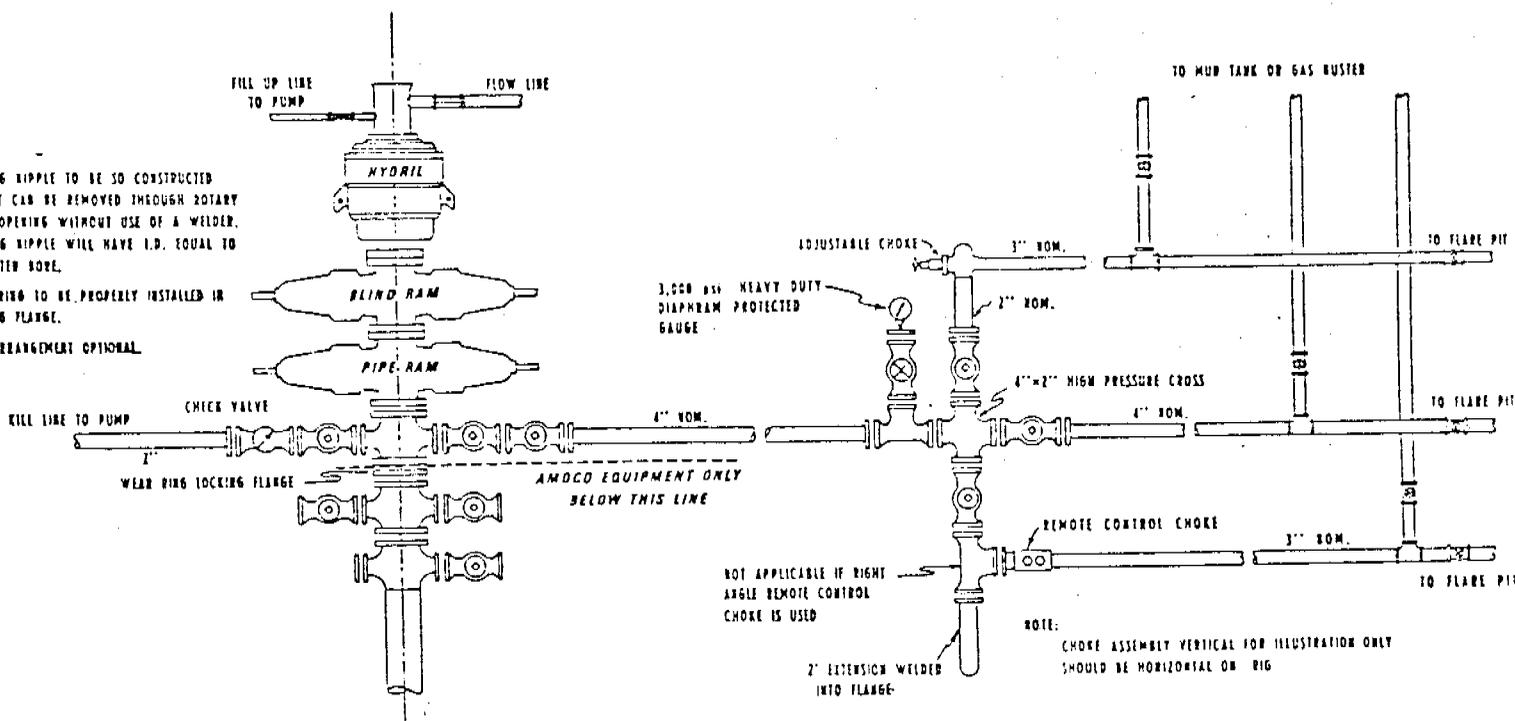
DRG. No. A-8080

Amoco Production Company
MINIMUM BLOW-OUT PREVENTER REQUIREMENTS
 3,000 psi W.P.
 2/78

ARRANGEMENT IF MANIFOLD IS ON SIDE OF RIG

NOTE:

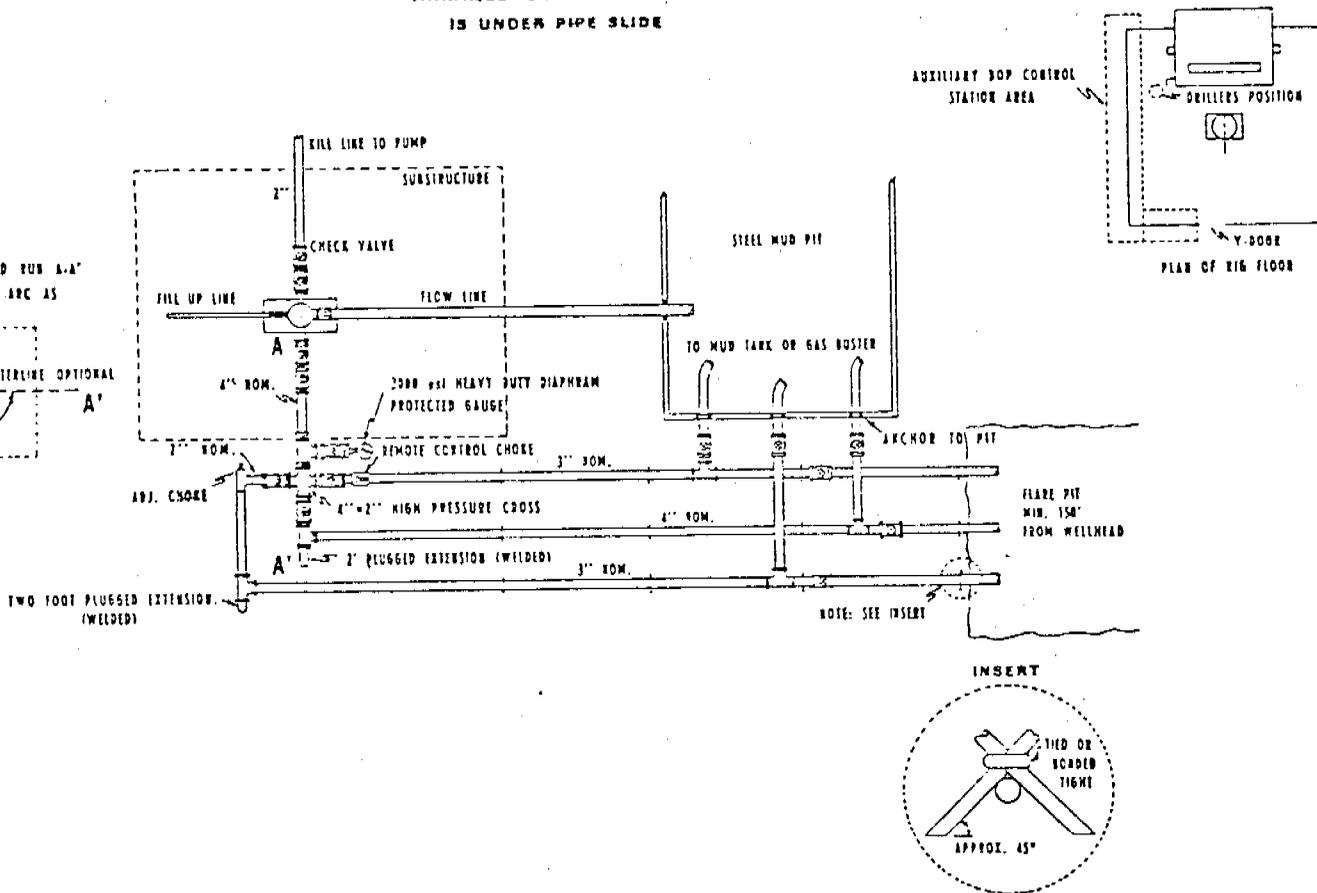
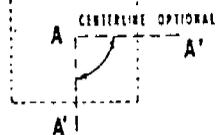
- 1 DRILLING NIPPLE TO BE SO CONSTRUCTED THAT IT CAN BE REMOVED THROUGH ROTARY TABLE OPERING WITHOUT USE OF A WELDER. DRILLING NIPPLE WILL HAVE I.D. EQUAL TO PREVENTER ROVE.
- 2 WEAR RING TO BE PROPERLY INSTALLED IN LOCKING FLANGE.
- 3 RAM ARRANGEMENT OPTIONAL.



ARRANGEMENT IF MANIFOLD IS UNDER PIPE SLIDE

NOTE:

DIRECTION OF MANIFOLD RUN A-A' OPTIONAL WITHIN 90° ARC AS SHOWN BELOW



NOTE:

- 1 FLOW-OUT PREVENTERS, ALL FITTINGS AND PIPE MUST BE 3,000 psi W.P. MINIMUM.
- 2 ALL FITTINGS UPSTREAM OF MANIFOLD TO BE FLANGED, SCREWED OR WELDED CONNECTIONS DOWNSTREAM FROM CHOKES PERMISSIBLE. ADJUSTABLE CHOKE MAY HAVE SCREWED CONNECTIONS.
- 3 ALL VALVES TO BE FULL OPENING, PLOG OR SAFE METAL TO METAL SEAL, AND 3,000 psi W.P. MINIMUM.
- 4 SAFETY VALVE MUST BE AVAILABLE ON RIG FLOOR AT ALL TIMES WITH PROPER CONNECTION. VALVE TO BE FULL BORE 3,000 psi W.P. MINIMUM.
- 5 ALL LINES DOWNSTREAM OF CHOKE TO BE SECURELY ANCHORED EVERY 30' AND REAR END OF CHOKE LINES.
- 6 EQUIPMENT THROUGH WHICH BIT MUST PASS SHALL BE AS LARGE AS INSIDE DIAMETER OF THE CASING BEING DRILLED THROUGH.
- 7 KELLY COCK OR KELLY.
- 8 EXTENSION WRENCHES AND HAND WHEELS TO BE PROPERLY INSTALLED AND BRACED AT ALL TIMES.
- 9 AUXILIARY BLOW-OUT PREVENTER CONTROL STATION TO BE LOCATED AS CLOSE TO DRILLERS POSITION AS FEASIBLE.
- 10 BLOW-OUT PREVENTER CLOSING EQUIPMENT TO INCLUDE 20 GALLON ACCUMULATOR, AND TWO INDEPENDENT SOURCES OF PUMP POWER ON EACH CLOSING LINE. INSTALLATION TO BE LOCATED AT LEAST 75' FROM STACK OR DRILLERS' SIDE OF RIG.
- 11 ALL UNMARKED PIPE MINIMUM 3" O.D. NOM. GRADE J-55 TUBING OR MIN. 3,000 psi W.P. LINE PIPE.
- 12 REMOTE CONTROL CHOKE INSTALLATION AND LINE TO BE STRAIGHT AS POSSIBLE WITH NO 90° TURNS BELOW CHOKE.

STATE OF UTAH
DIVISION OF OIL, GAS, AND MINING

** FILE NOTATIONS **

Date: July 16, 1979

Operator: amoco Production Company

Well No: Champion 239 amoco "B" #1

Location: Sec. 1 T. 2N R. 7E County: Summit

File Prepared:

Entered on N.I.D.:

Card Indexed:

Completion Sheet:

API Number: 43-043-30105

CHECKED BY:

Administrative Assistant: _____

Remarks:

Petroleum Engineer: M.G. Minder 7-30-79

Remarks: H&S letter required

Director: 7

Remarks:

INCLUDE WITHIN APPROVAL LETTER:

Bond Required:

Survey Plat Required:

Order No. _____

Surface Casing Change
to _____

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

O.K. Rule C-3

O.K. In _____ Unit

Other:

Letter Written/Approved

#1

SCOTT M. MATHESON
Governor



OIL, GAS, AND MINING BOARD

GORDON E. HARMSTON
Executive Director,
NATURAL RESOURCES

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS, AND MINING
1588 West North Temple
Salt Lake City, Utah 84116
(801) 533-5771

CHARLES R. HENDERSON
Chairman

CLEON B. FEIGHT
Director

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

July 16, 1979

Amoco Production Company
501 Airport Drive
Farmington, NM 87401

Re: Well No.: Champlin 239 Amoco "B" #1
Sec. 1, T. 2N, R. 7E
Summit County

Dear Sir:

Insofar as this office is concerned, approval to drill the above referred to well is hereby granted in accordance with Rule C-3, General Rules and Regulations and Rules of Practice and Procedure.

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

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

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

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

The API number assigned to this well is 43-043-30105.

Sincerely yours,

DIVISION OF OIL, GAS AND MINING

A handwritten signature in cursive script that reads "M. T. Minder".

MICHAEL T. MINDER
GEOLOGICAL ENGINEER

MTM/tlh

SCOTT M. MATHESON
Governor



OIL, GAS, AND MINING BOARD

GORDON E. HARMSTON
Executive Director,
NATURAL RESOURCES

STATE OF UTAH

DEPARTMENT OF NATURAL RESOURCES

DIVISION OF OIL, GAS, AND MINING

1588 West North Temple

Salt Lake City, Utah 84116

(801) 533-5771

I. DANIEL STEWART
Chairman

CHARLES R. HENDERSON
JOHN L. BELL
THADIS W. BOX
C. RAY JUVELIN

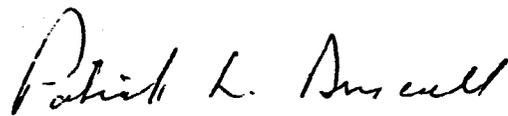
CLEON B. FEIGHT
Director

ON-SITE EQUIPMENT AND GENERAL PRACTICES
FOR DRILLING IN KNOWN AREA OR IN A KNOWN
FORMATION CONTAINING HYDROGEN SULFIDE

1. A minimum of three cleared areas designated as crew briefing or safety areas. These are to be located no less than 250 feet from the BOP stack, and further, are to be placed so that at least one location is always upwind.
2. The drilling rig should be spotted so as the general prevailing wind is blowing towards the pits.
3. The location and the reserve pit should be made larger than normal to allow reasonable safe distances from the well for on-site trailers. The reserve pit is to be larger in order to accommodate safe flaring of gas.
4. There shall be a minimum of three wind sack poles, and each pole shall have two streamers. The lower most streamer shall be located no more than 8 feet above ground level or, when attached to the rig, no more than 8 feet above the rotary table. Streamers shall be illuminated for night operations.
5. The mud logging unit should be no closer than 125 feet from the BOP unit, and the electrical generator is to be at least 150 feet from the BOP unit.
6. Well marked, highly visible warning signs are to be located no less than $\frac{1}{2}$ mile on all access roads to the rig.
7. An approved contingency plan must be submitted prior to commencing drilling operations into known formations containing, or suspected of containing hydrogen sulfide.
8. A minimum of 5 self-contained breathing apparatus on the rig floor, and 2 self-contained breathing apparatus for each occupied trailer on location.
9. At least two "bug fans" on location; one to be located in the cellar area blowing towards the pits, and the other to be located on the rotary floor blowing towards the pits.

10. Prior to drilling into a potentially hazardous formation, the following additional equipment shall be on hand:
 - A. Safety trailer containing no less than 10 - 380 cubic foot bottles of breathing air. The bottles are to be connected to a manifold system that provides outlets on the rig floor for at least 9 men; on the shale shaker and choke manifold for at least 4 men; and at the mud pump and hopper area for 4 men.
 - B. One resuscitator complete with medical oxygen.
 - C. One hand H₂S detector located on the rig floor.
 - D. One flare gun located in the rig supervisors trailer.
 - E. One additional stretcher and one additional first aid kit.
 - F. One high pressure air compressor suitable for recharging air cylinders.
 - G. One visible and one audible alarm system, complete with monitors located at the shale shaker and at the bell nipple.
 - H. A sufficient quantity of 50/50 aqueous ammonia and water to be able to load the drill pipe when pulling a D.S.T.
 - I. Radio or telephone communication equipment.

Sincerely,



PATRICK L. DRISCOLL
CHIEF PETROLEUM ENGINEER
DIVISION OF OIL, GAS, AND MINING

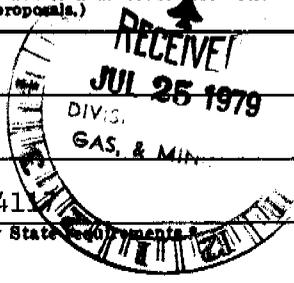
PLD/lw

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

SUNDRY NOTICES AND REPORTS ON WELLS

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

<p>1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR Amoco Production Company</p> <p>3. ADDRESS OF OPERATOR P. O. Box 17675, Salt Lake City, Utah 841</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface NW/4 SE/4 Section 1, 1952.5' FEL, 1993.2' FSL</p> <p>14. PERMIT NO.</p>		<p>5. LEASE DESIGNATION AND SERIAL NO. FEE</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME Champlin 239 Amoco "B"</p> <p>8. FARM OR LEASE NAME</p> <p>9. WELL NO. 1</p> <p>10. FIELD AND POOL, OR WILDCAT Nugget</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 1, T2N-R7E</p> <p>12. COUNTY OR PARISH Summit</p> <p>13. STATE Utah</p>
<p>15. ELEVATIONS (Show whether DF, RT, OR, etc.) 7429.9 ungraded</p>		



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

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

(Other) to detail APD item #23

(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.) *

Per your telephone request from your office July 19, 1979 the following additions to be made under item 23:

Size of hole	Size of Casing	Weight Per Ft.	Setting Depth	Quantity of Cement
17 1/2"	13 3/8"	54.5# K-55 ST&C	1600'	500 Sx Lt and 1000 Sx Class "G" W/2% CaCl ₂
8 3/4"	7"	23# N-80, K-55 S-95	11,000'	1000 Sx Class "G" as required

APPROVED BY THE DIVISION OF OIL, GAS, AND MINING
DATE: 7-30-79
BY: M. S. Minder

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

SIGNED [Signature] TITLE District Adm. Supervisor DATE July 20, 1979

(This space for Federal or State office use)

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

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

SUNDRY NOTICES AND REPORTS ON WELLS

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

<p>1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR <u>Amoco Production Company</u></p> <p>3. ADDRESS OF OPERATOR <u>P.O. Box 17675, Salt Lake City, Utah 84117</u></p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <u>* NE/4 SW/4 Section 1 2276.4' FWL (1901.2' FEL) 30105</u> <i>(FSL)</i></p>		<p>5. LEASE DESIGNATION AND SERIAL NO. <u>Fee</u></p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME <u>Champlin 239 Amoco "B"</u></p> <p>8. FARM OR LEASE NAME</p> <p>9. WELL NO. <u>1</u></p> <p>10. FIELD AND POOL, OR WILDCAT <u>Wildcat</u></p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Section 1 - T2N-R7E</u></p>
<p>14. PERMIT NO.</p>	<p>15. ELEVATIONS (Show whether DF, RT, OR, etc.) <u>7429.9' ungraded</u></p>	<p>12. COUNTY OR PARISH <u>Summit</u></p> <p>13. STATE <u>Utah</u></p>

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

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

Propose to relocate well from NW/4 SE/4 Section 1, 1952.5' FEL, 1993.2' FSL Section 1, T2N-R7E (to above). To comply with landowners request and to allow drilling on top of, rather than on the side of a hill.

APPROVED BY THE DIVISION OF OIL, GAS, AND MINING

DATE: Sept. 14, 1979

BY: Frank M. Hamner

18. I hereby certify that the foregoing is true and correct
Original Signed By
SIGNED D. S. DAVIDSON TITLE District Admin. Supervisor DATE 9/11/79

(This space for Federal or State office use)

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

DIVISION OF OIL, GAS AND MINING

SPUDDING INFORMATION

NAME OF COMPANY: Amoco Production Company

WELL NAME: Champlin 239 Amoco B #1

SECTION 1 NE SW TOWNSHIP 2N RANGE 7E COUNTY Summit

DRILLING CONTRACTOR Atco

RIG # 56

SPUDDED: DATE 12/6/79

TIME 1 p.m.

How rotary

DRILLING WILL COMMENCE 12/6/79

REPORTED BY Dick Adams

TELEPHONE # 307-789-2591

DATE December 7, 1979

SIGNED M. J. Menden



SCOTT M. MATHESON
Governor

GORDON E. HARMSTON
Executive Director,
NATURAL RESOURCES

CLEON B. FEIGHT
Director

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS, AND MINING
1588 West North Temple
Salt Lake City, Utah 84116
(801) 533-5771

February 28, 1980

OIL, GAS, AND MINING BOARD

CHARLES R. HENDERSON
Chairman

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

Amoco Production Co.
P.O. Box 17675
Salt Lake City, 84117

Re: See enclosed sheet for wells

Gentlemen:

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

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

Your prompt attention to the above will be greatly appreciated.

Very truly yours,

DIVISION OF OIL, GAS, AND MINING

JANICE TABISH
CLERK TYPIST

- (1) Well No. Cottonwood Can. Unit well no. 1
Sec. 7, T. 9S, R. 6E.
Utah County, Utah
December 1979-February 1980
- (2) Well No. Island Ranching B-#1
Sec. 22, T. 4N, R. 7E
Summit County, Utah
December 1979-February 1980
- (3) Well No. Champlin 846-Amoco A1
Sec. 25, T. 5N, R. 7E.
Summit County, Utah
December 1979-February 1980
- (4) Well No. Champlin 239 Amoco B1
Sec. 1, T. 2N, R. 7E.
Summit County, Utah
December 1979-February 1980
- (5) Well No. Champlin 225 B #1
Sec. 29, T. 3N, R. 6E.
Summit County, Utah
January-February 1980
- (6) Well No. Champlin 372 Amoco B 1
Sec. 35, T. 4N, R. 7E.
Summit County, Utah
January-February 1980

M

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
Champlin 239 Amoco "B"

9. WELL NO.
#1

10. FIELD AND POOL, OR WILDCAT
Wildcat

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 1, T2N, R7E

12. COUNTY OR PARISH
Summit

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
AMOCO PRODUCTION COMPANY

3. ADDRESS OF OPERATOR
P.O. Box 17675 Salt Lake City, Utah 84117

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
NE/4 SW/4 Sec. 1 1901.2' FSL & 2276.4' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, OR, etc.)
7429' GR

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

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

SPUD DATE: 12/6/79

Casing Set: 13 3/8" set at 1500'

20" conductor pipe set at 100'

Current Status: Fishing at 9624'

Drilling Contractor: Atco, Rig #56

RECEIVED
MAR 13 1980
DIVISION OF
OIL, GAS & MINING

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

SIGNED _____ TITLE Dist. Admin. Supervisor DATE 3/7/80

(This space for Federal or State office use)

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

DIVISION OF OIL, GAS AND MINING

PLUGGING PROGRAM

NAME OF COMPANY: Amoco Production Company (Bruce Shannon 272-9253)

WELL NAME: Champlin 239 - Amoco "B" #1

SECTION 1 NE SW TOWNSHIP 2N RANGE 7E COUNTY Summit

VERBAL APPROVAL GIVEN TO PLUG THE ABOVE REFERRED TO WELL IN THE FOLLOWING MANNER:

TOTAL DEPTH: 8740'

CASING PROGRAM:

13 3/8" @ 1547'

12 1/4" openhole - 8740'

Fish at 8440'

FORMATION TOPS:

Kelvin - surface

Pruess 5250'

PLUGS SET AS FOLLOWS:

#1 8440' - 8140' 250 sx

#2 5300' - 5100' 150 sx

#3 3100' - 2900' 150 sx

30' - surface 25 sx

March 24, 1980 - Amoco has opted to side-track and drill ahead at this time

9.5 abandonment mud between plugs, clean and clear site, erect regulation dryhole marker and reclaim location

DATE March 18, 1980

SIGNED _____

Original Signed By M. T. Minder

DIVISION OF OIL, GAS AND MINING

PLUGGING PROGRAM

NAME OF COMPANY: Amoco Production Company (Bruce Shannon)

WELL NAME: Champlin 239 Amoco B #1

SECTION 1 NE SW TOWNSHIP 2N RANGE 7E COUNTY Summit

VERBAL APPROVAL GIVEN TO PLUG AND ABOVE REFERRED TO WELL IN THE FOLLOWING MANNER:

TOTAL DEPTH: 11,700'

CASING PROGRAM:

13 3/8" @ 1547' cemented to surf
9 5/8" @ 8105 (TOC 7600')
8 1/2" openhole to 11,700'

FORMATION TOPS:

Stump 4810'
Pruess 5945'
Stump 8435'
Pruess 8850'
Salt 9931' - 10300' (slight show)

PLUGS SET AS FOLLOWS:

- #1 11,700' - 11,500'
- #2 10,350' - 9725'
- #3 8,200' - 8000' (1/2 in & 1/2 out of 9 5/8" casing)
- #4 5,000' - 5150'
- #5 2000' - 2,150'
- #6 50' to surface

cement both well bore and between 13 3/8" & 9 5/8" casing

DATE May 16, 1980

SIGNED _____

Original Signed By M. T. Minder

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 GAS WELL OTHER P & A

2. NAME OF OPERATOR
Amoco Production Company

3. ADDRESS OF OPERATOR
P.O. Box 17675, Salt Lake City, UT 84117

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
NE/4 SW/4 Sec. 1 1901.2' FSL & 2276.4' FWL

14. PERMIT NO.
43-043-30105

15. ELEVATIONS (Show whether DF, RT, OR, etc.)
7429.9' ungraded

5. LEASE DESIGNATION AND SERIAL NO.
Fee

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Champlin 239 Amoco "B"

9. WELL NO.
#1

10. FIELD AND POOL, OR WILDCAT
Wildcat

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 1 T2N, R7E

12. COUNTY OR PARISH
Summit

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

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

Subject well plugged 5-18-80 in the following manner:

T.D. 11,700'

Casing: 13 3/8" casing set at 1,547'
9 5/8" casing set at 8,105'

Formation tops:

Stump	4810'
Preuss	5945'
Kelvin	7620'
Stump	8435'
Preuss	8850'
Salt	9931'

Plugs: 100 sx plug set at 11,700' - 11,575' to seal bottom
 200 sx plug set at 10,350' - 9,725' to seal salt zone
 75 sx plug set at 5,000' - 4,850' to seal casing
 75 sx plug set at 2,000' - 1,850' to seal casing
 100 sx plug set at 8,200' - 8,000' 100' in and 100' out of 9 5/8" casing set at 8,105'
 Set 75 sx surface plug.
 Cut casing 5' below ground level & cap. Set dry hole marker.

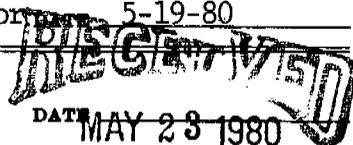
Verbal approval received by Bruce Shannon from Mike Minder of Utah OGCC on 5-16-80 at 5:25 p.m.

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

SIGNED [Signature] TITLE District Admin. Supervisor DATE 5-19-80

(This space for Federal or State office use)

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



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

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

5. LEASE DESIGNATION AND SERIAL NO.

Fee

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Champlin 239 Amoco "B"

9. WELL NO.

#1

10. FIELD AND POOL, OR WILDCAT

Wildcat

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

Sec. 1 T2N, R7E

12. COUNTY OR PARISH

Summit

13. STATE

Utah

1a. TYPE OF WELL: OIL WELL GAS WELL DRY Other P & A

b. TYPE OF COMPLETION: NEW WELL WORK OVER DEEP-EN PLUG BACK DIFF. RESVR. Other P & A

2. NAME OF OPERATOR
Amoco Production Company

3. ADDRESS OF OPERATOR
P.O. Box 17675, Salt Lake City, UT 84117

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface
NE/4 SW/4 Sec. 1 1901.2' FSL & 2276.4' FWL
At top prod. interval reported below

At total depth

14. PERMIT NO. 43-043-30105 DATE ISSUED 7-16-79

15. DATE SPUNDED 12-6-79 16. DATE T.D. REACHED 5-20-80 17. DATE COMPL. (Ready to prod.) 5-20-80 P & A 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 7410' GL 19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD 11821' 21. PLUG, BACK T.D., MD & TVD 22. IF MULTIPLE COMPL., HOW MANY* 23. INTERVALS DRILLED BY Rotary 24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* None 25. WAS DIRECTIONAL SURVEY MADE No

26. TYPE ELECTRIC AND OTHER LOGS RUN ~~DIL-MSFL-CR, CNL-FDC, BHC Sonic, Dip, DIL-SEL, PH~~ 27. WAS WELL CORRED Yes

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

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
13 3/8"	54.5#	1547.5'	17 1/2"	2150 sx	
9 5/8"	40, 53.5, & 43.5#	8105'	12 1/4"	800 sx	

29. LINER RECORD 30. TUBING RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
None					None		

31. PERFORATION RECORD (Interval, size and number) None 32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
None	

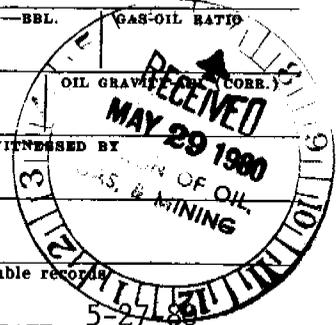
33.* PRODUCTION DATE FIRST PRODUCTION None P&A PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) WELL STATUS (Producing or shut-in)

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

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

35. LIST OF ATTACHMENTS

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records.
SIGNED D.S. Doudner TITLE Dist. Admin. Supervisor DATE 5-27-80



*(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 (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

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

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments. **Items 22 and 24:** If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), 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.)

No DST's

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, CUSHION USED, TIME TOOL OPEN, FLOWING AND SEUT-IN PRESSURES, AND RECOVERIES		38. GEOLOGIC MARKERS																													
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.																												
Core #1	11780'	11786'	Cut 6' Rec. 6' Black Shale																												
			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">NAME</th> <th style="width: 50%;">NEAR. DEPTH</th> <th style="width: 50%;">TOP</th> <th style="width: 50%;">TRUE VERT. DEPTH</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Stump</td> <td style="text-align: center;">4810'</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">Preuss</td> <td style="text-align: center;">5945'</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">Kelvin</td> <td style="text-align: center;">7620'</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">Stump</td> <td style="text-align: center;">8435'</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">Preuss</td> <td style="text-align: center;">8850'</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">Salt</td> <td style="text-align: center;">9931'</td> <td></td> <td></td> </tr> </tbody> </table>	NAME	NEAR. DEPTH	TOP	TRUE VERT. DEPTH	Stump	4810'			Preuss	5945'			Kelvin	7620'			Stump	8435'			Preuss	8850'			Salt	9931'		
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