

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

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

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

Single Zone

Multiple Zone

8. Farm or Lease Name

2. Name of Operator

AMOCO PRODUCTION COMPANY

State of Utah "S"

3. Address of Operator

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

#2

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

1190' FSL & 2200' FWL SE/4 SW/4

9. Field and Pool, or Wildcat

Wildcat

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

Sec. 30, T3N, R7E

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

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)

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

20. Rotary or cable tools

14,000' *unreach*

Rotary

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

22. Approx. date work will start*

6714' GR

When Approved

23.

PROPOSED CASING AND CEMENTING PROGRAM

Size of Hole	Size of Casing	Weight per Foot	Setting Depth	Quantity of Cement
26"	20"	106#	1500'	Cmt to surface
17 1/2"	13 3/8"	54.5#	9950'	at least 1000' column
12 1/4"	9 5/8"	43.5#-47#	11500'	Cmt to top of liner
8 1/2"	7"	23#-26#	14000'	to be determined

PROPOSE TO TEST THE NUGGET FORMATION
FOR HYDROCARBON POTENTIAL

(See Attachments)

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

DATE: 12-28-82
BY: [Signature]

(Well to be drilled in accordance with Rule C-3(c), request exception for location due to terrain, Amoco owns or controls all acreage within 660' radius)

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: 12/21/82

(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

State of Utah "S" No. 2

1) Geologic name of the surface formation: Tertiary

2) Estimated tops of geological markers:

Frontier	3465'
Kelvin	5880'
Preuss	9845'
Salt	11000'
Twin Creek	11200'
Nugget	12700'
Ankareh	13800'

3) Casing Program: See Form OGC-1a, Item #23

4) Operators minimum specifications for pressure control equipment is explained on the attached schematic diagram. Testing of such will be performed daily and noted on the IADC Daily Drilling Report. After running surface casing (13 3/8") and prior to drilling out, the BOP will be tested to the full working pressure rating as shown on the attached schematic. Thereafter, testing will be performed in accordance with State/Federal requirements.

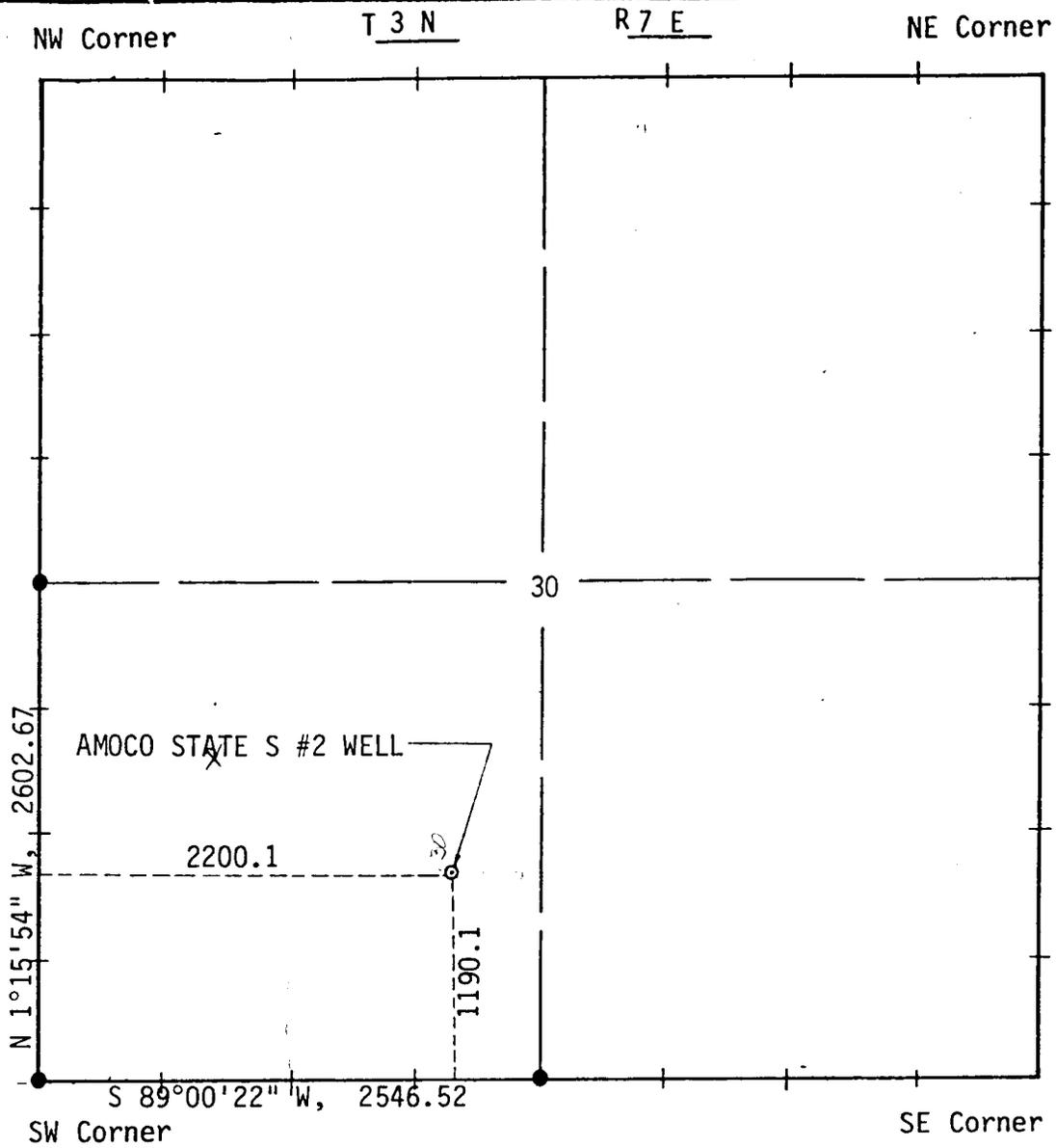
5) Mud Program:

0 - 1500'	Water, 8.3#/gal.
1500' - 9900'	LSND, KCL, 9.0#-10.0#/gal.
9900' - 11500'	KCL-NaCL, 9.8#/gal.
11500' - TD	LSND, 8.6#-9.0#/gal.

6) Logging Program:

DIL-GR	Base of 13 3/8" casing to TD
FDC-CNL-GR	" " " "
BHC-GR	" " " "
HDT	" " " "
Check Shot Velocity	Surface to TD

7) No abnormal pressures, temperatures, or hydrogen sulfide gas is anticipated.



SCALE: 1" = 1000'

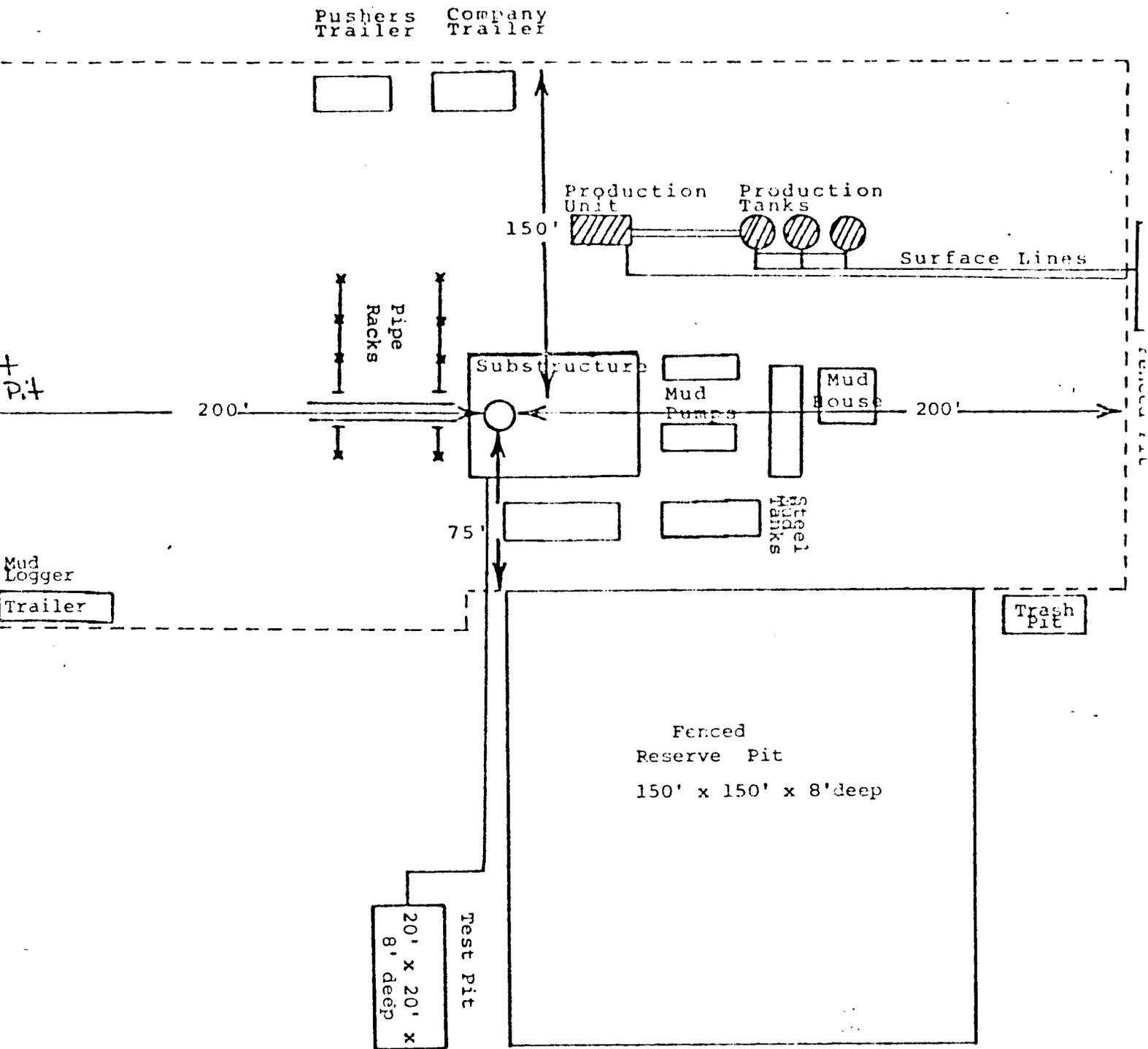
- Found Brass Cap
- Found Stone
- ⊙ Set Brass Cap
- ⊖ Found Stone - Set Brass Cap
- Hub and Tack

I, Loyal D. Olson, III of Evanston, Wyoming certify that in accordance with a request from Jon Jensen of Evanston, Wyoming for Amoco Production Company I made a survey on the 22nd day of November, 1982 for Location and Elevation of the Amoco State S #2 as shown on the above map, the wellsite is in the SE-1/4 SE-1/4 of Section 30, Township 3 N, Range 7 E of the Salt Lake Base & Meridian, Summit County, State of Utah, Elevation is 6714.1 Feet Top Of Hub Datum U.S.G.S. BM T-161
NE-1/4 NE-1/4 SW-1/4 Section 31, T3N R7E SLB&M, Upton Quadrangle Utah, Elevation 6305

Reference point	300' East	Top Of Pin	6741.8
Reference point	400' East	Top Of Pin	6745.4
Reference point			
Reference point			

LOYAL D. OLSON, III UTAH R.L.S. NO. 4954
 UINTE ENGINEERING & SURVEYING, INC.
 808 MAIN STREET, EVANSTON, WYOMING

DATE: 11/23/82
 JOB NO.: 82-10-84



⊘ = 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"

OPERATOR Amoco Production Co DATE 12/28/82

WELL NAME State of Utah "S" #2

SEC SE SW 30 T 3 N R 7 E COUNTY Summit

43-043-30221
API NUMBER

Fee
TYPE OF LEASE

POSTING CHECK OFF:

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

PROCESSING COMMENTS:

NO WELLS WITHIN 1000'

[Signature]

APPROVAL LETTER:

SPACING: A-3 _____ UNIT c-3-a _____ CAUSE NO. & DATE

c-3-b c-3-c

SPECIAL LANGUAGE:

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

AUTHENTICATE LEASE AND OPERATOR INFORMATION

VERIFY ADEQUATE AND PROPER BONDING *BLANKET*

AUTHENTICATE IF SITE IS IN A NAMED FIELD, ETC.

APPLY SPACING CONSIDERATION

ORDER NO

UNIT _____

c-3-b

c-3-c

OUTSTANDING OR OVERDUE REPORTS FOR OTHER WELLS OF THE OPERATOR.

IF POTASH DESIGNATED AREA, SPECIAL LANGUAGE ON APPROVAL LETTER

December 28, 1982

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

RE: Well No. State of Utah "S" #2
SESW Sec. 30, T.3N, R.7E
Summit County, Utah

Gentlemen:

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), 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:

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

OR

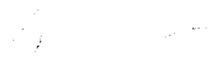
CLEON B. FEIGHT - Director
Office: 533-5771
Home: 466-4455

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 43-043-30221.

Sincerely,


Norman C. Stout
Administrative Assistant

NCS/as
Enclosure

DIVISION OF OIL, GAS AND MINING

SPUDDING INFORMATION

NAME OF COMPANY: AMOCO PRODUCTION COMPANY

WELL NAME: State of Utah S #2

SECTION SESW 30 TOWNSHIP 3N RANGE 7 E COUNTY Summit

DRILLING CONTRACTOR Chase

RIG # 5

SPUDDED: DATE 1-10-83

TIME 5:30 AM

How Rotary

DRILLING WILL COMMENCE _____

REPORTED BY Sheree

TELEPHONE # _____

DATE 1-10-83 SIGNED RJF

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 84117</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1190' FSL & 2200' FWL</p> <p>14. PERMIT NO. 43-043-30221</p>		<p>5. LEASE DESIGNATION AND SERIAL NO. Fee</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME State of Utah "S"</p> <p>9. WELL NO. #2</p> <p>10. FIELD AND POOL, OR WILDCAT Wildcat</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 30, T3N, R7E</p> <p>12. COUNTY OR PARISH Summit</p> <p>13. STATE Utah</p>
<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6714' GR</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) <u>REPORT OF OPERATIONS</u> <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

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

Drilling ahead at 7876'
Drilling Contractor: Chase #5
Casing: 20" SA 355'

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

SIGNED [Signature] TITLE Administrative Supervisor DATE 2/28/83

(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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. FEE
2. NAME OF OPERATOR AMOCO PRODUCTION COMPANY		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 17675 - Salt Lake City, Utah 84117		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 1190' FSL and 2200' FWL		8. FARM OR LEASE NAME State of Utah "S"
14. PERMIT NO. 43-043-30221		9. WELL NO. #2
15. ELEVATIONS (Show whether DF, RT, OR, etc.) 6714' GR		10. FIELD AND POOL, OR WILDCAT Wildcat
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec.30, T3N, R7E
		12. COUNTY OR PARISH Summit
		13. STATE Utah

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

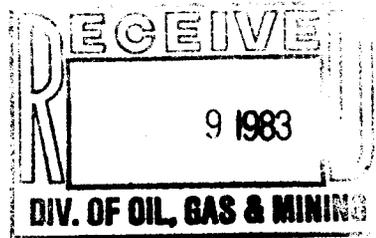
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Report of Operations</u> <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

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

Drilling ahead 9555' with 12.25" Bit

Drilling Contractor: Chase #5

Spud Date: 1-10-83



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

SIGNED Larry H. Smith TITLE Staff Admin. Analyst (SG) DATE 4/29/83

(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

<p>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>		<p>5. LEASE DESIGNATION AND SERIAL NO. Fee</p>
<p>1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/></p>		<p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p>
<p>2. NAME OF OPERATOR Amoco Production Company</p>		<p>7. UNIT AGREEMENT NAME</p>
<p>3. ADDRESS OF OPERATOR P. O. Box 17675 Salt Lake City, Utah 84117</p>		<p>8. FARM OR LEASE NAME State of Utah "S"</p>
<p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1190' FSL & 2200' FWL</p>		<p>9. WELL NO. 2</p>
<p>14. PERMIT NO. 43-043-30221</p>		<p>10. FIELD AND POOL, OR WILDCAT Wildcat</p>
<p>15. ELEVATIONS (Show whether DF, RT, OR, etc.) 6714' GR</p>		<p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec.30, T3N, R73</p>
<p>12. COUNTY OR PARISH Summit</p>		<p>13. STATE Utah</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) <u>Report of Operations</u> <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

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

Date: 5-16-83

Drilling ahead at 10,359' with 12.25" Bit

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

SIGNED <u>[Signature]</u>	TITLE <u>Staff Administrative Analyst (SG)</u>	DATE <u>5/29/83</u>
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(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.)

5. LEASE DESIGNATION AND SERIAL NO. FEE
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME State of Utah S
9. WELL NO. #2
10. FIELD AND POOL, OR WILDCAT wildcat
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 30, T3N, R7E
12. COUNTY OR PARISH Summit
13. STATE Utah

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
AMOCO PRODUCTION COMPANY

3. ADDRESS OF OPERATOR
P. O. Box 829, Evanston, Wyoming 82930

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
1190' FSL and 2200' FWL

14. PERMIT NO.
43-043-30221

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
6714' 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) Report Of Operations <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

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

June 16, 1983

Current TD - 12,324'

Classified as "Tight Hole" per Sundry Notice Request of 6/22/82

RECEIVED
JUL 07 1983

TIGHT HOLE

DIVISION OF
OIL, GAS & MINING

18. I hereby certify that the foregoing is true and correct
SIGNED Laura Smith TITLE Staff Admin. Analyst (SG) DATE 6/29/83

(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 APPLICATION*
(Other in tions on
reverse side)

21

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 Amoco Production Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 829, Evanston, Wyoming 82930		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 1190' FSL and 2200' FWL <i>SESW</i>		8. FARM OR LEASE NAME State of Utah "S"
14. PERMIT NO. 43-043-30221		9. WELL NO. #2
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6714' GR		10. FIELD AND POOL, OR WILDCAT Wildcat
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec.30, 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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>TIGHT HOLE</u>	<input checked="" type="checkbox"/>
(Other) <input type="checkbox"/>		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

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

This is to request that the above referenced well be classified as a "TIGHT HOLE" and all information concerning such well be kept confidential.

[Faint stamps and handwritten notes]

TIGHT HOLE

18. I hereby certify that the foregoing is true and correct
SIGNED Larry L. Smith TITLE Staff Admin. Analyst(SG) DATE 6/22/83
(This space for Federal or State office use)

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

SUBMIT IN DUPLICATE*

STATE OF UTAH
OIL & GAS CONSERVATION COMMISSION

(See other instructions on reverse side)

14

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL GAS WELL DRY Other Temporarily Abandoned

5. LEASE DESIGNATION AND SERIAL NO.

Fee

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

State of Utah "S"

9. WELL NO.

#2

10. FIELD AND POOL, OR WILDCAT

Wildcat

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

Sec. 30, T3N, R7E

12. COUNTY OR PARISH

Summit

13. STATE

Utah

2. NAME OF OPERATOR
Amoco Production Company

3. ADDRESS OF OPERATOR
P.O. Box 829, Evanston, WY 82930

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

At surface 1190' FSL & 2200' FWL

At top prod. interval reported below

At total depth

14. PERMIT NO. 43-043-30221 DATE ISSUED 12-28-82

15. DATE SPUDDED 1-10-83 16. DATE T.D. REACHED 7-3-83 17. DATE COMPL. (Ready to prod.) --- 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 6819 Graded Gr. 19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD 13041' 21. PLUG, BACK T.D., MD & TVD 12120' 22. IF MULTIPLE COMPL., HOW MANY* --- 23. INTERVALS DRILLED BY --- ROTARY TOOLS SURF. TO TD CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* None 25. WAS DIRECTIONAL SURVEY MADE

26. TYPE ELECTRIC AND OTHER LOGS RUN
CNL, Caliper, CNL/FDL

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

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD
20"	133	355'	26"	850 SX
13-3/8"	68	9002'	17-1/2"	1200 SX
9-5/8"	62.5-53.5	11,141'	12-1/4"	2500 SX
7"	35-38	13,410'	8-1/2"	210 SX

TIGHT HOLE

LINER RECORD				TUBING RECORD		
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)
	None					None

31. PERFORATION RECORD (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
See Attachment A		DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
		See Attachment A	

33.* PRODUCTION							
DATE FIRST PRODUCTION		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
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 [Signature] TITLE Staff Admin. Analyst (SG)

DATE 9/8/83

*(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, 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, for separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all charts and available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached to the well completion report. 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.)

DST Information: None

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	GEOLOGIC MARKERS			
				NAME	MEAS. DEPTH		
					TOP		
					TRUE VERT. DEPTH		
				Tertiary	Surface		
				Frontier	600'		
				Kelvin	5,560'		
				Stump	9,521'		
				Preuss	9,842'		
				Twin Creek	10,915'		
				Nugget	12,694'		

ATTACHMENT A

Perforations

12,744' - 12,770'	4JSPF	.55"
12,684' - 12,710'	4JSPF	.55"
12,472' - 12,520'	4JSPF	.55"
12,422' - 12,414'	4JSPF	.55"
12,348' - 12,378'	4JSPF	.55"
12,166' - 12,214'	4JSPF	.55"
12,056' - 12,080'	4JSPF	.55"
11,978' - 12,008'	4JSPF	.55"
11,472' - 11,520'	4JSPF	.55"

Acid - Cement

12,684' - 12,770'	7.5% HCL	2600 Gal.
12,684' - 12,710'	14.4% HCL	2600 Gal.
12,472' - 12,520'	28% HCL	9600 Gal.
12,348' - 12,378'	28% HCL	7600 Gal.
12,166' - 12,214'	28% HCL	8121 Gal.
11,978' - 12,080'	28% HCL	10,800 Gal.
11,472' - 11,520'	100 sx	
12,214' - 12,166'	140 sx	

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Temporarily Abandon		5. LEASE DESIGNATION AND SERIAL NO. Fee
2. NAME OF OPERATOR Amoco Production Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 829, Evanston, WY 82930		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 1190' FSL and 2200' FWL		8. FARM OR LEASE NAME State of Utah "S"
14. PERMIT NO. 43-043-30221	15. ELEVATIONS (Show whether DF, RT, OR, etc.) 6819 Graded Ground	9. WELL NO. #2
		10. FIELD AND POOL, OR WILDCAT Wildcat
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 30, T3N, R7E
		12. COUNTY OR PARISH Summit
		13. STATE County

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) Report of Operations <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.) *

This is to request that the subject well be placed in a temporarily abandoned status.

TIGHT HOLE

(Show status as "operations suspended" rather than TA, since no plugs were set)
[Signature]

18. I hereby certify that the foregoing is true and correct
SIGNED *[Signature]* TITLE Staff Admin. Analyst (S.G.) DATE 9/8/83

(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

Scott M. Matheson, Governor
Temple A. Reynolds, Executive Director
Dr. G. A. (Jim) Shirazi, Division Director

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

September 9, 1983

Amoco Production Company
P. O. Drawer 829
Evanston, Wyoming 82930
Att: Drilling Department

Re: Well No. State of Utah "S" # 2
1190' FSL, 2200' FWL
SE SW, Sec. 30, T. 3N, R. 7E.
Summit County, Utah
(July 1983- August 1983)

Gentlemen:

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

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.

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

Your prompt attention to the above will be greatly appreciated.

Respectfully,

DIVISION OF OIL, GAS AND MINING

Cari Furse
Well Records Specialist

CF/cf
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

May 2, 1985

Amoco Production Company
PO Box 829
Evanston, Wyoming 82930

Gentlemen:

Re: Well No. State of Utah "S" 2 - Sec. 30, T. 3N., R. 7E.,
Summit County, Utah - API #43-043-30221

The above referenced well has been under an operation suspended status for six months or longer. Please inform this office of the current status of this well location or what operations are currently being performed on this well.

Enclosed is Form OGC-1b, "Sundry Notices and Reports on Wells", that you may use to inform our office regarding this matter.

Sincerely,

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

Pam Kenna
Well Records Specialist

Enclosure

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

0170S/50

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

SUBMIT IN TRIPLICATE
(Or 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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. Fee
2. NAME OF OPERATOR AMOCO PRODUCTION COMPANY		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. BOX 829, EVANSTON, WYOMING 82930		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 SESW 1190' FSL & 2200' FWL		8. FARM OR LEASE NAME State of Utah "S"
14. PERMIT NO. 43-043-30221	15. ELEVATIONS (Show whether OF, ST, GR, etc.) 6819' GR	9. WELL NO. #2
		10. FIELD AND POOL, OR WILDCAT Wildcat
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 30, 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"/>	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"/>	

(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.) *

Currently there are no operations being performed on said well.
The well is still temporarily abandoned while under evaluation.

RECEIVED

MAY 3 1985

DIVISION OF
OIL, GAS & MINING

18. I hereby certify that the foregoing is true and correct
SIGNED [Signature] TITLE District Drilling Engineer DATE 5/9/85

(This space for Federal or State office use)

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

7/18/85
1005 hrs.

Amoco

State S-2

Dan Poulsen
(307) 789-1700

Sec. 30, T3N, R7E, Summit

Status is TA

- CR @ 11870'

- Perfs sized w/ 200 sx (11978-12008,
12056-12080)

Csg:

7" prod. @ 13410' cont. top 11978'
9 $\frac{5}{8}$ " @ 11129'
13 $\frac{3}{8}$ " @ 9000'
Surf. 20" @ 355'

① 20 sx @ 11129'

② 20 sx @ 9000'

③ 20 sx @ 5000'

④ 20 sx @ Surf.

⑤ 100' to Seal surf. annulus

Plan to do work sometime in next
couple of weeks. Will send in Sunday of
intent.

STATE OF UTAH
OIL & GAS CONSERVATION COMMISSION

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

SUNDRY NOTICES AND REPORTS ON WELLS

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

RECEIVED

5. LEASE DESIGNATION AND SERIAL NO. Fee

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME State of Utah "S"

9. WELL NO. #2

10. FIELD AND POOL, OR WILDCAT Wildcat

11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Sec. 30, T3N, R7E

12. COUNTY OR PARISH Summit

13. STATE UT

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR AMOCO PRODUCTION COMPANY

3. ADDRESS OF OPERATOR P. O. BOX 829, EVANSTON, WYOMING 82930

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface SESW 1190' FSL & 2200' FWL

14. PERMIT NO. 43-043-30221

15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6819' GR

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 checked="" 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 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.)*

Proposed P/A procedure:

- a. 20 sx cement plugs set @ 11,129', 9,000', 5,000', and surface
- b. Surface annulus sealed with 100 ft cement
- c. Set P/A marker

Verbal approval received from John Baza UTO&GCC to D. Polson Amoco on 07/18/85

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

SIGNED [Signature] TITLE Sr Drilling Eng. Supervisor DATE 7/18/85 ✓

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

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

DATE: 7/30/85
BY: John R. Baza

*See Instructions on Reverse Side



Amoco Production Company
ENGINEERING CHART

BEST COPY AVAILABLE

SHEET NO. 2 OF 3

FILE _____

APPN _____

DATE 7/5/83

BY TDV

SUBJECT STATE of UTAH 2-2

Location: SE-SW sec 30-2N-7E
Summit County, Utah

G.L. 7208' K.B. 7234'

LINER TAP @ 349.5'

13 3/8" - 72# - 395 - BTC
SA 9000'

- Twin Creek 10915'
- Lee's Creek 11506'
- Water Canyon 11793'
- Boundary Ridge 12116'
- Rich 12168'
- Gap Springs 12593'
- Nugget 12626'

D.V. Tool @ 11083'

9 7/8" - 53.5# - N80 - LTC
SA 11,129'

CMT RET @ 11,870
200SX CMT

11472
11520 selected

CMT RET @ 12,120'

11978
12008
12056
12080

CMT RET @ 12,300'

12166
12214
12348
12378

CIBP @ 12,460'

12444 - 12422
12472
12520

12624 ← CIBP @ 12650'

12710
12744
12790

////// PBTD @ 13148'

7" 3500# - RETD - 1/4" AM

7/18/85
1005 hrs.

Amoco

State S-2

Sec. 30, T3N, R7E, Summit

Dan Paulsen
(307)789-1700

Status is TA

- CR @ 11870'

- Perts sg'd w/ 200 sx (11978-12008,
12056-12080)

Csg:

7" prod. @ 13410' cont. top 11978'
9⁵/₈" @ 11129'
13³/₈" @ 9000'
Surf. 20" @ 355'

① 20 sx @ 11129'

② 20 sx @ 9000'

③ 20 sx @ 5000'

④ 20 sx @ Surf."

⑤ 100' to Seal surf. annulus

Plan to do work sometime in next
couple of weeks. Will send in Sunday of
intent.

From the desk of
NORM STOUT

100731

Pam,

Although completion tests were not run, the WCR in file should probably be considered a final report. The well is on the TAD, and John apparently understands that Amco considers the well SI. Under these circumstances, the log should be processed, well no longer qualifies for log, and files should be in production. Please route with this note attached

M

10-6-84

131334

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> Dry Hole		5. LEASE DESIGNATION AND SERIAL NO. Fee
2. NAME OF OPERATOR AMOCO PRODUCTION COMPANY		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. BOX 829, EVANSTON, WYOMING 82930		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 SESW Sec. 30 1190' FSL & 2200' FWL		8. FARM OR LEASE NAME State of Utah "S"
14. PERMIT NO. 43-043-30221		9. WELL NO. #2
15. ELEVATIONS (Show whether DF, NT, GR, etc.) 7234' KB		10. FIELD AND POOL, OR WILDCAT Wildcat
		11. SEC., T., R., M., OR B.L.K. AND SURVEY OR AREA Sec. 30, T3N, R7E
		12. COUNTY OR PARISH Summit
		13. STATE Utah

REGISTERED
DEC 08 1986
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 checked="" 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"/>		(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 the John Baza/Dan Polson telephone conversation of 12/3/86, the following P & A procedure is purposed for the subject well:

1. Place 2 sx cmt on CIBP lcoated at 11,870'
2. Set CIBP at 9000' with 2 sx cmt.
3. Set CIBP at 5000'
4. Spot 10 sx plug at surface
5. Seal all surface annulas with cmt

Work is scheduled for 12/16/86

Note: On 7-18-85 a Sundry notice was submitted with a P & A procedure outlined. This procedure was never acted upon

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

SIGNED Richard D. [Signature] TITLE Staf Fac Eng Supervisor DATE 12-5-86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ APPROVED BY THE STATE

CONDITIONS OF APPROVAL, IF ANY:

OF UTAH DIVISION OF OIL, GAS, AND MINING

*See Instructions on Reverse Side

DATE 12-10-86
BY: John R. Baze

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

SUB IN TRIPLICATE*
(r instructions on reverse side)

122406 ^P 14

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <u>Dry Hole</u>		5. LEASE DESIGNATION AND SERIAL NO. Fee
2. NAME OF OPERATOR <u>AMOCO PRODUCTION COMPANY</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <u>P. O. BOX 829, EVANSTON, WYOMING 82930</u>		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 <u>SESW Sec. 30, 1190' FSL & 2200' FWL</u>		8. FARM OR LEASE NAME <u>State of Utah "S"</u>
14. PERMIT NO. <u>43-043-30221</u>	15. ELEVATIONS (Show whether SP, ST, GC, etc.) <u>7234' KB</u>	9. WELL NO. <u>#2</u>
		10. FIELD AND POOL, OR WILDCAT <u>Wildcat</u>
		11. SEC., T., R., M., OR B.L.E. AND SURVEY OR AREA <u>Sec. 30, T3N, R7E</u>
		12. COUNTY OR PARISH <u>Summit</u>
		13. STATE <u>Utah</u>

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"/>	

(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.)*

The subject well was P&A on 12-17-86 as follows:

1. 2 sx cmt on CR at 11,870'
2. CIBP w/2 sx cmt at 11,075'
3. CIBP w/2 sx cmt at 9,000'
4. CIBP w/2 sx cmt at 5,000'
5. 10 sx cmt plug at surface
6. Set P&A marker

Note: The water well on location was also plugged with 15 sx bentonite and a cap was welded on the casing.

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

SIGNED

Levin T. Ryzee

TITLE

Administrative Supervisor

DATE

12-18-86

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

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

*See Instructions on Reverse Side

DATE: 12-24-86

BY: *Levin T. Ryzee*