

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

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work

DRILL

DEEPEN

PLUG BACK

7. Unit Agreement Name

b. Type of Well

Oil Well

Gas Well

Other

Multiple

Zone

8. Farm or Lease Name

Haynes Well

2. Name of Operator

AMOCO PRODUCTION COMPANY

9. Well No.

#1

3. Address of Operator

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

10. Field and Pool, or Wildcat

Wildcat

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

At surface

1370' FNL & 1950' FWL SE/4 NW/4

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

Sec. 36, T3N, R7E

At proposed prod. zone

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

Approximately 7 miles SE of Upton, Utah

12. County or Parrish 13. State

Summit Utah

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

1370'

16. No. of acres in lease

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

13,200'

20. Rotary or cable tools

Rotary

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

6880' GR

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"	48#-54.5#-61#	2500'	circulated
12 1/4"	9 5/8"	40#-43.5#-47#	10,750'	cmt. across all salt
8 1/2"	7"	23#-26#-35#-32#	13,200'	cmt. across all pay and entire salt zone

PROPOSE TO TEST NUGGET RESERVES FOR HYDROCARBON POTENTIAL

(See Attachments)

(Subject well to be drilled in accordance with Rule C-3(c), General Rules & Regulations - Amoco Production Company requests approval of unorthodox location due to topographic considerations and surface owner request. Amoco owns or controls all acreage within a 660' radius of the subject site)

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.

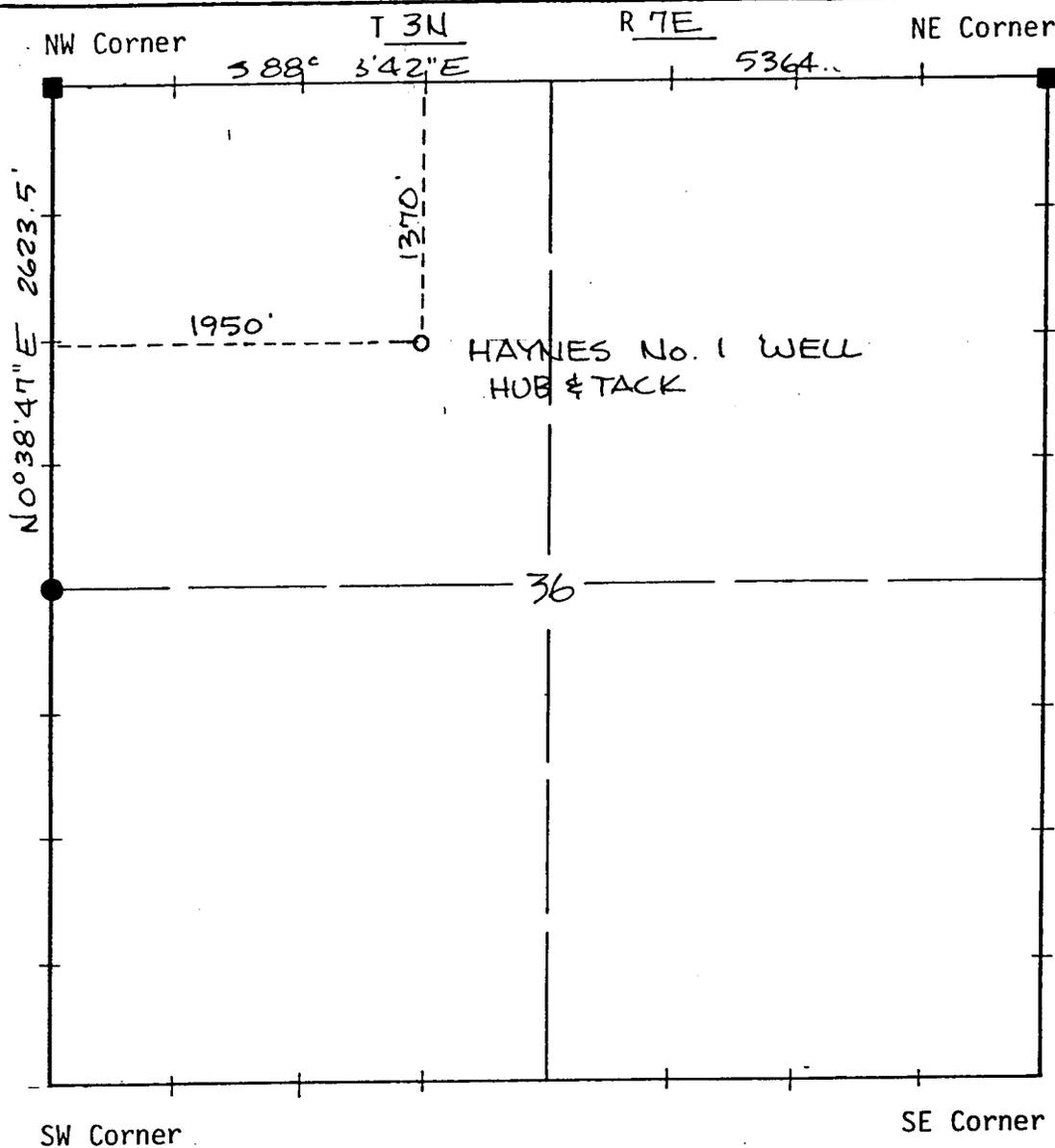
24. Signed: [Signature] Title: Administrative Supervisor Date: August 4, 1981

(This space for Federal or State office use)

Permit No. Approval Date: **APPROVED BY THE STATE OF UTAH DIVISION OF OIL, GAS, AND MINING**

Approved by: Title: **DATE: 8/14/81 BY: [Signature]**

Conditions of approval, if any:



SCALE: 1" = 1000'

- Found Brass Cap
- Found Stone
- ⊙ Set Brass Cap
- ⊗ Found Stone - Set Brass Cap
- Hub and Tack

I, LOYAL D. OLSON III of Evanston, Wyoming certify that in accordance with a request from REID SMITH of EVANSTON WYOMING for AMOCO PRODUCTION CO. I made a survey on the 31 day of JULY, 1981 for Location and Elevation of the HAYNES NO. 1 WELL as shown on the above map, the wellsite is in the SE 1/4 NW 1/4 of Section 36, Township 3N, Range 7E of the SALT LAKE B&M, SUMMIT County, State of UTAH, Elevation is 6880.0 Feet TOP OF HUB Datum SPOT ELEV. IN SW 1/4 NE 1/4 SEC. 35 T3N R7E (T130) U.S.G.S. RED HOLE QUADRANGLE UTAH-WYO.

Reference point _____
 Reference point _____
 Reference point _____
 Reference point _____

DATE: AUG. 3, 1981
 JOB NO.: 81-10-53

No. 4954
 8-3-81
 LLOYAL D. OLSON III
 UTAH ENGINEERING & SURVEYING, INC.
 808 MAIN STREET
 EVANSTON WYOMING

ATTACHMENT TO FORM OGC-1a

Haynes Well #1

1) Geologic name of the surface formation: Tertiary

2) Estimated tops of geological markers:

Kelvin	Surface
Preuss	8100'
Salt	10,100'
Twin Creek	10,600'
Nugget	12,100'
Ankareh	13,200'

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

See Item #2 Above

4) Casing Program: See Form OGC-1a, Item #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, the 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 - 2500'	Native, 8.5#-8.9#/gal. Viscosity as required to clean hole
2500' - 10,750'	Low solid, non-dispersed, 8.7#-10.5#/gal. Viscosity as required to clean hole
10,750' - TD	Low solid, non-dispersed, 8.7#-8.9#/gal.

7) Auxiliary Equipment

Kelly cock; Sub with full opening valve; 3" choke manifold with remote control choke; mudlogger (2-man type)

8) Testing Program:

Drill stem tests to be conducted in Twin Creek/Nugget formations if shows warrant

Logging Program:

DIL-SFL-GR	Base of surface casing to TD
DLL-MSFL-GR	" " " "
BHC-Sonic-GR	Surface to Total Depth
FDC-QNL-GR	Base of surface casing to TD
FIL	Approximately 10,600' to TD
Dipmeter	Base of surface casing to TD
Spectralog	Approximately 10,600' to TD

Coring Program:

One - 60' core anticipated in upper Nugget

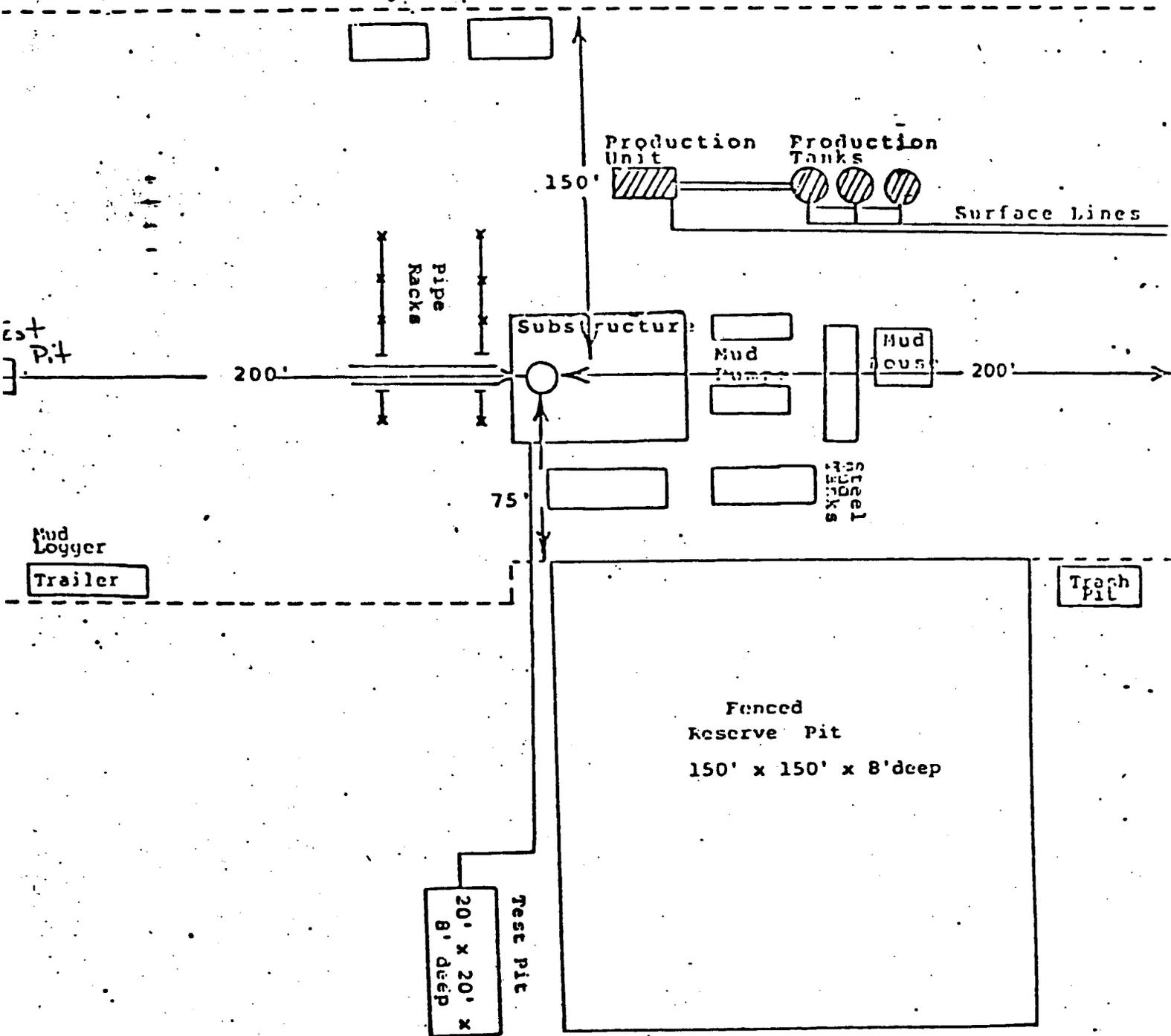
Stimulation and Fracture Program:

To be determined by District Office upon completion of drilling operations.

- 9) No abnormal pressures, temperatures, or hydrogen sulfide gas is anticipated.
- 10) Anticipated starting date will be when approved and duration of operations will be approximately 180 days.

Tool
Pur Trainers
Trailer

Amoco
Company
Trailer



⊗ = Shows permanent production equipment to be installed after drilling rig has moved out.

--- Dotted lines indicated perimeter of leveled location.

The fenced pit used for production will be covered if any fluid is present. The drilling and production pads will be constructed with dozers and graders using native material.

TYPICAL
LOCATION
LAYOUT

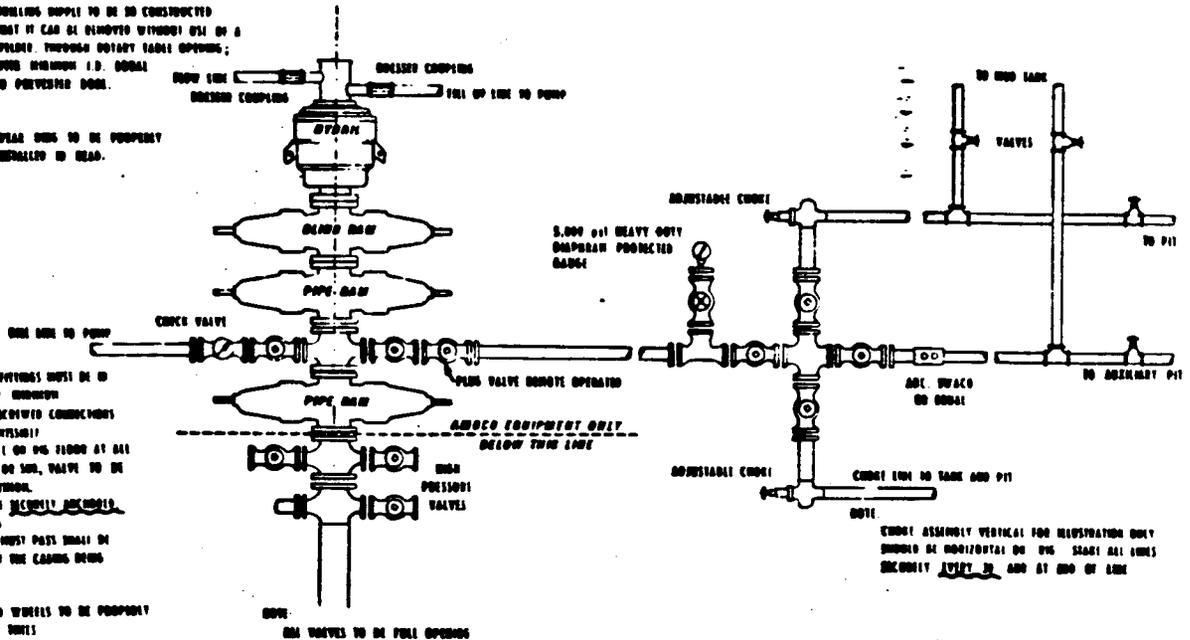
AMOCO PRODUCTION COMPANY
P. O. Box 17675
SALT LAKE CITY, UTAH 84117

EXHIBIT "D"

EXHIBIT 80P-8000
MINIMUM BLOW-OUT PREVENTER REQUIREMENTS
5,000 psi W.P.

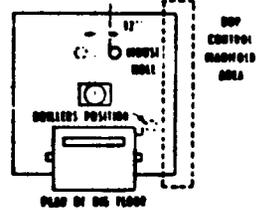
NOTE: 1 BOLLING SUPPLY TO BE SO CONSTRUCTED THAT IT CAN BE REMOVED WITHOUT USE OF A WELDER THROUGH ROTARY TABLE OPENING; USE MINIMUM 1/2" BORE TO PREVENTED TOOL.

2 WELLS SHD TO BE PROPERLY INSTALLED IN HEAD.

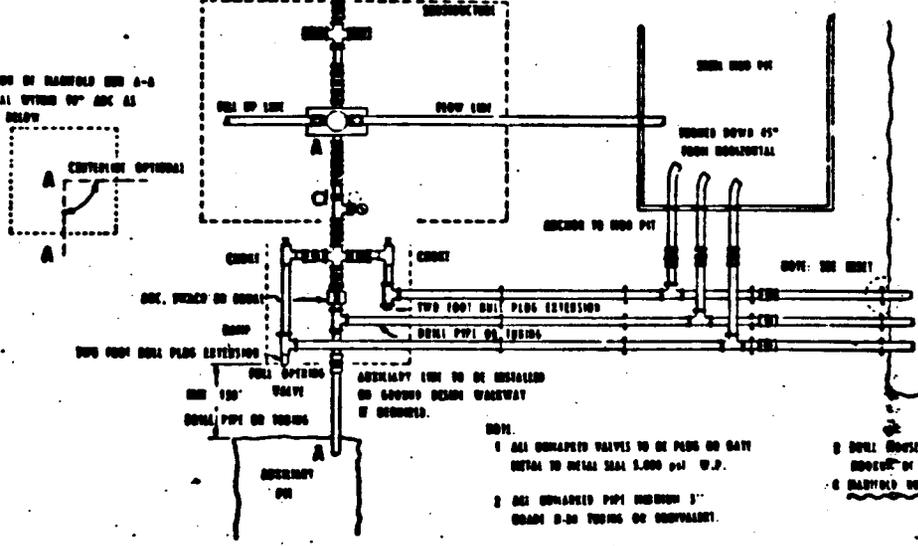


- NOTE:
- 1 BLOW OUT PREVENTERS AND ALL FITTINGS MUST BE IN GOOD CONDITION 5,000 psi W.P. MINIMUM
 - 2 ALL FITTINGS TO BE FLANGED SCREWED CONNECTIONS REMOVED FROM CLOSURE POSITION
 - 3 SAFETY VALVE MUST BE AVAILABLE ON THE FLOOR AT ALL TIMES WITH PROPER CONNECTION OR AIR VALVE TO BE FULL 5,000 psi W.P. MINIMUM.
 - 4 ALL CLOSURE AND BAIL LINES TO BE SECURELY SECURED, ESPECIALLY TOPS OF CLOSURE LINES
 - 5 EQUIPMENT THROUGH WHICH DR MUST PASS SHALL BE AS LARGE AS UPON DIRECTION OF THE CLOSING BEING CARRIED THROUGH
 - 6 RELIEF COCK ON RELIEF
 - 7 EXTENSION WHEELS AND BAWG WHEELS TO BE PROPERLY INSTALLED AND BRACED AT ALL TIMES
 - 8 ONE FLOOR BLOW-OUT PREVENTER CONTROL TO BE LOCATED AS CLOSE TO DOWNERS POSITION AS FEASIBLE
 - 9 BLOW-OUT PREVENTER CLOSING EQUIPMENT TO INCLUDE ON GALLON ACCUMULATOR TWO INDEPENDENT SOURCES OF PUMP POWER ON EACH CLOSING UNIT INSTALLATION.
- SEE SHEET ALL BAWG SPECIFICATIONS

NOTE: BLOW OUT ASSEMBLY VERTICAL FOR INSTALLATION ONLY SHOULD BE HORIZONTAL ON THE SHOOT ALL LINES SECURELY TIGHTEN AND AT END OF LINE



NOTE: DIRECTION OF MANIFOLD END A-B OPTIONAL OTHER 90° ARE AS SHOWN BELOW



- NOTE:
- 1 ALL UNMARKED VALVES TO BE PLUGS OR BAY UNTIL TO METAL SEAL 5,000 psi W.P.
 - 2 ALL UNMARKED PIPE MINIMUM 3" O.D. 8-IN THICK OR EQUIVALENT.
 - 3 BOLLERS SHALL BE 12" OFF CENTER IF REMOVED OF CLOSURE AND MANIFOLD IS BOWED DOWN
 - 4 MANIFOLD END A-B TO BE STRAIGHT THRU RUN

Amoco Production Company
STANDARD ASSEMBLY FOR FLUID
OPERATED TRIPLE BLOW-OUT PREVENTER
5,000 psi W.P.

** FILE NOTATIONS **

DATE: Aug. 13, 1981

OPERATOR: Amoco Production Co.

WELL NO: Haines Well #1

Location: Sec. 36 T. 3N R. 7E County: Summit

File Prepared:

Entered on N.I.D:

Card Indexed:

Completion Sheet:

API Number 43-043-30179

CHECKED BY:

Petroleum Engineer: _____

Director: OK as per rule C-3(c)

Administrative Aide: ok as per Rule C-3(c), has tape,

APPROVAL LETTER:

Bond Required:

Survey Plat Required:

Order No. _____

O.K. Rule C-3

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

Lease Designation Free

Plotted on Map

Approval Letter Written

Hot Line

P.I.

August 14, 1981

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

RE: Well No. Haynes Well #1,
Sec. 36, T. 3N, R. 7E,
Summit County, Utah

Insofar as this office is concerned, approval to drill the above referred to oil well on said unorthodox location is hereby granted in accordance with Rule C-3(c), in the 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 - Petroleum Engineer
Office: 533-5771
Home: 876-3001

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 43-043-30179.

Sincerely,

DIVISION OF OIL, GAS AND MINING

Cleon B. Feight
Director

CBF/db
CC: OGM

D

not dated

DIVISION OF OIL, GAS AND MINING

BOP
SPUDDING INFORMATION

NAME OF COMPANY: Amoco Production Co.

WELL NAME: Haynes #1

SECTION NW 36 TOWNSHIP 3N RANGE 7E COUNTY Summit

DRILLING CONTRACTOR Star

RIG # 41 13 3/8" @ 2476' cemented to surface

~~SPUDDING~~ TEST: DATE 9/28/81

TIME 12:00 p.m.

Test BOP & Choke Manifold 3000#
W/Hydril 1500*

How _____

DRILLING WILL COMMENCE _____

REPORTED BY Ed Carfew

TELEPHONE # 336-2019

DATE 9/28/81 8:50 a.m.

SIGNED M.T.M. *M. J. Meader*

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

SUBMIT IN TRIPLICATE*
(On instructions on reverse side)

SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)		5. LEASE DESIGNATION AND SERIAL NO. Fee
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR AMOCO PRODUCTION COMPANY		7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR P.O. Box 17675 Salt Lake City, UT 84117		8. FARM OR LEASE NAME Haynes
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1370' FNL & 1950' FWL SE/4 NW/4		9. WELL NO. #1
14. PERMIT NO. 43-043-30179		10. FIELD AND POOL, OR WILDCAT Wildcat
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6880' GR		11. SEC., T., R., M., OR BLEK. AND SURVY OR AREA Sec. 36, T3N, 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"/> FRACTURE TREAT <input type="checkbox"/> SHOOT OR ACIDIZE <input type="checkbox"/> REPAIR WELL <input type="checkbox"/> (Other) <input checked="" type="checkbox"/> TIGHT HOLE STATUS	PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETE <input type="checkbox"/> ABANDON* <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> <input checked="" type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/> FRACTURE TREATMENT <input type="checkbox"/> SHOOTING OR ACIDIZING <input type="checkbox"/> (Other) <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> ABANDONMENT* <input type="checkbox"/>

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

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

Amoco Production Company requests that the subject well be held as a "Tight Hole" and effective immediately, all information relating thereto be withheld from public file.

RECEIVED
 OCT 09 1981

DIVISION OF
OIL, GAS & MINING

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

SIGNED *[Signature]* TITLE Administrative Supervisor DATE Oct. 8, 1981

(This space for Federal or State office use)

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



STATE OF UTAH
NATURAL RESOURCES & ENERGY
Oil, Gas & Mining

Scott M. Matheson, Governor
Temple A. Reynolds, Executive Director
Cleon B. Feight, Division Director

4241 State Office Building • Salt Lake City, UT 84114 • 801-533-5771

February 10, 1982

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

Re: Well No. Haynes Well #1
Sec. 36, T. 3N, R. 7E
Summit County, Utah
(November 1981- December 1981)

Gentlemen:

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

Section 2-22, 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

A handwritten signature in cursive script that reads "Cari Furse".

Cari Furse
Clerk Typist

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

SUBMIT TRIPLICATE*
(On 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
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
1370' FNL & 1950' FWL

5. LEASE DESIGNATION AND SERIAL NO.
Fee

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Haynes

9. WELL NO.
#1

10. FIELD AND POOL, OR WILDCAT
Wildcat

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 36, T3N, R7E

12. COUNTY OR PARISH
Summit

13. STATE
Utah

14. PERMIT NO.
43-043-30179

15. ELEVATIONS (Show whether DF, RT, GR, or other)
6880' GR

RECEIVED
MAY 11 1982
DIVISION OF OIL, GAS & MINING

16. Check Appropriate Box To Indicate Nature of Work, 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 checked="" type="checkbox"/> REPORT OF OPERATIONS	(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.)*

Amoco Production Company advises that the following work has been performed on the subject well:

Spudded: 9-4-81
Drilling Contractor: Star, Rig #41

Casing: 20" conductor SA 188'
13 3/8" casing SA 2475'

Drilling ahead at 8,721'

TIGHT

18. I hereby certify that the foregoing is true and correct
SIGNED [Signature] TITLE Administrative Supervisor DATE 3-8-82

(This space for Federal or State office use)
APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

STATE OF UTAH
DIVISION OF OIL, GAS AND MINING

BLOW OUT PREVENTION TEST

CONFIDENTIAL

NAME OF COMPANY: AMOCO PRODUCTION COMPANY

WELL NAME: Haynes #1

SECTION: SEnw 36 TOWNSHIP 3 N RANGE 7 E COUNTY: Summit

DRILLING CONTRACTOR: Star

RIG # 41

BOP TEST: DATE: 4-28-82

TIME: _____

DRILLING: _____

CASING: _____

H₂S: _____

Spudded 9-4-81

13 3/8" casing @ 2475'

9 5/8" casing set and BOP equipment installed

REPORTED BY: Harold McRaney

TELEPHONE NO. 336-2019 (Coalville)

DATE: 4-28-82 SIGNED Paula Frank

STATE OF UTAH
DIVISION OF OIL, GAS AND MINING

BLOW OUT PREVENTION TEST

NAME OF COMPANY: AMOCO Production Company

WELL NAME: Haynes No. 1

SECTION: SESW 36 TOWNSHIP 3 N RANGE 7 E COUNTY: Summit

DRILLING CONTRACTOR: Star

RIG # 41

BOP TEST: DATE: 6-29-82

TIME: _____

DRILLING: _____

CASING: _____

H₂S: _____

TD 10,950' - Liner @ 8100' - 10,950'

Cloverleaf testers

REPORTED BY: Hal McCranny

TELEPHONE NO. _____

DATE: 6-29-82 SIGNED R. J. Firth

STATE OF UTAH
DIVISION OF OIL, GAS AND MINING

BLOW OUT PREVENTION TEST

CONFIDENTIAL

NAME OF COMPANY: AMOCO

WELL NAME: #1 Haynes

SECTION: SENEW 36 TOWNSHIP 3 N RANGE 7 E COUNTY: Summit

DRILLING CONTRACTOR: Star

RIG # 41

BOP TEST: DATE: 8-10-82

TIME: AM

DRILLING: _____

CASING: _____

H₂S: _____

7 5/8" @ 10,950'

Preparing to drill @ 13,441.

REPORTED BY: Fisher

TELEPHONE NO. _____

DATE: 8-10-82 SIGNED R. J. Firth

ORAL APPROVAL TO PLUG AND ABANDON WELL

Operator Amoco Representative Tracy Mosness

Well No. Haynes #1 Location SE 1/4 NW 1/4 Section 36 Township 3N Range 7 E

County Summit Field _____ State Utah

Unit Name and Required Depth _____ Base of fresh water sands _____

T.D. 13,933' Size hole and Fill per sack _____ " _____ ' and Top _____ #/gal. _____ ' _____

Casing Size	Set At	Top of Cement	To Be Pulled	Plugging Requirements		
				From	To	Sacks Cement
<u>13 3/8"</u>	<u>2475'</u>	<u>surface</u>		<u>13,9333'</u>	<u>13,380'</u>	<u>100 sks</u>
<u>9 5/8"</u>	<u>8901'</u>	<u>1500'</u>		<u>12,800'</u>	<u>12,598'</u>	<u>75 sks</u>
<u>7 5/8"</u>	<u>8117'</u>	<u>10,950'</u>	<u>Shows</u>	<u>11,225'</u>	<u>10,675'</u>	<u>100 sks</u>
				<u>CIBP @ 8000' w/2 sks cement above. Will cut off</u>		
				<u>9 5/8" @ 200' and cement to surface w/dry hole marker.</u>		

REMARKS

DST's, lost circulation zones, water zones, etc., _____

Plugging operations confirmed 9-9-82 by Bill Fisher, Amoco (336-2911).

Approved by R. J. Firth Date 9-8-82 Time _____ a.m.
p.m.

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

CONFIDENTIAL

5. LEASE DESIGNATION AND SERIAL NO.

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER P & A		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR AMOCO PRODUCTION COMPANY		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P.O. Box 17675 Salt Lake City, Utah 84117		8. FARM OR LEASE NAME Haynes	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1370' FNL & 1950' FWL		9. WELL NO. #1	
14. PERMIT NO. 43-043-30179		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6880' GR	
		10. FIELD AND POOL, OR WILDCAT Wildcat	
		11. SEC., T., R., M., OR BLE. AND SUBVY OR AREA Sec. 36, T3N, 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"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	

(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.)*

Amoco Production Company hereby advises that the subject well was plugged and abandoned 9-9-82 in the following manner:

TD: 13,933'	Plugs: 100 sx plug 13,933' -- 13,380'
Casing: 13 3/8" SA 2475'	75 sx plug 12,800' -- 12,598'
9 5/8" SA 8701'	100 sx plug 11,225' -- 10,675'
7" liner 8117' - 10,950'	CIBP at 8000' w/2 sx cement above. Will cut off 9 5/8" at 200' & cement to surface. Dry Hole Marker installed.

Verbal approval to Tracy Mosness from R.J. Firth, UOG&MD, on 9/8/82.

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

18. I hereby certify that the foregoing is true and correct
Original Signed: _____
SIGNED: _____ TITLE Administrative Supervisor DATE 11/8/82

(This space for Federal or State office use)

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

*ADVISE DIVISION WHEN LOCATION IS READY FOR FINAL INSPECTION.

*See Instructions on Reverse Side

SUBMIT IN DUPLICATE*

STATE OF UTAH
OIL & GAS CONSERVATION COMMISSION

(See other instructions on reverse side)

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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
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 SE/4, NW/4, 1370' FNL & 1950' FWL
 At top prod. interval reported below
 At total depth

14. PERMIT NO. 43-043-30179 DATE ISSUED 8-14-81

15. DATE SPUNDED 9-4-81 16. DATE T.D. REACHED 8-20-82 17. DATE COMPL. (Ready to prod.) -- 18. ELEVATIONS (DF, R&B, RT, GR, ETC.)* 6880' GR

20. TOTAL DEPTH, MD & TVD 13,933' MD 21. PLUG, BACK T.D., MD & TVD -- 22. IF MULTIPLE COMPL., HOW MANY* -- 23. INTERVALS DRILLED BY Surf to TD

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* None

26. TYPE ELECTRIC AND OTHER LOGS RUN DLL-MSFL-GR, BAC sonic, CNL-FDC-caliper, Dipmeter

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"	61,54.5,48	2475'	17 1/2"	3350 sx	none
9 5/8"	47,43.5,40	8701'	12 1/4"	1185 sx	none

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)
7 5/8"	8117'	10,950'	315	

31. PERFORATION RECORD (Interval, size and number)

None

33.* PRODUCTION

DATE FIRST PRODUCTION _____ PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) _____ WELL STATUS (Producing or shut-in) P & A

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 _____

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

SIGNED Lawrence M. Dewey TITLE Administrative Supervisor DATE 11-19-82

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

5. LEASE DESIGNATION AND SERIAL NO. Fee

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME Haynes

9. WELL NO. #1

10. FIELD AND POOL, OR WILDCAT Wildcat

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 36, T3N, R7E

12. COUNTY OR PARISH Summit 13. STATE Utah

19. ELEV. CASINGHEAD --

23. INTERVALS DRILLED BY Surf to TD

25. WAS DIRECTIONAL SURVEY MADE Yes

27. WAS WELL CORRED No

