

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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  
 Wexpro Company

3. ADDRESS OF OPERATOR  
 P. O. Box 458, Rock Springs, WY 82901

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)\*  
 At surface  
 238' FSL, 2053' FEL SW SE  
 At proposed prod. zone

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE\*  
 15 miles south and west of Ouray, Utah

15. DISTANCE FROM PROPOSED\* LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT. (Also to nearest drilg. unit line, if any)  
 1558' FSUL

16. NO. OF ACRES IN LEASE  
 1970.27

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.  
 N/A

19. PROPOSED DEPTH  
 6600'

20. ROTARY OR CABLE TOOLS  
 Rotary

21. ELEVATIONS (Show whether DF, RT, GR, etc.)  
 GR 5063'

22. APPROX. DATE WORK WILL START\*  
 Upon Approval

5. LEASE DESIGNATION AND SERIAL NO.  
 U - 4482

6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
 ---

7. UNIT AGREEMENT NAME  
 Island

8. FARM OR LEASE NAME  
 Unit

9. WELL NO.  
 15

10. FIELD AND POOL, OR WILDCAT  
 Wasatch

11. SEC., T., R., N., OR S.W. AND SURVEY OR AREA  
 7 - 10S - 20E - SLB&M

12. COUNTY OR PARISH  
 Uintah

13. STATE  
 Utah

23. PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
12 1/2	9-5/8	36	300	165 sxs w/ 3% CaCl & 1/2# flocele To be determined - will cement to at least 350' above Birds Nest Aquifer.
8-3/4	5-1/2	17	6600	

See attached drilling plan.

MINERAL MANAGEMENT  
 SERVICE OPERATIONS  
 OIL & GAS RECEIVED  
 APR 21 1983  
 SALT LAKE CITY, UTAH

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 C. P. Maser TITLE Drilling Superintendent DATE 4-18-83

(This space for Federal or State office use)

PERMIT NO. \_\_\_\_\_ APPROVAL DATE \_\_\_\_\_  
 APPROVED BY [Signature] TITLE for E. W. Guynn District Oil & Gas Supervisor DATE MAY 19 1983  
 CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_

NOTICE OF APPROVAL  
 State O & G

\*See Instructions On Reverse Side  
 CONDITIONS OF APPROVAL ATTACHED TO OPERATOR'S COPY

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



Wexpro Company  
Well No. 15  
Section 7, T. 10 S., R. 20 E.  
Uintah County, Utah  
Lease U-4482  
Island Unit

#### Supplemental Stipulations

- 1) Traveling off access road right-of-ways will not be allowed. The maximum width of access pads (both existing and planned) will be 30 feet total disturbed area. Roads will be crowned and properly maintained. Turn-outs will not be required. Bar ditches will be installed where necessary.
- 2) Burn pits will not be constructed. There will be no burning or burying of trash or garbage at the well site. Refuse must be contained in trash cages and hauled to an approved disposal site.
- 3) A wire mesh or net type of fence, topped with at least one strand of barbed wire, will be used around the reserve pits.
- 4) The BLM will be contacted at least 24 hours prior to any rehabilitation activities. The operator may be informed of any additional needed seeding requirements.
- 5) The top 4-6 inches of topsoil will be stockpiled as indicated in the layout diagram of the APD.
- 6) For reasons of topography, the location was moved after the onsite as recommended at the onsite 243' West and 450' South from the original staking. This change is reflected in the APD. At the onsite, the access road was also changed to that now indicated in the APD.
- 7) All permanent (onsite for six (6) months duration or longer) structures constructed or installed, including the pumpjack and covering over tank insulation, shall be painted a flat, non-reflective, earth tone color to match Tnemec 23-08351 Mesa Brown Enduratone or an approved equal. All facilities shall be painted within six (6) months of when the production facilities are put in place. Facilities that are required to comply with O.S.H.A. (Occupational Safety and Health Act) standards are excluded.
- 8) Choice of color stipulation may vary depending on location.
- 9) Adequate and sufficient electric/radioactive logs will be run to locate and identify the prime oil shale horizons and saline minerals in the Mahogany Zone of the Green River formation. Casing and cementing programs will be adjusted to eliminate any potential influence of the well bore or productive hydrocarbon zones on the oil shale or saline minerals resources. Surface casing program may require adjustment for protection of fresh water aquifers.

## ADDITIONAL STIPULATIONS FOR PRODUCTION FACILITIES

Your Application for Permit to Drill also included a submittal for production facilities. These production facilities are approved for the lessee and his designated operator under Section 1 of the Oil and Gas Lease with the following conditions:

(1) The oil and gas measurement facilities must be installed on the well location. The oil and gas meters will be calibrated in place prior to any deliveries. Tests for meter accuracy are to be conducted monthly for the first three months on new meter installations and at least quarterly thereafter. Please provide this office with a date and time for the initial meter calibration and all future meter proving schedules. A copy of the meter calibration reports are to be submitted to the Salt Lake City District Oil and Gas Supervisor. Royalty payments will be made on all production volume as determined by the meter measurements or the tank measurements. All measurement facilities must conform with the API standards for liquid hydrocarbons and the AGA standard for natural gas measurement.

(2) Gas meter runs for each well will be located within 500 feet of the wellhead. The gas flowline will be buried from the wellhead to the meter and 500 feet downstream of the meter run or any production facilities. Meter runs must be housed and/or fenced.

(3) All disturbed areas not required for operations will be rehabilitated.

(4) All produced liquids must be contained including the dehydrator vent/condensate line effluent. All production pits must be fenced.

(5) The well activity, the well status and the date the well is placed on production must be reported on Lessee's Monthly Report of Operations, Form 9-329.

(6) All off-lease storage, off-lease measurement, or commingling on lease or off-lease must have written approval.

(7) All product lines entering and leaving hydrocarbon storage tanks must be locked/sealed.

(8) You are reminded of the requirements for handling, storing, or disposing of water produced from oil and gas wells under NTL-2B.

(9) All materials, trash, junk, debris, etc. not required for production must be removed from the well site and production facility site at the completion of these operations.

(10) A copy of the Gas Sales Contract will be provided to this office and the Royalty Accounting Department as directed.

(11) Construction and maintenance for surface use approved under this plan should be in accordance with the surface use standards as set forth in the BLM/GS Oil and Gas Brochure entitled, "Surface Operating Standards for Oil and Gas Exploration and Development." This includes, but is not limited to, such items as road construction and maintenance, handling of top soil and rehabilitation.

(12) "Sundry Notice and Reports on Wells" (form 9-331) will be filed for all changes of plans and other operations in accordance with 30 CFR 221.58. Emergency approval may be obtained verbally, but such approval does not waive the written report requirement. Any additional construction, reconstruction, or alternations of facilities, including roads, gathering lines, batteries, measurement facilities, etc., will require the filing of a suitable plan and prior approval by the survey.

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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 At surface  
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 At proposed prod. zone

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 15 miles south and west of Ouray, Utah

7. DISTANCE FROM PROPOSED\* LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT. (Also to nearest drig. unit line, if any)  
 1558' FSUL

8. DISTANCE FROM PROPOSED LOCATION\* TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT.  
 N/A

9. ELEVATIONS (Show whether DF, RT, GR, etc.)  
 GR 5063'

10. LEASE DESIGNATION AND SERIAL NO.  
 U - 4482

11. IF INDIAN, ALLOTTEE OR TRIBE NAME

12. UNIT AGREEMENT NAME  
 Island

13. FARM OR LEASE NAME  
 Unit

14. WELL NO.  
 15

15. FIELD AND POOL OR WILDCAT  
 NATURAL BUTTES

16. SEC., T., R., M., OR BLM. AND SURVEY OR AREA  
 7 - 10S - 20E - SLB&M

17. COUNTY OR PARISH | 18. STATE  
 Uintah | Utah

19. NO. OF ACRES IN LEASE | 20. NO. OF ACRES ASSIGNED TO THIS WELL  
 1970.27 | --

21. ROTARY OR CABLE TOOL  
 Rotary

22. APPROX. DATE WORK WILL START\*  
 Upon Approval

CHAPIN WELLS ZONE  
 WASATCH

23. PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
12 1/4	9-5/8	36	300	165 sxs w/ 3% CaCl & # flocele
8-3/4	5-1/2	17	6600	To be determined - will cement to at least 350' above Birds Nest Aquifer.

See attached drilling plan.



APPROVED BY THE STATE  
 DIVISION OF  
 OIL, GAS, AND MINING  
 DATE: 4-26-83  
 BY: *[Signature]*

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

24. SIGNED *A. P. Maser* TITLE Drilling Superintendent DATE 4-18-83

(This space for Federal or State office use)

PERMIT NO. \_\_\_\_\_ APPROVAL DATE \_\_\_\_\_

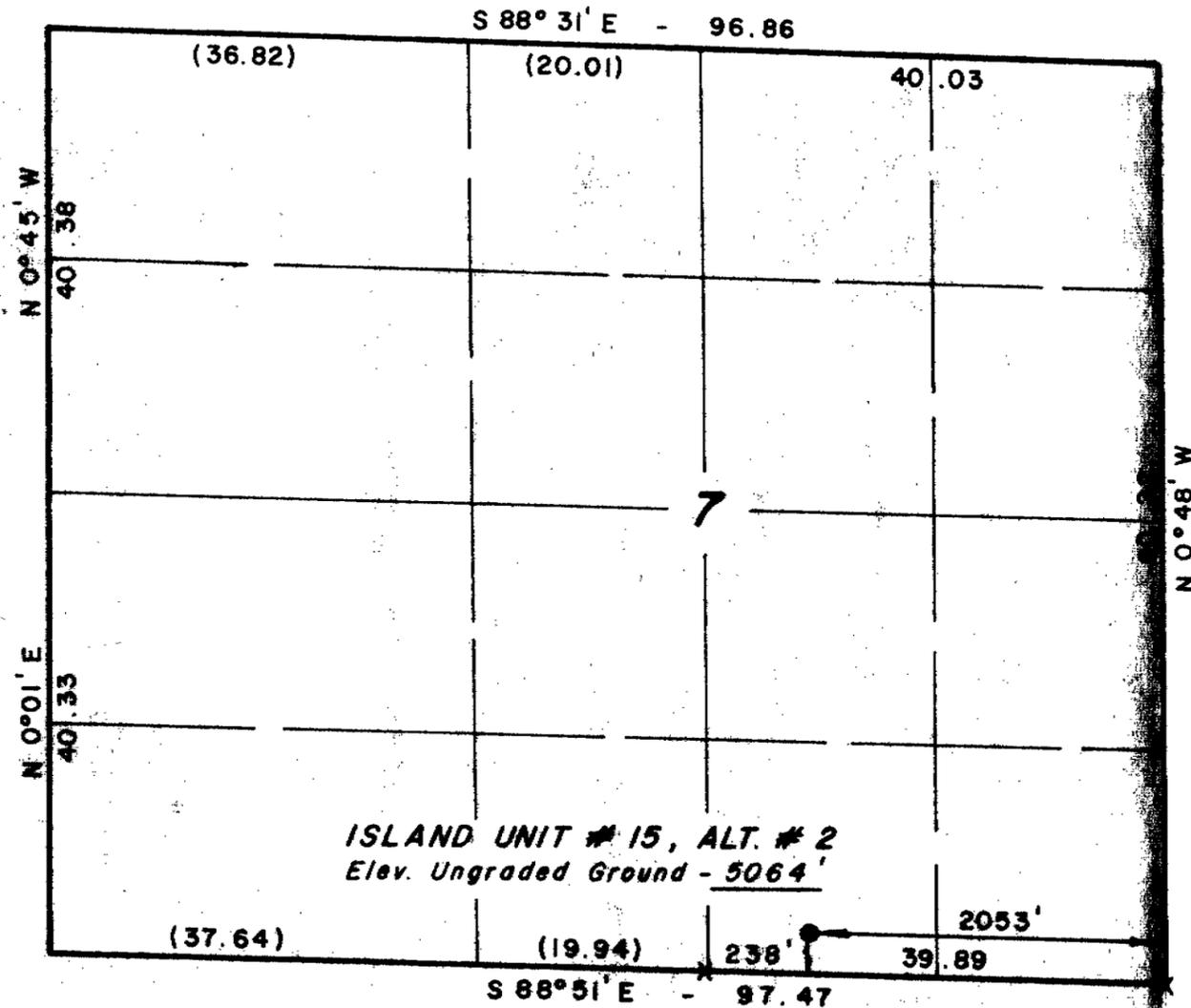
APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

T10 S, R20 E, S.L.B. & M.

WEXPRO CO.

Well location, ISLAND UNIT #15,  
ALT. #2, located as shown in the  
SW 1/4 SE 1/4 Section 7, T10 S,  
R20 E, S.L.B. & M., Uintah County,  
Utah.



X = Section Corners Located

CERTIFICATE

THIS IS TO CERTIFY THAT THE ABOVE PLAT WAS PREPARED FROM  
FIELD NOTES OF ACTUAL SURVEYS MADE BY ME OR UNDER MY  
SUPERVISION AND THAT THE SAME ARE TRUE AND CORRECT TO THE  
BEST OF MY KNOWLEDGE AND BELIEF.

*Robert J. ...*

REGISTERED LAND SURVEYOR  
REGISTRATION NO 2454  
STATE OF UTAH

UINTAH ENGINEERING & LAND SURVEYING  
P.O. BOX Q - 85 SOUTH - 200 EAST  
VERNAL, UTAH - 84078

SCALE	1" = 1000'	DATE	4/1/83
PARTY	GS, RT	REFERENCES	GLO PLAT
WEATHER	FAIR	FILE	WEXPRO

Drilling Plan  
Wexpro Company  
Island Unit Well No. 15  
Uintah County, Utah

1. SURFACE FORMATION: Uinta
- 2 & 3. ESTIMATED TOPS AND WATER, OIL, GAS OR MINERAL BEARING FORMATIONS:

Green River	1750'	- oil or gas
Birds Nest Aquifer	2105'	- fresh water
Wasatch Tongue	4375'	
Green River Tongue	4675'	- oil or gas
✓ Wasatch	4850'	- gas
Chapita Wells Zone	5600'	- gas

4. CASING PROGRAM:

<u>Footage</u>	<u>Size</u>	<u>Grade</u>	<u>Wt.</u>	<u>Condition</u>	<u>Thread</u>	<u>Cement</u>
300	9-5/8	K-55	36	New	8 rd, ST&C	165 sxs w/ 3% CaCl & 1/4# flocele
6600	5-1/2	K-55	17	New	8 rd, LT&C	To be determined - will cement to at least 350' above Birds Nest Aquifer.

5. PRESSURE CONTROL EQUIPMENT: (See attached diagram)  
Operator's minimum specifications for pressure control equipment requires an 11-inch 3000 psi double gate hydraulically operated blowout preventer. Surface casing and all preventer rams will be pressure tested to 2500 psi for 15 minutes using rig pump and mud. BOP's will be checked daily as to mechanical operating condition and will be tested by rig equipment after each string of casing is run. All ram type preventers will have hand wheels which will be operative at the time the preventers are installed.

6. MUD PROGRAM: Gel water base mud from surface casing to total depth.

Sufficient mud materials to maintain mud properties, control lost circulation and to contain blowout will be available at the wellsite.

7. AUXILIARY EQUIPMENT:

- a) Manually operated kelly cock
- b) No floats at bit
- c) Monitoring of mud system will be visual
- d) Full opening floor valve manually operated

8. LOGGING: DIL-SFL - Surface casing to total depth  
BHC-Sonic-GR with Caliper - Surface casing to total depth  
CNL-FDC-GR with Caliper - from 3000' to total depth
- TESTING: None
- CORING: None
9. ABNORMAL PRESSURE AND TEMPERATURE: No abnormal pressure, BHT of 150° F. expected.
10. ANTICIPATED STARTING DATE: Upon approval.
- DURATION OF OPERATION: 10 days drilling, 2 days complete.

CHECKLIST 3000psi EQUIPMENT

Customer and operator to furnish items ahead of time

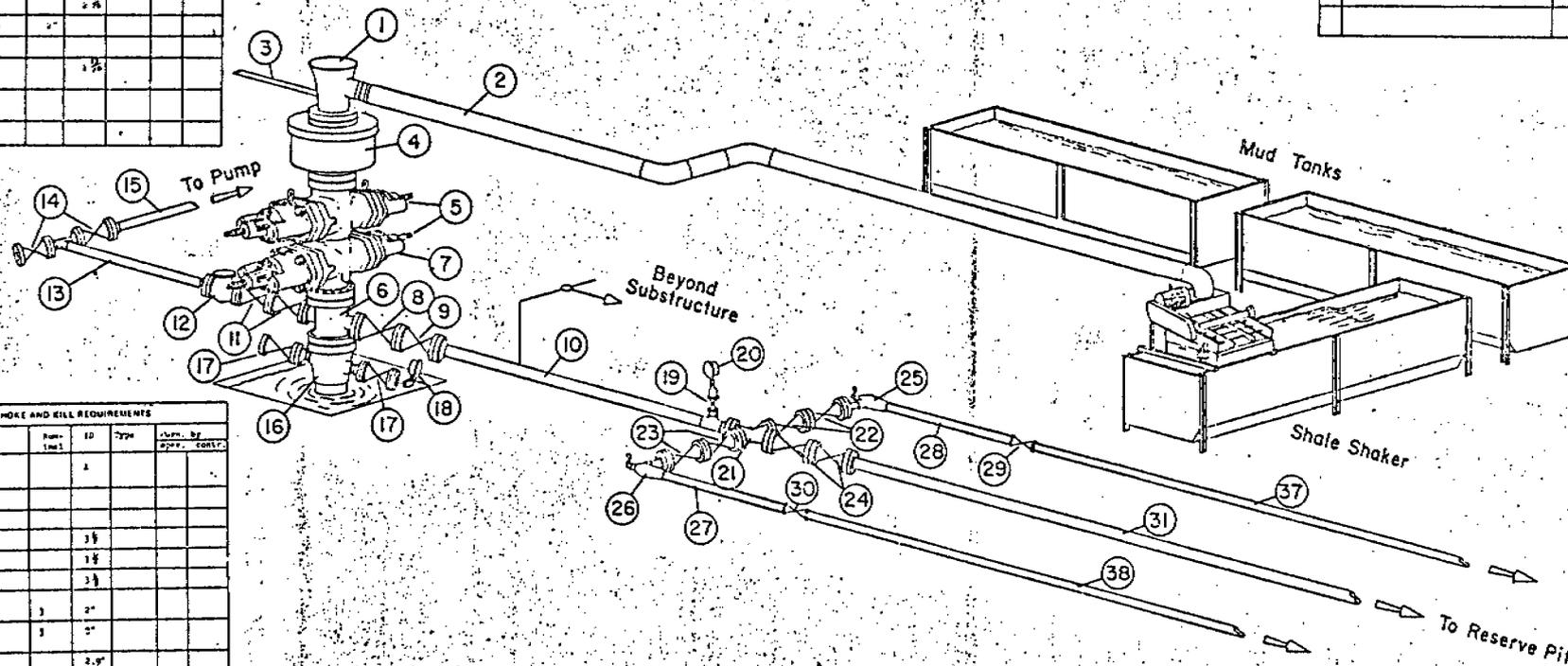
STANDARD STACK REQUIREMENTS					
No.	Item	Qty	ID	Type	Drawn by
1	Drilling Riggle				
2	Flowline				
3	Fill up line	2"			
4	Annular Preventer			Hydril Common Bladder	
5	Two single or one dual type oper. rams			U. W.C. P. W.C.	
6	Drilling Spool with 2" and 3" outlets			Forged	
7	As Alternate to (6) Ann and Kill lines from annular in this row.				
8	Valve Gate	3 1/2			
9	Valve - hydraulically operated min	1 1/2			
10	Choke Line	2.9"			
11	Gate Valves	2 3/4			
12	Choke Valve	2 3/4			
13	Kill line	2"			
14	Valve-gate	2 3/4			
15	Kill line to Pump	2"			
16	Casing Head				
17	Valve Gate Flare	1 1/2			
18	Compound Pressure Liner				
	Over Boreline				

# MOUNTAIN FUEL SUPPLY COMPANY

## 3000 psi BLOWOUT PREVENTION EQUIPMENT

SPECIAL CHOKES AND KILL REQUIREMENTS					

SPECIAL STACK REQUIREMENTS					



STANDARD CHOKES AND KILL REQUIREMENTS					
No.	Item	Qty	ID	Type	Drawn by
19	Valve Gate Flare	1			
20	Compound Pressure Liner				
21	Choke 3 1/2"				
22	Valve Gate	3 1/2			
23	Valve Gate	3 1/2			
24	Valve Gate	3 1/2			
25	Choke 3 1/2 W.C. or equivalent	3	2"		
26	Choke 3 1/2 W.C. or equivalent	3	2"		
27	Line to Separator		2.9"		
28	Line to Separator		2.9"		
29	Valve Gate		3 1/2		
30	Valve Gate		3 1/2		
31	Line to Res. Pit		2.9"		
32	Line to Res. Pit		2.0"		
33	Line to Res. Pit		2.9"		
34	Line to Res. Pit		2.0"		

OPERATOR WEXPRO CO DATE 4-26-83

WELL NAME ISLAND UNIT #15

SEC SWSE 7 T 10S R 20E COUNTY WINTAH

43-047-31330  
API NUMBER

FED  
TYPE OF LEASE

POSTING CHECK OFF:

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

PROCESSING COMMENTS:

IRREGULAR SECTION

*RJFV*

APPROVAL LETTER:

SPACING:  A-3 ISLAND UNIT  c-3-a \_\_\_\_\_ CAUSE NO. & DATE

c-3-b  c-3-c

SPECIAL LANGUAGE:

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

AUTHENTICATE LEASE AND OPERATOR INFORMATION

VERIFY ADEQUATE AND PROPER BONDING

AUTHENTICATE IF SITE IS IN A NAMED FIELD, ETC.

APPLY SPACING CONSIDERATION

ORDER \_\_\_\_\_

UNIT \_\_\_\_\_

c-3-b

c-3-c

CHECK DISTANCE TO NEAREST WELL.

CHECK OUTSTANDING OR OVERDUE REPORTS FOR OPERATOR'S OTHER WELLS.

IF POTASH DESIGNATED AREA, SPECIAL LANGUAGE ON APPROVAL LETTER

IF IN OIL SHALE DESIGNATED AREA, SPECIAL APPROVAL LANGUAGE.

April 26, 1983

Wexpro Company  
P. O. Box 458  
Rock Springs, Wyoming 82901

RE: Well No. Island Unit #15  
SWSE Sec. 7, T.10S, R.20E  
238 FSL, 2053 FEL  
Uintah County, Utah

Gentlemen:

Insofar as this office is concerned, approval to drill the above referred to gas well is hereby granted in accordance with Section 40-6-11, Utah Code Annotated 1953; and predicated on Rule A-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:

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

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 43-047-31330.

Sincerely,

  
Norman C. Stout  
Administrative Assistant

NCS/as  
cc: Oil & Gas Operations  
Enclosure

NOTICE OF SPUD

Company: Weyers Company  
Caller: Kathy  
Phone: 307-382-9791

Well Number: Island #15

Location: Sec 7, T-10S, R. 20E

County: Uintah State: UT

Lease Number: U-4482

Lease Expiration Date: \_\_\_\_\_

Unit Name (If Applicable): Island

Date & Time Spudded: 6-5-83 2:00 P.M.

Dry Hole Spudder/Rotary: \_\_\_\_\_

Details of Spud (Hole, Casing, Cement, etc.) 9 5/8" casing to  
243.73', cmt. w/ 300 SK Class #;

Rotary Rig Name & Number: Brinkerhoff Signal #85

Approximate Date Rotary Moves In: 6-5-83

FOLLOW WITH SUNDRY NOTICE

Call Received By: Cindy

Date: 6-6-83 3:25 P.M.

cc: Well file  
UT St. Oil & Gas  
BEM Urral  
TAD

DIVISION OF OIL, GAS AND MINING

SPUDDING INFORMATION

NAME OF COMPANY: Wexpro

WELL NAME: Island Unit #15

SECTION SWSE 7 TOWNSHIP 10S RANGE 20E COUNTY Uintah

DRILLING CONTRACTOR Brinkerhoff-Signal

RIG # 85

SPUDED: DATE 6-5-83

TIME 2:30 PM

HOW Rotary

DRILLING WILL COMMENCE \_\_\_\_\_

REPORTED BY Kathy

TELEPHONE # 307-382-9791

DATE 6-6-83 SIGNED RJF

**UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY**

**SUNDRY NOTICES AND REPORTS ON WELLS**

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil well  gas well  other

2. NAME OF OPERATOR

Wexpro Company

3. ADDRESS OF OPERATOR

P. O. Box 458, Rock Springs, WY 82902

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

AT SURFACE: SW SE, 238' FSL, 2053' FEL

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

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

REQUEST FOR APPROVAL TO:                      SUBSEQUENT REPORT OF:

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

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.)\*

✓Depth 2500', drilling.

Spudded June 5, 1983 at 2:30 P.M.

Landed 9-5/8" OD, 36#, K-55, 8 rd thrd, ST&C casing at 360.95' KBM or 14.75' below KB at ground level, cemented with 300 sacks Regular Type G cement treated with 3% CaCl and 1/4# flocele per sack, cement in place at 1:30 A.M. 6/6/83.

5. LEASE U-4482	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME --	
7. UNIT AGREEMENT NAME Island	
8. FARM OR LEASE NAME Unit	
9. WELL NO. 15	
10. FIELD OR WILDCAT NAME Island	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 7-10S-20E, S1&M	
12. COUNTY OR PARISH Uintah	13. STATE Utah
14. API NO. 43-047-31330	
15. ELEVATIONS (SHOW DF, KDB, AND WD) KB 5077.75' GR 5063'	

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_

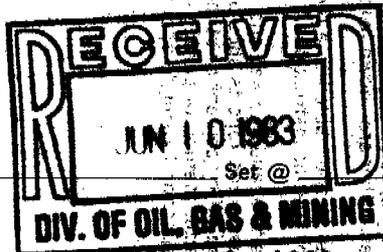
18. I hereby certify that the foregoing is true and correct

SIGNED C. F. Maser TITLE Drlg. Supt.

DATE June 8, 1983

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:



UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil well  gas well  other

2. NAME OF OPERATOR  
Wexpro Company

3. ADDRESS OF OPERATOR  
P. O. Box 458, Rock Springs, WY 82902

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: SW SE, 238' FSL, 2053' FEL  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:

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

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

5. LEASE  
U-4482

6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
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7. UNIT AGREEMENT NAME  
Island

8. FARM OR LEASE NAME  
Unit

9. WELL NO.  
15

10. FIELD OR WILDCAT NAME  
Island

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
7-10S-20E, S1&M

12. COUNTY OR PARISH  
Uintah

13. STATE  
Utah

14. API NO.  
43-047-31330

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
KB 5077.75' GR 5063'

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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

Total depth of 6661' reached on June 17, 1983.

Landed 5 1/2" OD, 17#, K-55, 8 round thread, LT&C casing at 600' KB, cemented with 650 sacks 50-50 Pozmix with 8% gel treated with 10% salt, .06% Halad 24, 5 pounds gilsonite and 1/4 pound flocele per sack of cement, followed with 1440 sacks 50-50 Pozmix with 2% gel treated with 10% salt, .06% Halad 24, and 1/4 pound flocele per sack of cement, returning cement to surface, cement in place at 5:00 A.M., 6/18/83, casing weight 12,000 pounds casing weight.

Rig Released at 4:00 P.M., June 18, 1983, WOCT.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Ft.

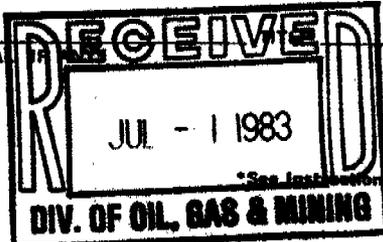
18. I hereby certify that the foregoing is true and correct

SIGNED [Signature] TITLE Ass't Drlg. Supt. DATE June 18, 1983

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL \_\_\_\_\_

DATE \_\_\_\_\_



\*See Instructions on Reverse Side

Vertical text on the right side of the page, possibly bleed-through or a stamp: "Instructions" (written vertically)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

**SUNDRY NOTICES AND REPORTS ON WELLS**

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil well  gas well  other

2. NAME OF OPERATOR  
Wexpro Company

3. ADDRESS OF OPERATOR  
P. O. Box 458, Rock Springs, WY 82902

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: SE SW, 238' FSL, 2053' FEL  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:

5. LEASE  
U-4482

6. IF INDIAN, ALBERTA OR TRIBE NAME  
---

7. UNIT AGREEMENT NAME  
Island

8. FARM OR LEASE NAME  
Unit

9. WELL NO.  
15

10. FIELD OR WELD NAME  
Island

11. SEC., T., R., N. OR S., E. OR W. BLK. AND SECTION OR AREA  
7-10S-20E 36M

12. COUNTY OR PARISH  
Uintah

13. STATE  
Utah

14. API NO.  
43-047-313

15. ELEVATIONS (FEET) OF (OR WD)  
KB 5077.70 DF 5065

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

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

(NOTE: Report results of multiple completions in zone change on Form 9-331-C.)

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

Rig released June 18, 1983, WOCT.

Subsurface Safety Valve Manu. and Type \_\_\_\_\_ Ft.

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

SIGNED \_\_\_\_\_ TITLE Dir. Supt. DATE \_\_\_\_\_

(This space for Federal or State office use)

APPROVED BY A. J. Maser TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

**SUNDRY NOTICES AND REPORTS ON WELLS**

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil well  gas well  other

2. NAME OF OPERATOR  
Wexpro Company

3. ADDRESS OF OPERATOR  
P. O. Box 458, Rock Springs, WY 82902

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: SE SW, 238' FSL, 2053' FEL  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:

5. LEASE  
U-4482

6. IF INDIAN, ALL OR PART OF INDIAN OR TRIBAL LANDS

7. UNIT AGREEMENT NAME  
Island

8. FARM OR LEASE NAME  
Unit

9. WELL NO.  
15

10. FIELD OR WIDESPREAD NAME  
Island

11. SEC., T., R., AND S. OR AREA  
7-10S-20E6M

12. COUNTY OR PARISH OR STATE  
Utah

13. STATE

14. API NO.  
43-037-3

15. ELEVATIONS (OF, TO, FROM, OR WD)  
KB 5077.

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

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

(NOTE: Report results of multiple completions or zone change on Form 9-330.)

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

Waiting on completion tools.



Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Ft.

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

SIGNED A. J. Maser TITLE Drig. Sup't. DATE \_\_\_\_\_  
(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

Vertical text on the right side of the page, likely bleed-through from the reverse side, containing various instructions and notes.

**UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY**

SUBMIT IN DUPLICATE\*

(See other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R355.5.

4  
15

**WELL COMPLETION OR RECOMPLETION REPORT AND LOG\***

1a. TYPE OF WELL: OIL WELL  GAS WELL  DEEP  Other \_\_\_\_\_

b. TYPE OF COMPLETION: NEW WELL  WORK OVER  DEEP-EN  PLUG BACK  DIFF. RESERV.  Other \_\_\_\_\_

2. NAME OF OPERATOR  
**Waxpro Company**

3. ADDRESS OF OPERATOR  
**P. O. Box 458, Rock Springs, WY 82902**

4. LOCATION OF WELL (Report location clearly and in accordance with the State Regulations)\*  
At surface **SW SE, 238' FSL, 2053' FEL**  
At top prod. interval reported below  
At total depth

**RECEIVED**  
AUG 20 1983

**DIVISION OF  
OIL, GAS & MINING**

5. LEASE DESIGNATION AND SERIAL NO.  
**U-4482**

6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
---

7. UNIT AGREEMENT NAME  
**Island**

8. FARM OR LEASE NAME  
**Unit**

9. WELL NO.  
**15**

10. FIELD AND POOL, OR WILDCAT  
**Island**

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA  
**7-10S-20E, SLB&M**

12. COUNTY OR PARISH  
**Uintah**

13. STATE  
**Utah**

14. PERMIT NO. DATE ISSUED  
**43-047-31330 4/26/83**

15. DATE SPUDDED 16. DATE T.D. REACHED 17. DATE COMPL. (Ready to prod.) 18. ELEVATIONS (DF, RER, RT, GR, ETC.)\* 19. ELEV. CASINGHEAD  
**6/5/83 6/17/83 8/24/83 KB 5077.75' GR 5063'**

20. TOTAL DEPTH, MD & TVD 21. PLUG BACK T.D., MD & TVD 22. IF MULTIPLE COMPL., HOW MANY\* 23. INTERVALS DRILLED BY 24. INTERVALS ROTARY TOOLS 25. INTERVALS CABLE TOOLS  
**6661' 6379' 0-6661' No No**

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)\*  
**Wasatch: 5985, 5989, 5991, 5995, 5998, 6003, 6006, 6067, 6071, 6075, 6116, 6118, 6123, 6126, 6133, 6136, 5504-5541**

26. TYPE ELECTRIC AND OTHER LOGS RUN  
**DIL, DLL, DHC, CNL-FDC**

27. WAS WELL CORED  
**No**

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

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT FULLED
9-5/8	36	360.95	12-1/4	300 sxs Regular G	
5-1/2	17	6661.00	8-3/4	2090 sxs 50-50 Pozmix	

29. LINER RECORD 30. TUBING RECORD

SIZE	TOP (MD)	BOTTOM (MD)	BACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2-3/8	5436.73'	

31. PERFORATION RECORD (Interval, size and number) 32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
5985, 5989, 5991, 5995, 5998, 6003, 6006, 6067, 6071, 6073, 6075, 6116, 6118, 6123, 6126, 6129, 6133, 6136, 5504-5541 with one hole per foot	1000 gal 7 1/2% HCl, 180,000 gal YF4G, 45,000# 100 mesh, 350,000# 20-40, 77,000 gal YF4G, 15,000# 100 mesh, 156,000# 20-40 mesh sand

33. PRODUCTION

DATE FIRST PRODUCTION	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)	WELL STATUS (Producing or shut-in)					
8-11-83	Flowing	Producing					
DATE OF TEST	HOURS TESTED	CORRECTION	PROD'N. FOR TEST PERIOD	OIL—BSL.	GAS—MCF.	WATER—BSL.	GAS-OIL RATIO
8-24-83	8	3/4	→	~	1106	75	---
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BSL.	GAS—MCF.	WATER—BSL.	OIL GRAVITY-API (CORR.)	
465	1050	→		3247	168		

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

TEST WITNESSED BY  
**Eric Marsh**

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 Thomas John TITLE **Dir. Petroleum Engineering** DATE **August 25, 1983**

\*(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.

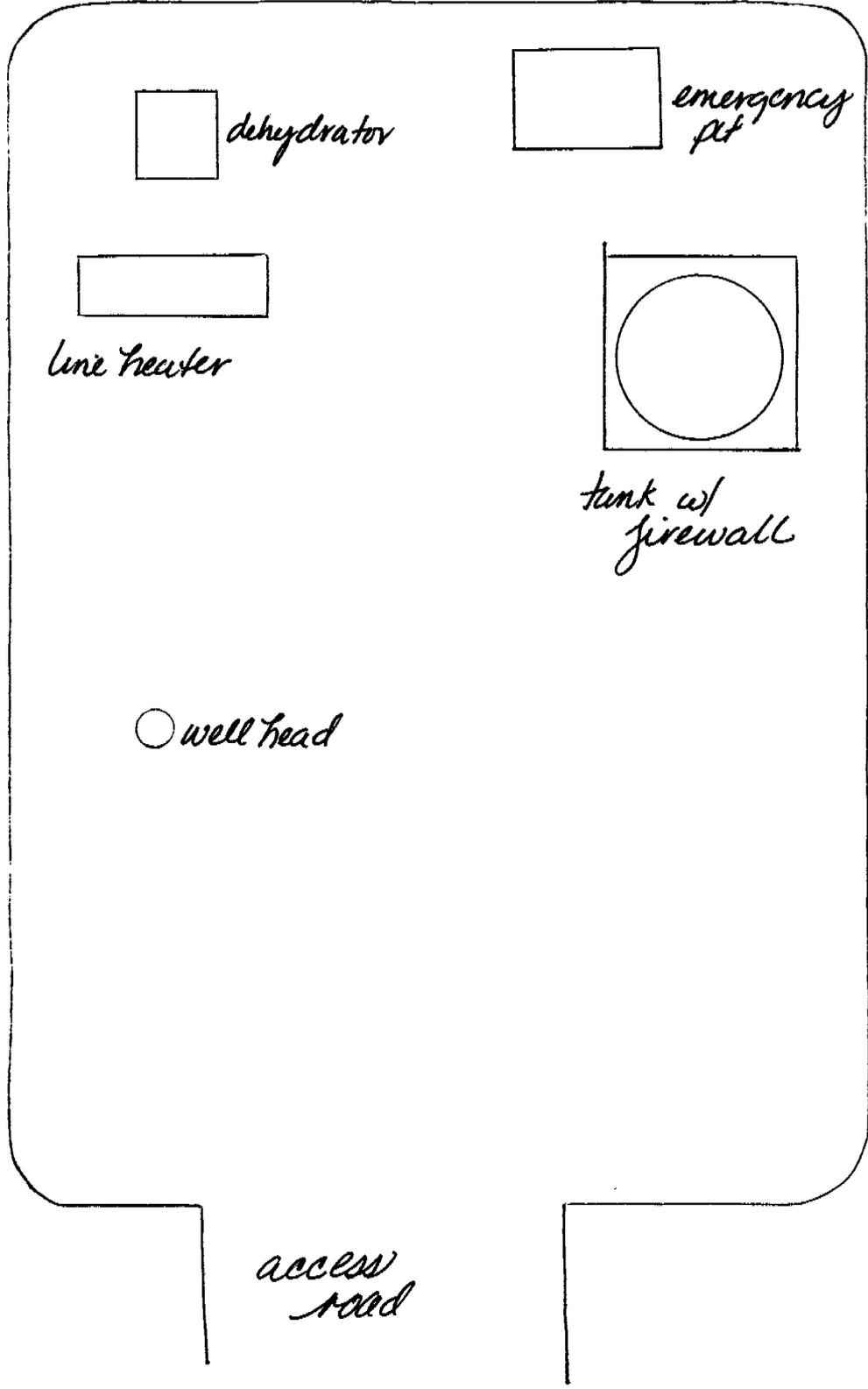
**Item 4:** If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

**Item 12:** 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 completions), 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: "Seals Cement":** Attached supplemental record 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.)

FORMATION	TOP	BOTTOM	GEOLOGIC MARKERS	
SHOW ALL IMPRtant ZONES OF POROSITY AND CONCENTRATIONS HEREOF; COMED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTS, CUSHION USED, TIME TOOL OPER, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES			NEAR DEPTH	TOP
DESCRIPTION, CONTENTS, ETC.				
			Surface	
			1,267	
			4,273	
			4,616	
			4,771	
			5,489	
			Uintah	
			Green River	
			Wasatch Tongue	
			Green River	
			Tongue	
			Wasatch	
			Chapita Wells	

42-381 50 SHEETS 3 SQUARE  
42-382 100 SHEETS 3 SQUARE  
42-383 200 SHEETS 3 SQUARE  
NATIONAL



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

5. LEASE DESIGNATION AND SERIAL NO. U4482
6. IF INDIAN, ALLOTTEE OR TRIBE NAME ---
7. UNIT AGREEMENT NAME ISLAND UNIT
8. WELL NO. UNIT NO. 15
9. API WELL NO. 43-047-31330
10. FIELD AND POOL, OR WILDCAT ISLAND - WASATCH
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SW SE 7-10S-20E
12. COUNTY or PARISH UINTAH
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  
WEXPRO COMPANY

3. ADDRESS OF OPERATOR  
P. O. BOX 458, ROCK SPRINGS, WY 82902

PHONE NUMBER  
(307) 382-9791

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements\* See also space 17 below.)  
At surface  
238' FSL, 2053' FEL SW SE 7-10S-20E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
KB 5077.75' GR 5063'

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 checked="" type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) Pit closure <input type="checkbox"/>			

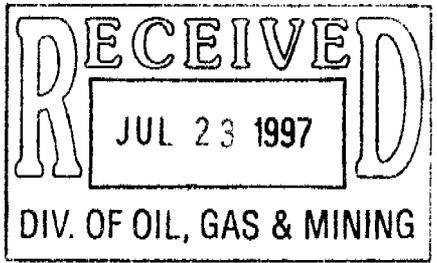
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)\*

Wexpro intends to close the production pit on this location according to the following procedure.

1. Any free liquid will be pumped from the pits.
2. The pits will be allowed to dry out.
3. Any soil that looks contaminated by visual inspection will be removed from the pit and spread on location.
4. The pits will be filled in using existing soil on location.
5. The final reclamation will take place once the well is plugged and abandoned.

Accepted by the State  
of Utah Division of  
Oil, Gas & Mining  
Date: 7/23/97  
By: [Signature]



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

SIGNED: [Signature] TITLE: OPERATIONS MANAGER DATE: July 18, 1997

(This space for Federal or State office use)

APPROVED BY: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT -" for such proposals

5. LEASE DESIGNATION AND SERIAL NO.

U-4482

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

---

7. IF UNIT OR CA. AGREEMENT DESIGNATION

ISLAND

8. WELL NAME AND NO.

UNIT NO. 15

9. API WELL NO.

43-047-31330

10. FIELD AND POOL, OR EXPLORATORY AREA

ISLAND-WASATCH

11. COUNTY OR PARISH, STATE

UINTAH COUNTY, UT

SUBMIT IN TRIPLICATE

1. TYPE OF WELL

OIL  WELL GAS  WELL OTHER

2. NAME OF OPERATOR

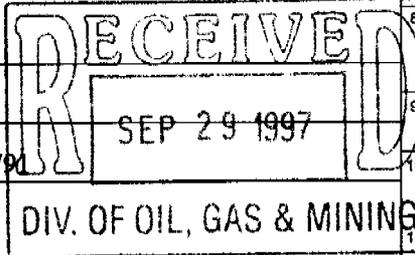
WEXPRO COMPANY

3. ADDRESS AND TELEPHONE NO.

P. O. BOX 458, ROCK SPRINGS, WY 82902 (307) 382-9791

4. LOCATION OF WELL (FOOTAGE, SEC., T., R., M., OR SURVEY DESCRIPTION)

238' FSL, 2053' FEL, SW SE  
7-10S-20E



12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

TYPE OF ACTION

Notice of Intent  
 Subsequent Report  
 Final Abandonment Notice

Abandonment  
 Recompletion  
 Plugging Back  
 Casing Repair  
 Altering Casing  
 Other Equipment Installation & Measurement Method

Change in Plans  
 New Construction  
 Non-Routine Fracturing  
 Water Shut-Off  
 Conversion to Injection  
 Dispose Water

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

13. 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.)

Wexpro proposes to install the following equipment on the above location to process production from Island Unit Well Nos. 15,44,45 &46. One three-phase heater separator will be installed for the production from Island Unit Well Nos.15,44,45 &45. One dehy unit will be installed and connected to the existing gas pipeline. Two additional 400 barrel tanks will be installed making a total of three (one water tank and two oil tanks). The existing earthen water drain pit will be closed in accordance to all applicable rules and regulations and replaced with a surface blow down tank. All the equipment will be on the well location. Layout of the equipment will be submitted when the wells are completed.

GAS VOLUME ALLOCATION

Testing Procedure

All four locations will be set up similar; they will have one central gas meter, one production unit with isolation valves for each well that produces to it. All wells will be shut off except the well that is on test, which will flow for 24 hours to obtain a stable gas volume. Then all wells will be turned back on until a level production rate is obtained, at that time another well will be put on test. After all wells have been tested, the volumes will be added together to obtain a percentage to apply to the central gas meter.

Testing Schedule

The initial test will be 30 days from initial production date. The second test will be 90 days from the first test. The third test will be 180 days from the second test. All remaining tests will be performed annually.

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

Signed

*[Signature]*

Title

Operations Manager

Date

September 19, 1997

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

\*See Instruction on Reverse Side

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT -" for such proposals

**SUBMIT IN TRIPLICATE**

1. TYPE OF WELL  
 OIL WELL     GAS WELL     OTHER

2. NAME OF OPERATOR  
**WEXPRO COMPANY**

3. ADDRESS AND TELEPHONE NO.  
**P. O. BOX 458, ROCK SPRINGS, WY 82902    (307) 382-9791**

4. LOCATION OF WELL (FOOTAGE; SEC., T., R., M., OR SURVEY DESCRIPTION)  
**238' FSL, 2053' FEL, SW SE  
 7-10S-20E**

5. LEASE DESIGNATION AND SERIAL NO.  
**U-4482**

6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
 ---

7. IF UNIT OR CA, AGREEMENT DESIGNATION  
**ISLAND**

8. WELL NAME AND NO.  
**UNIT NO. 15**

9. API WELL NO.  
**43-047-31330**

10. FIELD AND POOL, OR EXPLORATORY AREA  
**ISLAND - WASATCH**

11. COUNTY OR PARISH, STATE  
**UINTAH COUNTY, UTAH**

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other <u>EQUIPMENT INSTALLATION</u>
	<input type="checkbox"/> Change in Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

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

13. 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.)\*

Wexpro Company proposes to install the following equipment on the above location to process production from Island Unit Well Nos. 44, 45 and 46 per the attached schematic. One three-phase heater separator will be installed for the production from Island Unit Well Nos. 44, 45 and 46. One dehydration unit will be installed and connected to the existing gas pipeline. Three 400-barrel tanks will be installed (one water tank and two oil tanks). One surface blow down tank will be installed. All the equipment will be on the well location. Island Unit Well No. 15 will remain hooked up as it presently is.

**GAS VOLUME ALLOCATION**

**Testing Procedure:**  
 All four locations will be set up similar; they will have one central gas meter, one production unit with isolation valves for each well that produces to it. All wells will be shut off except the well that is on test, which will flow for 24 hours to obtain a stable gas volume. Then all wells will be turned back on until a level production rate is obtained, at that time another well will be put on test. After all wells have been tested, the volumes will be added together to obtain a percentage to apply to the central gas meter.

**Testing Schedule:**  
 The initial test will be 30 days from initial production date. The second test will be 90 days from the first test. The third test will be 180 days from the second test. All remaining tests will be performed annually.

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

Signed [Signature] Title Operations Manager Date 02/11/98

(This space for Federal or State office use)

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Conditions of approval, if any:

Title 18 U.S. C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

\*See Instruction on Reverse Side



UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT -" for such proposals

SUBMIT IN TRIPLICATE

1. TYPE OF WELL  
 OIL WELL     GAS WELL     OTHER

2. NAME OF OPERATOR  
**WEXPRO COMPANY**

3. ADDRESS AND TELEPHONE NO.  
**P. O. BOX 458, ROCK SPRINGS, WY 82902    (307) 382-9791**

4. LOCATION OF WELL (FOOTAGE, SEC., T., R., M., OR SURVEY DESCRIPTION)  
**SW SE 7-10S-20E**

FORM APPROVED  
 Budget Bureau No. 1004-0135  
 Expires: March 31, 1993

5. LEASE DESIGNATION AND SERIAL NO.  
**U-4482, U-4483, U-4483, U-4482**

6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
**NA**

7. IF UNIT OR CA, AGREEMENT DESIGNATION  
**ISLAND**

8. WELL NAME AND NO.  
**ISLAND UNIT PAD NO. 2**

9. API WELL NO.  
**43-047-31330, 32959, 32960, 32961**

10. FIELD AND POOL, OR EXPLORATORY AREA  
**ISLAND**

11. COUNTY OR PARISH, STATE  
**UINTAH COUNTY, UTAH**

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

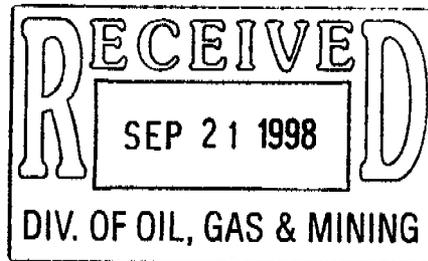
TYPE OF SUBMISSION	TYPE OF ACTION
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other <u>DELAY RECLAMATION</u>
	<input type="checkbox"/> Change in Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

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

13. 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.)\*

Wexpro Company requests approval to delay reclamation on the above captioned location for one year. The reserve pit on the above location is being used to hold excess water from the drilling of Island Unit Wells No. 38, 50, 51, 52, 53, 54, 55 and 56. The reserve pits on these locations have filled with cuttings and additional room is needed for storage.

**Accepted by the  
Utah Division of  
Oil, Gas and Mining  
FOR RECORD ONLY**



COPY SENT TO OPERATOR  
 DATE: 9.29.98  
 BY: KDR

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

Signed G. T. Nimmo Title G. T. Nimmo, Operations Manager Date September 17, 1998

(This space for Federal or State office use)

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
 Conditions of approval, if any: \_\_\_\_\_

Title 18 U.S. C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

\*See Instruction on Reverse Side

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT -" for such proposals

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

5. LEASE DESIGNATION AND SERIAL NO.  
**SEE ATTACHED SHEET**

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

NA

7. IF UNIT OR CA, AGREEMENT DESIGNATION

ISLAND

8. WELL NAME AND NO.

SEE ATTACHED SHEET

9. API WELL NO.

SEE ATTACHED SHEET

10. FIELD AND POOL, OR EXPLORATORY AREA

ISLAND

11. COUNTY OR PARISH, STATE

UINTAH COUNTY, UTAH

SUBMIT IN TRIPLICATE

1. TYPE OF WELL

OIL  WELL GAS  WELL  OTHER

2. NAME OF OPERATOR

WEXPRO COMPANY

3. ADDRESS AND TELEPHONE NO.

P. O. BOX 458, ROCK SPRINGS, WY 82902 (307) 382-9791

4. LOCATION OF WELL (FOOTAGE, SEC., T., R., M., OR SURVEY DESCRIPTION)

SEE ATTACHED SHEET

43-047-31330

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

Notice of Intent  
 Subsequent Report  
 Final Abandonment Notice

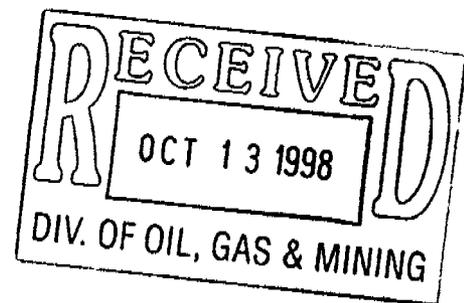
TYPE OF ACTION

Abandonment  
 Recompletion  
 Plugging Back  
 Casing Repair  
 Altering Casing  
 Other Produced Water Disposal  
 Change in Plans  
 New Construction  
 Non-Routine Fracturing  
 Water Shut-Off  
 Conversion to Injection  
 Dispose Water

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

13. 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.)\*

Wexpro Company is required as a Condition of Approval on Sundry Notices approving installation of blowdown tanks on Island Unit Wells No. 21, 25, 26, 27 and 30, to notify the BLM of the name and location of the facility to be used to dispose of produced water. Please note that all excess produced water is hauled by tank truck over Unit, Tribal, County and State roads to the Ace Disposal Pit which is approved by the State of Utah. Attached is a list of all wells in the Island Unit. Produced water from any of these wells may be hauled to the Ace Pit.



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

Signed *G. T. Nimmo*

G. T. Nimmo, Operations Manager

October 9, 1998

Title

Date

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any:

Title 18 U.S. C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

\*See Instruction on Reverse Side

WELL NAME and FIELD	API NUMBER	TYPE WELL	LEGAL DESCRIPTION	COUNTY, STATE	UNIT CA PA NUMBER	LEASE NUMBER	PRODUCING FORMATION	BWPD	NTL-2B (CRITERIA)	PIT SIZE	NTL-2B SUBMITTED	NTL-2B APPROVED	SITE-SECURITY REVISED
BLAND UNIT					891008935A								
UNIT NO. 3	4304718843	WAG	NE SW 8-10S-20E	UINTAH, UT		U-4486	WASATCH	TRACE	4	24X25X4	6-18-84	7-27-84	04-27-85
UNIT NO. 8	4304730488	WAG	C SW 11-10S-19E	UINTAH, UT		U-4481	WASATCH	0.02	4	16X12X4	4-22-80	5-9-80	8-10-90
								TRACE	4	BARREL	5-13-86	6-4-86	
UNIT NO. 11	4304731241	WAG	SE NW 11-10S-19E	UINTAH, UT		U-4481	WASATCH	0.02	4	16X20X6	6-18-84	7-27-84	8-10-90
								TRACE	4	BARREL	5-13-86	6-4-86	
UNIT NO. 12	4304731242	WAG	NE SE 11-10S-19E	UINTAH, UT		U-4481	WASATCH	4.00	4	16X20X5	6-18-84	7-27-84	8-10-90
								TRACE	4	BARREL	5-13-86	6-4-86	
UNIT NO. 13	4304731239	WAG	SE SE 12-10S-19E	UINTAH, UT		U-4484	WASATCH	4.50	4	16X19X8	6-18-84	7-27-84	12-1-87
								TRACE	4	BARREL	5-13-86	6-4-86	
UNIT NO. 14	4304731331	WAG	NE SE 8-10S-20E	UINTAH, UT		U-4486	WASATCH	TRACE	4	BARREL	5-13-86	6-4-86	05-27-88
UNIT NO. 15	4304731330	WAG	SW SE 7-10S-20E	UINTAH, UT		U-4482	WASATCH	0.57	4	12X12X4	6-18-84	7-27-84	8-10-90
								TRACE	4	BARREL	5-13-86	6-4-86	
UNIT NO. 16	4304731505	C/O	NE SW 11-10S-18E	UINTAH, UT		U-013818	GREEN RIVER	1.00	4	24X24X8	3-13-85	8-20-87	3-3-89
								0.25	4	8X10X3	3-13-85	8-20-87	
UNIT NO. 17	4304731503	WAG	SE SW 2-10S-19E	UINTAH, UT		ML-11004	WASATCH	EMRG		12X12X6	6-26-86**	NO ST. RESP.	8-20-90
UNIT NO. 18	4304731502	WAG	SE NW 2-10S-19E	UINTAH, UT		ML-11004	WASATCH	EMRG		12X12X4	6-26-86**	NO ST. RESP.	07-14-88
UNIT NO. 19	4304731633	WAG	SE SW 9-10S-20E	UINTAH, UT		U-013768	WASATCH	EMRG		10X10X6	5-8-86	8-8-86	7-28-88
								TRACE	4	7X28X4	7-14-86	8-8-86	
								TRACE	4	BARREL	7-14-86	8-8-86	
UNIT NO. 20	4304731629	WAG	SW NW 7-10S-20E	UINTAH, UT		U-4482	WASATCH	3.50	4	14X12X8	1-20-86	2-10-86	1-20-86
								TRACE	4	9X8X3	1-20-86	2-10-86	
								TRACE	4	BARREL	1-20-86	2-10-86	
UNIT NO. 21	4304731628	WAG	NW NW 12-10S-19E	UINTAH, UT		U-4484	WASATCH	EMRG		12X12X8	5-8-86	6-4-86	7-28-88
								TRACE	4	11X11X3	5-8-86	8-4-86	
								TRACE	4	BARREL	5-8-86	8-4-86	
UNIT NO. 22	4304731632	WAG	SE SE 9-10S-20E	UINTAH, UT		U-013768	WASATCH	TRACE	4	13X6X5	7-15-86	8-8-86	05-27-88
								TRACE	4	BARRELL	6-22-88	9-15-88	
UNIT NO. 23	4304731631	WAG	NE NE 9-10S-20E	UINTAH, UT		U-013768	WASATCH	3.70	4	16X9X5	7-14-86	8-8-86	1-20-88
								TRACE	4	5X9X4	7-14-86	8-8-86	
								TRACE	4	BARREL	7-14-86	8-8-86	
UNIT NO. 24	4304731630	WAG	SW NW 8-10S-20E	UINTAH, UT		U-4482	WASATCH	1.50	4	11X8X7	1-20-86	2-10-86	1-20-86
								TRACE	4	BARREL	1-20-86	2-10-86	
UNIT NO. 25	4304731702	WAG	NW NE 11-10S-19E	UINTAH, UT		U-4481	WASATCH	TRACE	4	BARREL	1-5-87	4-28-87	8-22-88
								5.00	4	21X23X5	1-5-87	4-28-87	
UNIT NO. 26	4304731701	WAG	SE SE 2-10S-19E	UINTAH, UT		ML-11004	WASATCH	TRACE	4	BARREL	1-5-87**	NO ST. RESP.	8-22-88
								5.00	4	24X26X5	1-5-87**	NO ST. RESP.	
UNIT NO. 27	4304731703	WAG	NE NW 9-10S-20E	UINTAH, UT		U-013768	WASATCH	TRACE	4	BARREL	1-5-87	4-28-87	8-22-88
								5.00	4	15X21X10	11-9-88	12-21-88	
UNIT NO. 28	4304731752	WAG	SE NE 2-10S-19E	UINTAH, UT		ML-11004	WASATCH	TRACE	4	BARREL	2-27-87	3-13-87	07-14-88
								5.00	4	16X16X6	2-17-87	3-13-87	
UNIT NO. 30	4304731749	WAG	NW NE 12-10S-19E	UINTAH, UT		U-4484	WASATCH	TRACE	4	BARREL	2-27-87	3-13-87	12-1-87
								5.00	4	16X16X6	11-9-88	12-21-88	
UNIT NO. 32	4304731751	WAG	SW NE 8-10S-20E	UINTAH, UT		U-4482	WASATCH	TRACE	4	BARREL	2-27-87	3-13-87	10-07-91
								5.00	4	16X16X6	11-9-88	12-21-88	
UNIT NO. 34	4304732962	WAG	NE SE 8-10S-20E	UINTAH, UT		U-4488	WASATCH						05-27-88
UNIT NO. 35	4304732963	WAG	NE SE 8-10S-20E	UINTAH, UT		U-013768	WASATCH						05-27-88
UNIT NO. 36	4304732964	WAG	SE SE 9-10S-20E	UINTAH, UT		14-20-462-391	WASATCH						05-27-88
UNIT NO. 37	4304732966	WAG	NW NW 8-10S-20E	UINTAH, UT		U-4483	WASATCH			NO PIT			05-15-88
UNIT NO. 38	4304733107	WAG	SE SE 12-10S-19E	UINTAH, UT		U-4484	WASATCH			NO PIT			
UNIT NO. 39	4304732967	WAG	NW NW 8-10S-20E	UINTAH, UT		U-4481	WASATCH			NO PIT			05-15-88
UNIT NO. 41	4304732968	WAG	NW NW 8-10S-20E	UINTAH, UT		U-4483	WASATCH			NO PIT			05-15-88
UNIT NO. 43	4304732965	WAG	SE SE 9-10S-20E	UINTAH, UT		U-013768	WASATCH						05-27-88
UNIT NO. 44	4304732959	WAG	SW SE 7-10S-20E	UINTAH, UT		U-4483	WASATCH						05-27-88
UNIT NO. 45	4304732960	WAG	SW SE 7-10S-20E	UINTAH, UT		U-4483	WASATCH						05-27-88
UNIT NO. 46	4304732961	WAG	SW SE 7-10S-20E	UINTAH, UT		U-4482	WASATCH						05-27-88
UNIT NO. 60	4304733106	WAG	SE SE 12-10S-19E	UINTAH, UT		U-4482	WASATCH			NO PIT			
UNIT NO. 61	4304733109	WAG	SE SE 12-10S-19E	UINTAH, UT		U-4484	WASATCH			NO PIT			
UNIT NO. 62	4304733110	WAG	SE SE 12-10S-19E	UINTAH, UT		U-4484	WASATCH			NO PIT			
UNIT NO. 63	4304733111	WAG	NE SE 11-10S-19E	UINTAH, UT		U-4481	WASATCH			NO PIT			
UNIT NO. 64	4304733112	WAG	NE SE 11-10S-19E	UINTAH, UT		U-4481	WASATCH			NO PIT			
UNIT NO. 65	4304733113	WAG	NE SE 11-10S-19E	UINTAH, UT		U-4481	WASATCH			NO PIT			

WELL NAME and FIELD	API NUMBER	TYPE WELL	LEGAL DESCRIPTION	COUNTY, STATE	UNIT CA PA NUMBER	LEASE NUMBER	PRODUCING FORMATION	BWPD	NTL-2B (CRITERIA)	PIT SIZE	NTL-2B SUBMITTED	NTL-2B APPROVED	SITE-SECRTY REVISED
UNIT NO. 58	4304733114	W/G	NE SE 11-10S-19E	UINTAH, UT		U-4481	WASATCH			NO PIT			

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT -" for such proposals

5. LEASE DESIGNATION AND SERIAL NO.  
U-4482, U-4483, U-4483, U-4482

6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
NA

**SUBMIT IN TRIPLICATE**

1. TYPE OF WELL  
OIL  WELL GAS  WELL  OTHER

2. NAME OF OPERATOR  
WEXPRO COMPANY

3. ADDRESS AND TELEPHONE NO.  
P. O. BOX 458, ROCK SPRINGS, WY 82902 (307) 382-9791

4. LOCATION OF WELL (FOOTAGE, SEC., T., R., M., OR SURVEY DESCRIPTION)  
SW SE 7-10S-20E

7. IF UNIT OR CA, AGREEMENT DESIGNATION  
ISLAND

8. WELL NAME AND NO.  
ISLAND UNIT PAD NO. 2  
ISLAND UNITS NO. 15, 44, 45 & 46

9. API WELL NO.  
43-047-31330, 32959, 32960, 32961

10. FIELD AND POOL, OR EXPLORATORY AREA  
ISLAND

11. COUNTY OR PARISH, STATE  
UINTAH COUNTY, UTAH

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- Notice of Intent
- Subsequent Report
- Final Abandonment Notice

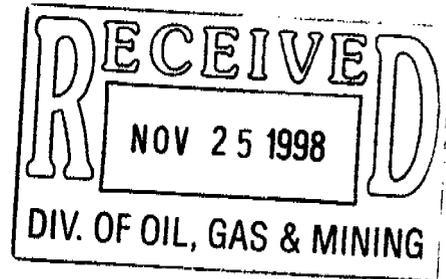
TYPE OF ACTION

- Abandonment
- Recompletion
- Plugging Back
- Casing Repair
- Altering Casing
- Other Change Approved Allocation Method
- Change in Plans
- New Construction
- Non-Routine Fracturing
- Water Shut-Off
- Conversion to Injection
- Dispose Water

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

13. 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.)\*

Wexpro Company submitted a Sundry Notice on September 19, 1997 which was approved on November 18, 1998, denoting the allocation method for the above location.  
Please note that Island No. 15 which was included in the original Sundry Notice was not hooked up to the above wells. Island No. 15 remains the same as it was prior to drilling the additional wells. The allocation procedure will only be used for Island Units No. 44, 45 and 46. The earthen pit on the location was also not closed and is still used by Island No. 15.



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

Signed G. T. Nimmo Title G. T. Nimmo, Operations Manager Date November 23, 1998

(This space for Federal or State office use)

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

\*See Instruction on Reverse Side

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT -" for such proposals

5. LEASE DESIGNATION AND SERIAL NO.  
**SEE BELOW**

6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
**N/A**

7. IF UNIT OR CA, AGREEMENT DESIGNATION  
**ISLAND**

8. WELL NAME AND NO.

**ISLAND UNIT WELLS**

9. API WELL NO.  
**SEE BELOW**

10. FIELD AND POOL, OR EXPLORATORY AREA  
**ISLAND**

11. COUNTY OR PARISH, STATE  
**UINTAH COUNTY, UTAH**

**SUBMIT IN TRIPLICATE**

1. TYPE OF WELL  
OIL WELL  GAS WELL  OTHER

2. NAME OF OPERATOR  
**WEXPRO COMPANY**

3. ADDRESS AND TELEPHONE NO.  
**P. O. BOX 458, ROCK SPRINGS, WY 82902 (307) 382-9791**

4. LOCATION OF WELL (FOOTAGE, SEC., T., R. M., OR SURVEY DESCRIPTION)  
**SEE BELOW**

**43.047.31330**

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- Notice of Intent
- Subsequent Report
- Final Abandonment Notice

TYPE OF ACTION

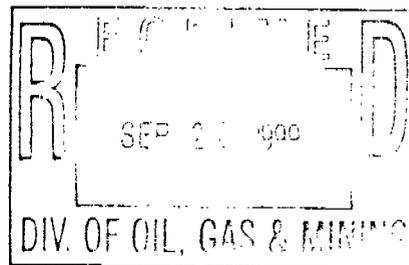
- Abandonment
- Recompletion
- Plugging Back
- Casing Repair
- Altering Casing
- Other ELECTRONIC MEASUREMENT
- Change in Plans
- New Construction
- Non-Routine Fracturing
- Water Shut-Off
- Conversion to Injection
- Dispose Water

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

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On all wells in the Island Unit, with the exception of Island No. 23, Wexpro intends to install EGM to replace the current gas chart meters. A Fisher ROC model 364/MCU will be installed with the following Rosemount transducers, 3051CG3M52A1AT1, 3051CD2M52A1AT1 and 0444LM1U1A2E5.

See attached for the list of wells to be included in the project.



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

Signed G. T. Nimmo Title G. T. Nimmo, Operations Manager Date September 16, 1999

(This space for Federal or State office use)

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Conditions of approval, if any: \_\_\_\_\_

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\*See Instruction on Reverse Side

WELL NAME	PAD NO.	API NUMBER	LEGAL DESCRIPTION	COUNTY, STATE	UNIT CA PA NUMBER	LEASE NUMBER
<u>ISLAND UNIT</u>				Unit Number	891006935A	
UNIT NO. 3		4304715643	NE SW 8-10S-20E	UINTAH, UT		U-4486
UNIT NO. 9		4304730488	C SW 11-10S-19E	UINTAH, UT		U-4481
UNIT NO. 10	8	4304730725	SW SW 12-10S-19E	UINTAH, UT		U-4484
UNIT NO. 11		4304731241	SE NW 11-10S-19E	UINTAH, UT		U-4481
UNIT NO. 12	6	4304731242	NE SE 11-10S-19E	UINTAH, UT		U-4481
UNIT NO. 13	5	4304731239	SE SE 12-10S-19E	UINTAH, UT		U-4484
UNIT NO. 14	3	4304731331	NE SE 8-10S-20E	UINTAH, UT		U-4486
UNIT NO. 15		4304731330	SW SE 7-10S-20E	UINTAH, UT		U-4482
UNIT NO. 16		4304731505	NE SW 11-10S-18E	UINTAH, UT		U-013818
UNIT NO. 17		4304731503	SE SW 2-10S-19E	UINTAH, UT		ML-11004
UNIT NO. 18		4304731502	SE NW 2-10S-19E	UINTAH, UT		ML-11004
UNIT NO. 19		4304731633	SE SW 9-10S-20E	UINTAH, UT		U-013768
UNIT NO. 20	7	4304731629	SW NW 7-10S-20E	UINTAH, UT		U-4482
UNIT NO. 21		4304731628	NW NW 12-10S-19E	UINTAH, UT		U-4484
UNIT NO. 22	4	4304731632	SE SE 9-10S-20E	UINTAH, UT		U-013768
UNIT NO. 24		4304731630	SW NW 8-10S-20E	UINTAH, UT		U-4482
UNIT NO. 25		4304731702	NW NE 11-10S-19E	UINTAH, UT		U-4481
UNIT NO. 26		4304731701	SE SE 2-10S-19E	UINTAH, UT		ML-11004
UNIT NO. 27		4304731703	NE NW 9-10S-20E	UINTAH, UT		U-013768
UNIT NO. 29		4304731752	SE NE 2-10S-19E	UINTAH, UT		ML-11004
UNIT NO. 30		4304731749	NW NE 12-10S-19E	UINTAH, UT		U-4484
UNIT NO. 32		4304731751	SW NE 8-10S-20E	UINTAH, UT		U-4482
UNIT NO. 34	3	4304732962	NE SE 8-10S-20E	UINTAH, UT		U-4486
UNIT NO. 35	3	4304732963	NE SE 8-10S-20E	UINTAH, UT		U-013768
UNIT NO. 36	4	4304732964	SE SE 9-10S-20E	UINTAH, UT		14-20-462-391
UNIT NO. 37	1	4304732966	NW NW 8-10S-20E	UINTAH, UT		U-4483
UNIT NO. 38	5	4304733107	SE SE 12-10S-19E	UINTAH, UT		U-4484
UNIT NO. 39	1	4304732967	NW NW 8-10S-20E	UINTAH, UT		U-4481
UNIT NO. 41	1	4304732968	NW NW 8-10S-20E	UINTAH, UT		U-4483
UNIT NO. 43	4	4304732965	SE SE 9-10S-20E	UINTAH, UT		U-013768
UNIT NO. 44	2	4304732959	SW SE 7-10S-20E	UINTAH, UT		U-4483
UNIT NO. 45	2	4304732960	SW SE 7-10S-20E	UINTAH, UT		U-4483
UNIT NO. 46	2	4304732961	SW SE 7-10S-20E	UINTAH, UT		U-4482
UNIT NO. 50	5	4304733108	SE SE 12-10S-19E	UINTAH, UT		U-4482
UNIT NO. 51	5	4304733109	SE SE 12-10S-19E	UINTAH, UT		U-4484
UNIT NO. 52	5	4304733110	SE SE 12-10S-19E	UINTAH, UT		U-4484
UNIT NO. 53	6	4304733111	NE SE 11-10S-19E	UINTAH, UT		U-4481
UNIT NO. 54	6	4304733112	NE SE 11-10S-19E	UINTAH, UT		U-4481
UNIT NO. 55	6	4304733113	NE SE 11-10S-19E	UINTAH, UT		U-4481
UNIT NO. 56	6	4304733114	NE SE 11-10S-19E	UINTAH, UT		U-4481
UNIT NO. 64	7	4304733304	SW NW 7-10S-20E	UINTAH, UT		U-4482
UNIT NO. 65	7	4304733305	SW NW 7-10S-20E	UINTAH, UT		U-4482
UNIT NO. 66	7	4304733306	SW NW 7-10S-20E	UINTAH, UT		U-4482
UNIT NO. 67	8	4304733307	SW SW 12-10S-19E	UINTAH, UT		U-4484
UNIT NO. 68	8	4304733308	SW SW 12-10S-19E	UINTAH, UT		U-4484

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT -" for such proposals

5. LEASE DESIGNATION AND SERIAL NO.  
U-4482

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

NA

7. IF UNIT OR CA. AGREEMENT DESIGNATION

ISLAND

8. WELL NAME AND NO.

ISLAND UNIT NO. 15

9. API WELL NO.  
43-047-31330

10. FIELD AND POOL, OR EXPLORATORY AREA  
ISLAND

11. COUNTY OR PARISH, STATE

UINTAH COUNTY, UTAH

**SUBMIT IN TRIPLICATE**

1. TYPE OF WELL

OIL                      GAS  
 WELL     WELL     OTHER

2. NAME OF OPERATOR

WEXPRO COMPANY

3. ADDRESS AND TELEPHONE NO.

P. O. BOX 458, ROCK SPRINGS, WY 82902    (307) 382-9791

4. LOCATION OF WELL (FOOTAGE, SEC., T., R., M., OR SURVEY DESCRIPTION)

238' FSL, 2053' FEL, SE SW  
7-10S-20E

**CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

**TYPE OF SUBMISSION**

Notice of Intent  
 Subsequent Report  
 Final Abandonment Notice

**TYPE OF ACTION**

Abandonment  
 Recompletion  
 Plugging Back  
 Casing Repair  
 Altering Casing  
 Other    Well History  
 Change in Plans  
 New Construction  
 Non-Routine Fracturing  
 Water Shut-Off  
 Conversion to Injection  
 Dispose Water

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

13. 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 above well was turned on for production on January 14, 2000. The well had been shut-in due to high line pressure. Please consider the faxed sundry as initial notification. The original and copies will be mailed.

**RECEIVED**  
JAN 21 2000  
DIVISION OF  
OIL, GAS AND MINING

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

Signed

Title

G. T. Nimmo, Operations Manager

January 14, 2000

Date

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any:

Title 18 U.S. C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

\*See Instruction on Reverse Side

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
OMB No. 1004- 0137  
Expires: July 31, 2010

**SUNDRY NOTICES AND REPORTS ON WELLS**  
*Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.*

**SUBMIT IN TRIPLICATE - Other Instructions on page 2.**

1. Type of Well  
 Oil Well     Gas Well     Other

2. Name of Operator  
**Wexpro Company**

3a. Address  
**P.O. Box 458  
 Rock Springs, WY 82902**

3b. Phone No. (include area code)  
**307.382.9791**

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
**238' FSL, 2053' FEL SW SE 7-10S-20E**

5. Lease Serial No.  
**U4482**

6. If Indian, Allottee, or Tribe Name  
**N/A**

7. If Unit or CA. Agreement Name and/or No.  
**UTU063026X      Island Unit**

8. Well Name and No.  
**Island Unit      15**

9. API Well No.  
**43-047-31330**

10. Field and Pool, or Exploratory Area  
**Wasatch**

11. County or Parish, State  
**Uintah      Utah**

**12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input checked="" type="checkbox"/> Production ( Start/ Resume)	<input type="checkbox"/> Water Shut-off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and abandon	<input type="checkbox"/> Temporarily Abandon	_____
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug back	<input type="checkbox"/> Water Disposal	_____

13. Describe Proposed or Completed Operation (clearly state all pertinent details including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleate horizontally, give subsurface locations and measured and true vertical depths or pertinent markers and sands. Attach the Bond under which the work will performed or provide the Bond No. on file with the BLM/ BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleation in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notice shall be filed only after all requirements, including reclamantion, have been completed, and the operator has determined that the site is ready for final inspection.)

The above well resumed production, after being off for more than 90 days, on October 19, 2007 at 10:45 A.M.

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

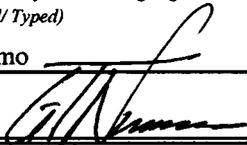
Name (Printed/ Typed)

G.T. Nimmo

Title

Operations Manager

Signature



Date

October 22, 2007

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved by

Title

Date

Conditions of approval, if any are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

Title 18 U.S.C. Section 1001 AND Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

**RECEIVED**

(Instructions on page 2)

OCT 25 2007

DIV. OF OIL, GAS & MINING

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
OMB No. 1004-0137  
Expires: July 31, 2010

**SUNDRY NOTICES AND REPORTS ON WELLS**  
*Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.*

**SUBMIT IN TRIPLICATE - Other Instructions on page 2.**

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. U4482
2. Name of Operator Wexpro Company		6. If Indian, Allottee, or Tribe Name N/A
3a. Address P.O. Box 458 Rock Springs, WY 82902	3b. Phone No. (include area code) 307.382.9791	7. If Unit or CA. Agreement Name and/or No. UTU063026X    Island Unit
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 238' FSL, 2053' FEL SW SE 7-10S-20E		8. Well Name and No. Island Unit    15
		9. API Well No. 43-047-31330
		10. Field and Pool, or Exploratory Area Wasatch
		11. County or Parish, State Uintah    Utah

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production ( Start/ Resume)	<input type="checkbox"/> Water Shut-off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug back	<input checked="" type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths or pertinent markers and sands. Attach the Bond under which the work will performed or provide the Bond No. on file with the BLM/ BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notice shall be filed only after all requirements, including reclamantion, have been completed, and the operator has determined that the site is ready for final inspection.)

Water produced from the above well will be disposed of in a water / blow down tank as previously approved.

Excess water produced will be hauled to the following State of Utah approved disposal sites:

**Accepted by the**  
**Utah Division of**  
**Oil, Gas and Mining**  
**FOR RECORD ONLY**

R N Industries Inc Sec. 4-2S-2W - Bluebell  
LaPoint Recycle & Storage Sec. 12-5S-19E - LaPoint  
Dalbo, Inc Sec. 02-6S-20E - Vernal

All excess produced water will be hauled by tank truck over Unit, Tribal, County and State roads.

**RECEIVED**  
**APR 18 2008**  
DIV. OF OIL, GAS & MINING

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

Name (Printed/ Typed) G.T. Nimmo	Title Operations Manager
Signature 	Date April 9, 2008

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved by	Title	Date
Conditions of approval, if any are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.	Office	

Title 18 U.S.C. Section 1001 AND Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

<b>STATE OF UTAH</b> DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS, AND MINING	<b>FORM 9</b>  <b>5. LEASE DESIGNATION AND SERIAL NUMBER:</b> UTU-4482
<b>SUNDRY NOTICES AND REPORTS ON WELLS</b>  Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.	<b>6. IF INDIAN, ALLOTTEE OR TRIBE NAME:</b>  <b>7. UNIT or CA AGREEMENT NAME:</b> ISLAND
<b>1. TYPE OF WELL</b> Gas Well	<b>8. WELL NAME and NUMBER:</b> ISLAND UNIT 15
<b>2. NAME OF OPERATOR:</b> WEXPRO COMPANY	<b>9. API NUMBER:</b> 43047313300000
<b>3. ADDRESS OF OPERATOR:</b> P.O. Box 458 , Rock Springs, WY, 82902	<b>PHONE NUMBER:</b> 307 922-5612 Ext
<b>4. LOCATION OF WELL</b> <b>FOOTAGES AT SURFACE:</b> 0238 FSL 2053 FEL <b>QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN:</b> Qtr/Qtr: SWSE Section: 07 Township: 10.0S Range: 20.0E Meridian: S	<b>9. FIELD and POOL or WILDCAT:</b> NATURAL BUTTES  <b>COUNTY:</b> UINTAH  <b>STATE:</b> UTAH

11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION		
<input checked="" type="checkbox"/> <b>NOTICE OF INTENT</b> Approximate date work will start: 8/15/2011	<input type="checkbox"/> ACIDIZE	<input type="checkbox"/> ALTER CASING	<input type="checkbox"/> CASING REPAIR
<input type="checkbox"/> <b>SUBSEQUENT REPORT</b> Date of Work Completion:	<input type="checkbox"/> CHANGE TO PREVIOUS PLANS	<input type="checkbox"/> CHANGE TUBING	<input type="checkbox"/> CHANGE WELL NAME
<input type="checkbox"/> <b>SPUD REPORT</b> Date of Spud:	<input type="checkbox"/> CHANGE WELL STATUS	<input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS	<input type="checkbox"/> CONVERT WELL TYPE
<input type="checkbox"/> <b>DRILLING REPORT</b> Report Date:	<input type="checkbox"/> DEEPEN	<input type="checkbox"/> FRACTURE TREAT	<input type="checkbox"/> NEW CONSTRUCTION
	<input type="checkbox"/> OPERATOR CHANGE	<input type="checkbox"/> PLUG AND ABANDON	<input type="checkbox"/> PLUG BACK
	<input type="checkbox"/> PRODUCTION START OR RESUME	<input type="checkbox"/> RECLAMATION OF WELL SITE	<input type="checkbox"/> RECOMPLETE DIFFERENT FORMATION
	<input type="checkbox"/> REPERFORATE CURRENT FORMATION	<input type="checkbox"/> SIDETRACK TO REPAIR WELL	<input type="checkbox"/> TEMPORARY ABANDON
	<input type="checkbox"/> TUBING REPAIR	<input type="checkbox"/> VENT OR FLARE	<input type="checkbox"/> WATER DISPOSAL
	<input type="checkbox"/> WATER SHUTOFF	<input type="checkbox"/> SI TA STATUS EXTENSION	<input type="checkbox"/> APD EXTENSION
	<input type="checkbox"/> WILDCAT WELL DETERMINATION	<input checked="" type="checkbox"/> OTHER	OTHER: <input type="text" value="Tank"/>

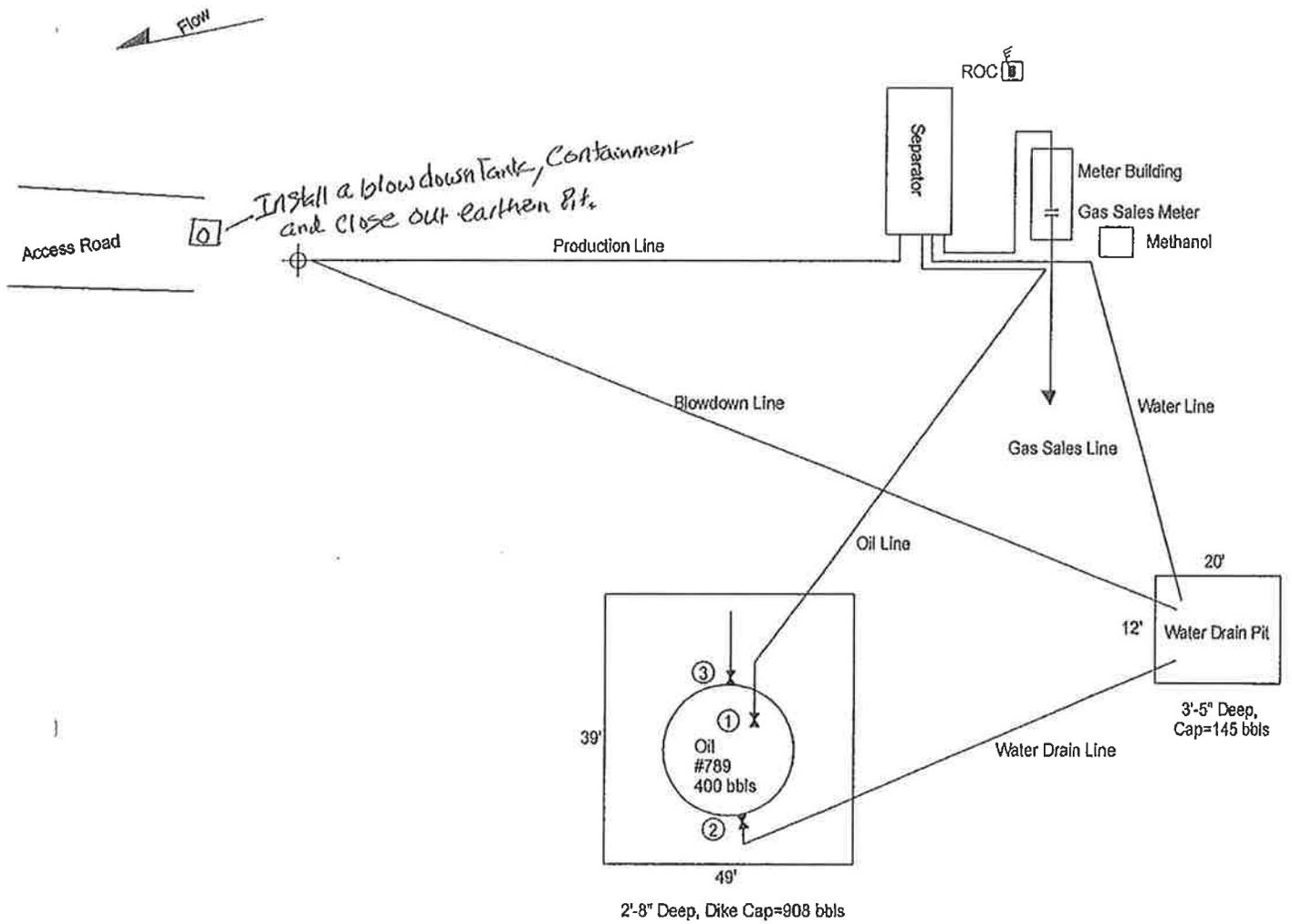
12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.

Wexpro Company requests approval to install a new 200 bbl blow tank at the above mentioned well location. Also, Wexpro Company requests approval to close the existing production pit once soil samples are at an acceptable level. Please see the attached diagram for additional details.

Accepted by the  
 Utah Division of  
 Oil, Gas and Mining  
**FOR RECORD ONLY**

<b>NAME (PLEASE PRINT)</b> Paul Jibson	<b>PHONE NUMBER</b> 307 352-7561	<b>TITLE</b> Permit Agent
<b>SIGNATURE</b> N/A	<b>DATE</b> 8/1/2011	

NORTH



LEGEND

- ||- GAS METER
- ⊗ VALVE
- ⊕ WELLHEAD

VALVE NO.	PRODUCTION	SALES
1	OPEN	CLOSED
2	CLOSED	CLOSED
3	CLOSED	OPEN
4	OPEN	CLOSED

SITE SECURITY DRAWING	
Well Name	Island Unit # 15
Lease No.	U4482
Unit ID.	UTU063026X
Location	SW SE Sec. 7 T10S R20E
County, ST.	Uintah, Utah
Operator	Wexpro
Revised	10/10/2008

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

FORM 9

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b>		5. LEASE DESIGNATION AND SERIAL NUMBER: <b>UTU4482</b>
Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME:
1. TYPE OF WELL OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER _____		7. UNIT or CA AGREEMENT NAME: <b>UTU063026X</b>
2. NAME OF OPERATOR: <b>Wexpro Company</b>		8. WELL NAME and NUMBER: <b>Island Unit 15</b>
3. ADDRESS OF OPERATOR: PO Box 458 CITY <b>Rock Springs</b> STATE <b>WY</b> ZIP <b>82901</b>		9. API NUMBER: <b>4304731330</b>
		10. FIELD AND POOL, OR WILDCAT: <b>Island Unit</b>
4. LOCATION OF WELL FOOTAGES AT SURFACE: <b>238' FSL 2053' FEL</b>		COUNTY: <b>Uintah</b>
QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: <b>SWSE 7 10S 20E 6</b>		STATE: <b>UTAH</b>

11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA			
TYPE OF SUBMISSION	TYPE OF ACTION		
<input type="checkbox"/> NOTICE OF INTENT (Submit in Duplicate)  Approximate date work will start: _____  <input checked="" type="checkbox"/> SUBSEQUENT REPORT (Submit Original Form Only)  Date of work completion: <b>11/25/2014</b>	<input checked="" type="checkbox"/> ACIDIZE	<input type="checkbox"/> DEEPEN	<input type="checkbox"/> REPERFORATE CURRENT FORMATION
	<input type="checkbox"/> ALTER CASING <input type="checkbox"/> CASING REPAIR <input type="checkbox"/> CHANGE TO PREVIOUS PLANS <input type="checkbox"/> CHANGE TUBING <input type="checkbox"/> CHANGE WELL NAME <input type="checkbox"/> CHANGE WELL STATUS <input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS <input type="checkbox"/> CONVERT WELL TYPE	<input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> OPERATOR CHANGE <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> PLUG BACK <input type="checkbox"/> PRODUCTION (START/RESUME) <input type="checkbox"/> RECLAMATION OF WELL SITE <input type="checkbox"/> RECOMPLETE - DIFFERENT FORMATION	<input type="checkbox"/> SIDETRACK TO REPAIR WELL <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> TUBING REPAIR <input type="checkbox"/> VENT OR FLARE <input type="checkbox"/> WATER DISPOSAL <input type="checkbox"/> WATER SHUT-OFF <input checked="" type="checkbox"/> OTHER: <u>Raise Tubing</u>

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.

Work-over operations were conducted from 11/19/14 through 11/25/14. The production tubing was pulled out of the well and inspected, found scale build-up on last 5 joints of tubing. A bit & scraper was run and a scale bridge was found at 6,133 ft which was drilled through and cleaned out. The bit & scraper was pulled out of the well and production tubing was run and landed at 5,474 ft. Coiled tubing was then utilized to complete an acid wash across the perforation interval 5,504 ft - 6,136 ft with 1,050 gallons of 15% Fe HCL Acid and 72,500 scf N2. Well was placed back on production 11/26/14. See attached WBD.

DIV. OF OIL, GAS & MINING  
 RECEIVED  
 DEC 12 2014

NAME (PLEASE PRINT) <u>Chris Beilby</u>	TITLE <u>Completion Manager</u>
SIGNATURE	DATE <u>12/9/2014</u>

(This space for State use only)

# Daily Operations Report

## Wellbore Diagram

Well Name:	Island Unit 15
County, State	Uintah, UT
Legal Description:	SW SE 7-10S-20E
API:	43-047-31330
SHL:	238' FSL, 2053' FEL
BHL Relative to SHL:	0' N, 0' E
Updated By:	Jeff Bluemel
Date Updated:	12/9/2014
Spud Date:	6/5/1983
TD Date:	6/17/1983
IP Date:	8/11/1983
Well TD:	6,661
Well TVD:	6,661
Orientation:	Vertical
Plug Back MD:	6,350
Bridge Plug MD:	6,379
Producing Frac Jobs:	2

Latitude	39.95527
Longitude	-109.70652

As Of Workover	11/21/2014
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All measurements are in KB unless otherwise specified.

