

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

Amoco Hullinger

2. Name of Operator

Amoco Production Company

9. Well No.

#1

3. Address of Operator

P.O. Box 829 Evanston, Wyoming 82930

10. Field and Pool, or Wildcat

Wildcat

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

At surface 495' FNL & 997' FEL

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

Sec 31 T3S R21E

At proposed prod. zone

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

12. County or Parrish 13. State

Uintah 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

4,500'

Rotary

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

5788' GR

22. Approx. date work will start*

*When approved

23.

PROPOSED CASING AND CEMENTING PROGRAM

Size of Hole	Size of Casing	Weight per Foot	Setting Depth	Quantity of Cement
17 1/2"	13 3/8"	48#	300' <input checked="" type="checkbox"/>	Cement to surface
12 1/4"	9 5/8"	36# 40#	2,300'	Cmt to surface(1800sx)
8 3/4"	5 1/2"	14# 17#	4,500'	800 sx

AMOCO PROPOSES MISSISSIPPIAN MADISON
LIMESTONE EXPLORATORY TEST

(See Attachments)

* Site preparation was commenced on this well location prior to Operator receiving approval from the State of Utah for permission to drill.

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JAN 20 1984

DIVISION OF
OIL, GAS & MINING

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 location.

24.

Signed

WR Thomson

Title

Dist. Drlg. Superintendent

Date

January 18, 1984

(This space for Federal or State office use)

Permit No.

Approval Date

Approved by

Title

Conditions of approval, if any:

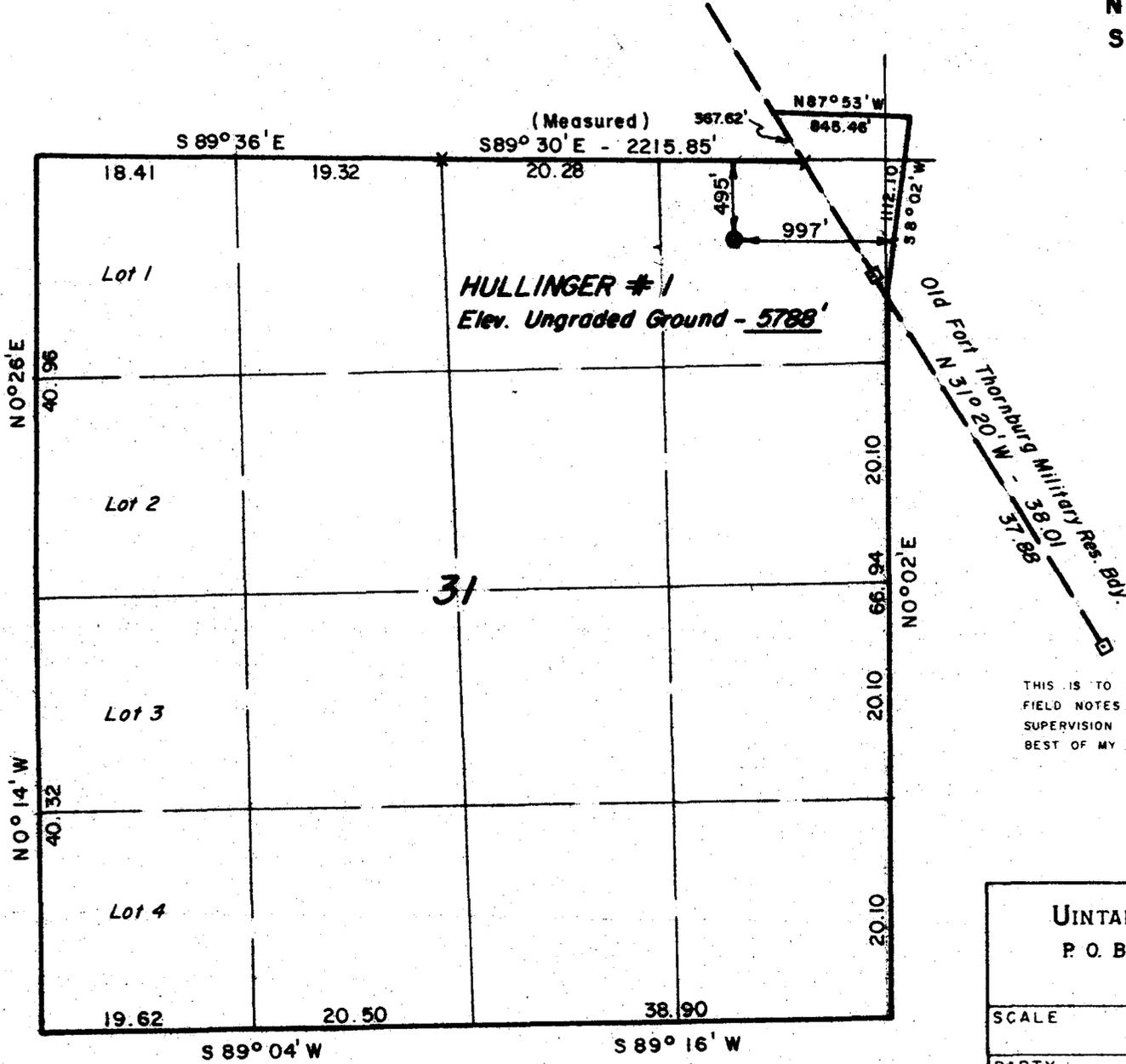
APPROVED BY THE STATE
OF UTAH DIVISION OF
OIL, GAS, AND MINING
DATE: 1/26/84
BY: [Signature]

*See Instructions On Reverse Side

T3S , R21E , S.L.B.&M.

PROJECT
AMOCO PRODUCTION

Well location, **HULLINGER #1**,
located as shown in the NE 1/4
NE 1/4 Section 31, T3S, R21E,
S.L.B. & M. Uintah County, Utah.



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 JAN 20 1984
 DIVISION OF
 OH. GAS & MINING



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.

Richard 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	10/31/83
PARTY	LDT DK TJ RP	REFERENCES	GLO Plat
WEATHER	Fair	FILE	AMOCO

X = Section Corners Located

10-POINT DRILLING PROGRAM

AMOCO HULLINGER #1

- 1) Geologic name of the surface formation: Chimle
- 2) Estimated tops of geological markers:

<u>Formation</u>	<u>Depth</u>
Shinarump	100'
Moenkopi	200'
Park City	1,100'
Weber	1,200'
Morgan	2,250' ✓
Manning Canyon	3,150'
Madison	3,275' ✓
Total Depth	4,500'

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

<u>Substances</u>	<u>Depth</u>
Oil, Gas, Water	2,250'
Oil, Gas, Water	3,275'

- 4) Casing Program:

<u>Hole Size</u>	<u>Casing</u>	<u>Wt/Ft</u>	<u>Grade</u>	<u>Threads</u>	<u>Cementing Depth</u>
17 1/2"	13 3/8"	48#	H40	ST&C	900' ✓
12 1/4"	9 5/8"	36# 40#	K55	ST&C	2,300'
8 3/4"	5 1/2"	14# 17#	K55	ST&C	4,500'

- 5) Operators minimum specifications for pressure control equipment are explained on the attached schematic diagram. After running surface casing and prior to drilling out, the BOP and other pressure equipment will be tested to the full working pressure rating as shown on the attached diagram. BOPs will be tested every 30-day interval and after every string of casing is run. Thereafter, the BOP will be checked daily for mechanical operations only and will be noted on the IADC Daily Drilling Report.

- 6) Mud Program:

<u>Interval</u>	<u>Type Mud</u>	<u>Wt #/gal</u>	<u>Viscosity</u>	<u>WL CC/30M</u>
0 - 2300'	Water	8.3-8.7	As needed	nc
2300-4500'	LSND	8.5-9.0	As needed	15

7) Auxiliary Equipment:

Kelly cock, no bit floats; sub with full opening valve
3' choke manifold with remote control choke; monitor
system on pit level, audio and visual; mudlogger (2-man
type) w/chromatograph

8) Testing Program:

DST to be run within Madison

Logging Program:

DIL-GR-SP	Base of surface casing to TD
BHC Sonic-Cal	Base of surface casing to TD
FDC/CNL-GR-Cal	Base of surface casing to TD
Dipmeter	Base of surface casing to TD
Vilocity Survey	Base of Surface casing to TD

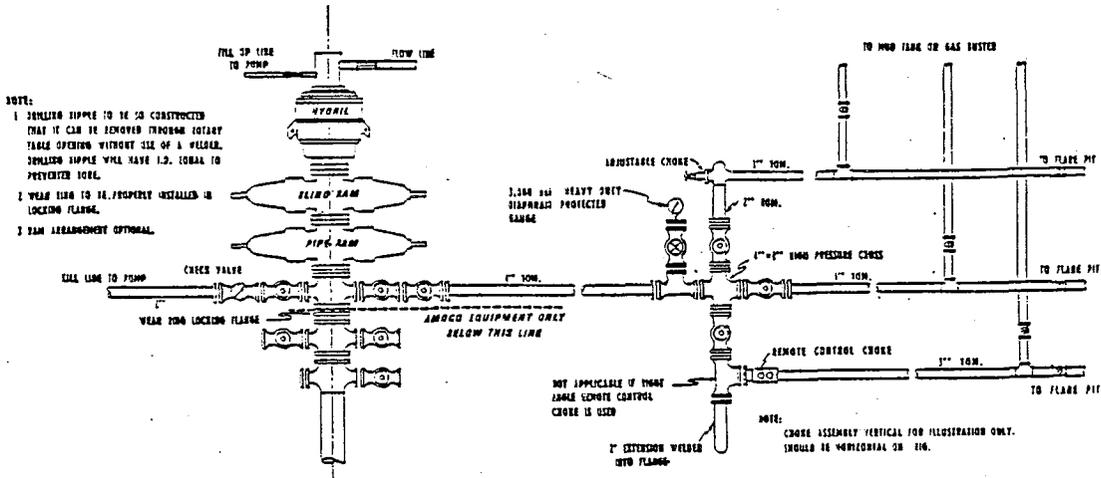
Coring Program:

Possible 60' conventional core in the Madison Limestone

- 9) No abnormal pressures or temperatures are anticipated.
- 10) Anticipated starting date will be when approved and the duration of drilling operations will be approximately 18 days.

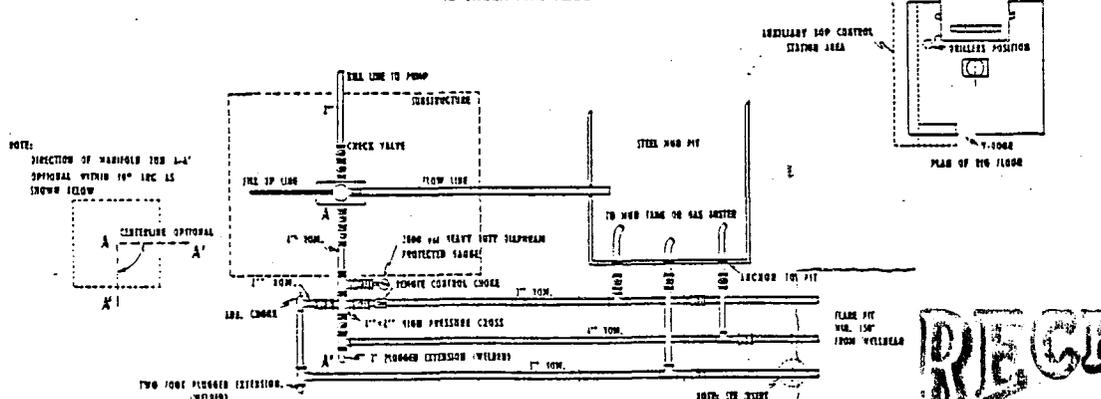
Amoco Production Company
 MINIMUM SLOW-OUT PREVENTER REQUIREMENTS
 3,000 psi W.P.
 7/78

ARRANGEMENT IF MANIFOLD IS ON SIDE OF RIG



- NOTE:
1. WELLHEAD TO BE SO CONSTRUCTED THAT IT CAN BE REMOVED THROUGH TOWER TABLE OPENING WITHOUT USE OF A WELDER. WELLHEAD SHALL HAVE I.D. EQUAL TO PREVENTER I.D.
 2. WELD LINE TO BE PROPERLY INSTALLED IN LOCKING FLANGE.
 3. RAN ARRANGEMENT OPTIONAL.

ARRANGEMENT IF MANIFOLD IS UNDER PIPE SLIDE



- NOTE:
1. DIRECTION OF MANIFOLD IS 45° OPPOSITE WITHIN 16" ARC AS SHOWN BELOW.
 2. CENTERLINE OPTIONAL.

RECEIVED

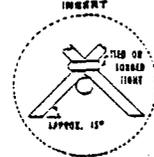
JAN 20 1984

DIVISION OF OIL, GAS & MINING

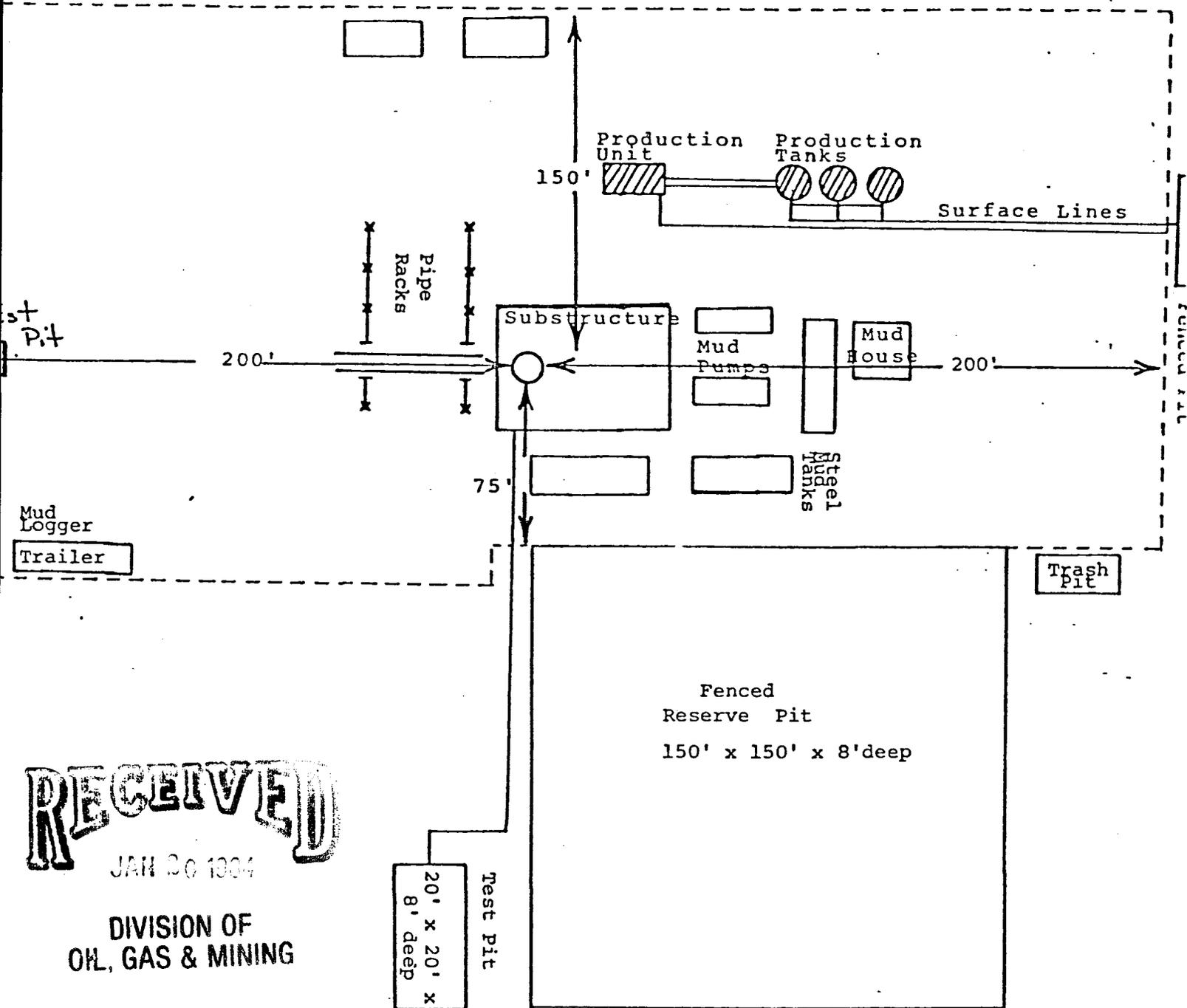
- NOTE:
1. ALL FITTINGS AND PIPE MUST BE 3,000 PSI W.P. MINIMUM.
 2. ALL FITTINGS UPSTREAM OF MANIFOLD TO BE FLANGED, SCREWED OR WELDED CONNECTIONS DOWNSTREAM FROM CHOKES PERMISSIBLE. ADJUSTABLE CHOKES MAY HAVE SCREWED CONNECTIONS.
 3. ALL VALVES TO BE FULL SPHERICAL AND TO HAVE METAL TO METAL SEAL AND 3,000 PSI W.P. MINIMUM.
 4. SAFETY VALVE MUST BE AVAILABLE ON THE FLOOR AT ALL TIMES WITH PROPER CONNECTION. VALVE TO BE FULL TOPS 3,000 PSI W.P. MINIMUM.

5. ALL LINES DOWNSTREAM OF CHOKES TO BE SECURELY LOCKED BY 2" AND FILL END OF CHOKES LINES.
6. EQUIPMENT THROUGH WHICH IT MUST PASS SHALL BE AS LARGE AS INSIDE DIAMETER OF THE CHOKES BEING THROTTLED THROUGH.
7. TOLLY CHOKES ON WELL.
8. CENTERLINE WHEELS AND HAND WHEELS TO BE PROPERLY INSTALLED AND TRACED AT ALL TIMES.
9. AUXILIARY SLOW-OUT PREVENTER CONTROL STATION TO BE LOCATED AS CLOSE TO WELLHEAD POSITION AS FEASIBLE.

10. SLOW-OUT PREVENTER CLOSING EQUIPMENT TO INCLUDE IN FALLING ACCUMULATOR AND TWO INDEPENDENT SOURCES OF PUMP POWER ON EACH CLOSING UNIT. INSTALLATION TO BE LOCATED AT LEAST 15' FROM STACK OR WELLHEAD SIDE OF RIG.
11. ALL DOWNHOLE PIPE MINIMUM 1 1/2" I.D. WITH 1-1/8" THICKNESS OF WALL. 3,000 PSI W.P. LINE PIPE.
12. REMOTE CONTROL CHOKES INSTALLATION AND LINE TO BE STRAIGHT AS POSSIBLE WITH NO 90° TURNS BELOW CHOKES.



To Pushers Trailer Amoco Company Trailer



RECEIVED
 JAN 20 1964

DIVISION OF OIL, GAS & MINING

⊘ = 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 829
 EVANSTON, WYOMING 82930

EXHIBIT "D"

OPERATOR Amoco Production Co. DATE 1-20-84
WELL NAME Amoco Helling #1
SEC NE NE 31 T 35 R 21E COUNTY Utah

43-047-31438
API NUMBER

Fee
TYPE OF LEASE

POSTING CHECK OFF:

INDEX MAP HL
 NID PI

PROCESSING COMMENTS:

No other wells

CHIEF PETROLEUM ENGINEER REVIEW:

✓ 1/26/84, irregular section

APPROVAL LETTER:

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

SPECIAL LANGUAGE:

1- Water OK 3-7-84
2- ~~Crystalline~~ ~~La~~ ~~Agua~~

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.

VERIFY LEGAL AND SUFFICIENT DRILLING WATER

January 26, 1984

Amoco Production Company
P. O. Box 829
Evanston, Wyoming 82930

RE: Well No. Amoco Hullinger #1
NENE Sec. 31, T. 3S, R. 21E
495' FNL, 997' FEL
Uintah County, Utah

Gentlemen:

Approval to drill the above referenced oil well is hereby granted in accordance with Rule C-3 (b), General Rules and Regulations and Rules of Practice and Procedure, subject to the following stipulation:

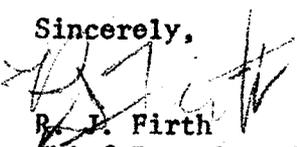
1. Prior to commencement of drilling, receipt by the Division of evidence providing assurance of an adequate and approved supply of water.

In addition, the following actions are necessary to fully comply with this approval:

1. Spudding notification to the Division within 24 hours after drilling operations commence.
2. Submittal to the Division of completed Form OGC-8-C, Report of Water Encountered During Drilling.
3. Prompt notification to the Division should you determine that it is necessary to plug and abandon this well. Notify R. J. Firth, Chief Petroleum Engineer, Telephone (801) 533-5771 (Office), 571-6068 (Home)

The API number assigned to this well is 43-047-31438.

Sincerely,


R. J. Firth
Chief Petroleum Engineer

RJF/as
Encl.

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

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. 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 495' FNL & 997' FFL NE/4 NE/4		8. FARM OR LEASE NAME Amoco Hullinger
14. PERMIT NO. 43-047-31438	15. ELEVATIONS (Show whether DF, RT, OR, etc.)	9. WELL NO. #1
		10. FIELD AND POOL, OR WILDCAT Wildcat
		11. SEC., T., S., E., OR BLK. AND SURVEY OR AREA Sec. 31, T3S, R21E
		12. COUNTY OR PARISH 13. STATE Uinta Wyoming

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) <u>Spud</u>	<input checked="" type="checkbox"/>

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

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

The above described well was spud 2/24/84.



18. I hereby certify that the foregoing is true and correct
SIGNED [Signature] TITLE Stf. Admin. Analyst (SG) DATE 3-6-84

(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 THIS APPLICATION*
(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.)

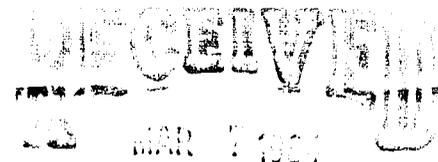
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. Ecc	
2. NAME OF OPERATOR Amoco Production Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 829 Evanston, WY 82930		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 495' FNL & 997' FFL NE/4 NE/4		8. FARM OR LEASE NAME Amoco Hullinger	
14. PERMIT NO. 43-047-31438		9. WELL NO. #1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5788' GR		10. FIELD AND POOL, OR WILDCAT Wildcat	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 31, T3S, R21E	
		12. COUNTY OR PARISH Uintah	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) <input type="checkbox"/>	
(Other) Update to APD 10PT Plan <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.) *

- Surface casing setting depth to be 500' not 300' or 900' (10 pt Program).
- Amoco did not begin work on surface location prior to obtaining permit despite what the handwritten note on the permit indicates.
- Point #4. 9-5/8" 32# H40 STC
- Point #7. Drilling rig is equipped with a 3" x 2" choke manifold equipped with 2 manual chokes - no remote control choke.



DIVISION OF
OIL, GAS & MINING

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

SIGNED R. J. Urban TITLE Staff Admin. Analyst (SG) DATE 3-5-61

(This space for Federal or State office use)

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

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

SUBMIT TRIPPLICATE*
(Other instructions on reverse side)

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input 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, 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 495' FNL & 997' FEL NE/4 NE/4		8. FARM OR LEASE NAME Amoco Hullinger	
14. PERMIT NO. 43-047-31438		9. WELL NO. #1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5788' GR		10. FIELD AND POOL, OR WILDCAT Wildcat	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 31, T3S, R21E	
		12. COUNTY OR PARISH Uinta	13. STATE Wyoming

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

NOTICE OF INTENTION TO:

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

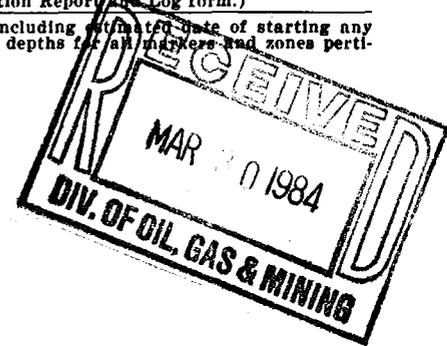
SUBSEQUENT REPORT OF:

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

Date: 03/25/84
 Drilling Contractor: RL Manning 32
 Total Depth: 2842'
 Spud Date: 2/24/84



TIGHT HOLE

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

SIGNED J. B. Baye TITLE Admin Supervisor DATE 3/28/84
 (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.)

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
495 FNL, 997 FEL, Section 31, T37^S, R21E
Uintah County, Utah

14. PERMIT NO.
API #43-047-31438

15. ELEVATIONS (Show whether DF, RT, OR, etc.)
5788 GL

5. LEASE DESIGNATION AND SERIAL NO.
Fee

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Hullinger

9. WELL NO.
#1

10. FIELD AND POOL, OR WILDCAT
Wildcat

11. SEC., T., R., M., OR BLK. AND SUBVY OR AREA

12. COUNTY OR PARISH
Uintah

13. STATE
Utah

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

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

Well abandoned as a dry hole. The wellbore is property of the lease owner, Martin Hullinger, and is to be converted into a water well. All subsequent responsibilities concerning this wellbore belong to Martin Hullinger.

Plugs set: 3600'-3300' 115 sx 50:50 Poz mix
 2400'-1700' 250 sx 50:50 Poz mix
 Tagged second plug at 2042' - set 3rd plug
 2042'-1600' 200 sx 50:50 Poz mix

Plugs cover Madison Formation top (3490') and across 9-5/8" casing shoe (2298') back to middle Weber. No casing was cutoff and the starting head was left in place. The well is covered with a steel plate and no dry hole marker is in place.

APPROVED BY THE STATE
OF UTAH DIVISION OF
OIL, GAS, AND MINING
DATE: 4/30/84
BY: [Signature]

18. I hereby certify that the foregoing is true and correct
 SIGNED [Signature] TITLE District Drilling Engineer DATE 04/1984

(This space for Federal or State office use)

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

DOUBLE "D" ENTERPRISES

B.O.P. Test Report

RECEIVED

MAY 17 1984

DIVISION OF OIL
GAS & MINING

B.O.P. TEST PERFORMED ON (DATE)..... 3-8-84

OIL CO.: Amoco

WELL NAME & NUMBER..... Hullinger #1

SECTION.....

TOWNSHIP.....

RANGE.....

COUNTY..... Uintah, Utah

DRILLING CONTRACTOR..... Manning 23

INVOICES BILLED FROM: **DOUBLE "D" ENTERPRISES, INC.**
213 Pine Street - Box 560
Shoshoni, Wyoming 82649
Phone: (307) 876-2308 or (307) 876-2234

TESTED BY: **DOUBLE "D" ENTERPRISES, INC.**
712 Morse Lee Street
Evanston, Wyoming 82930
Phone: (307) 789-9213 or (307) 789-9214

OIL CO. SITE REPRESENTATIVE..... Randy Stevens

RIG TOOL PUSHER..... Keith

TESTED OUT OF..... Vernal

NOTIFIED PRIOR TO TEST: Utah Oil & Gas

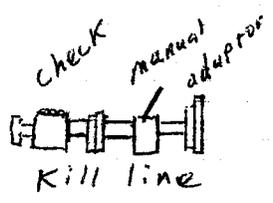
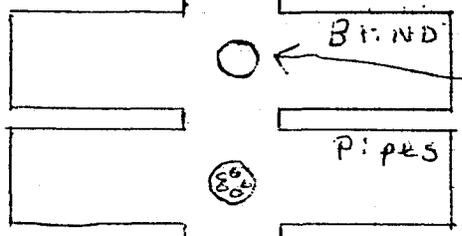
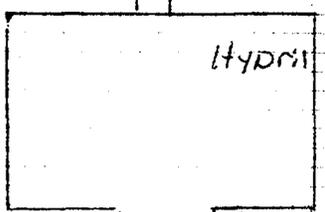
COPIES OF THIS TEST REPORT SENT COPIES TO: Utah Oil & Gas
Amoco Site Rep

ORIGINAL CHART & TEST REPORT ON FILE AT: Vernal OFFICE

Vernal OFFICE
781 - 0448
608 Vernal ave
Vernal, Utah

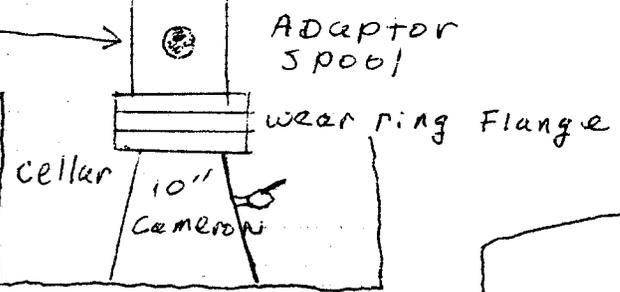
Pressure Source # 1 thru 7

Upper Kelly

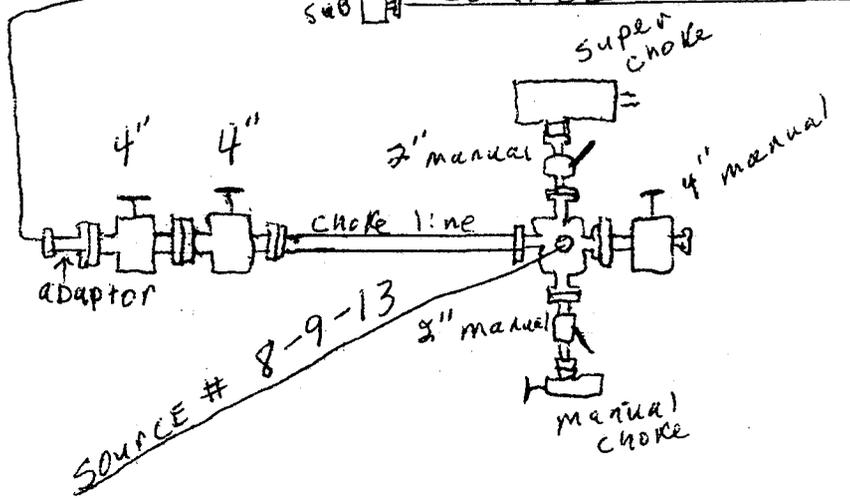


Kill line tied into Blind on Back side of Adaptor Spool

Floor level

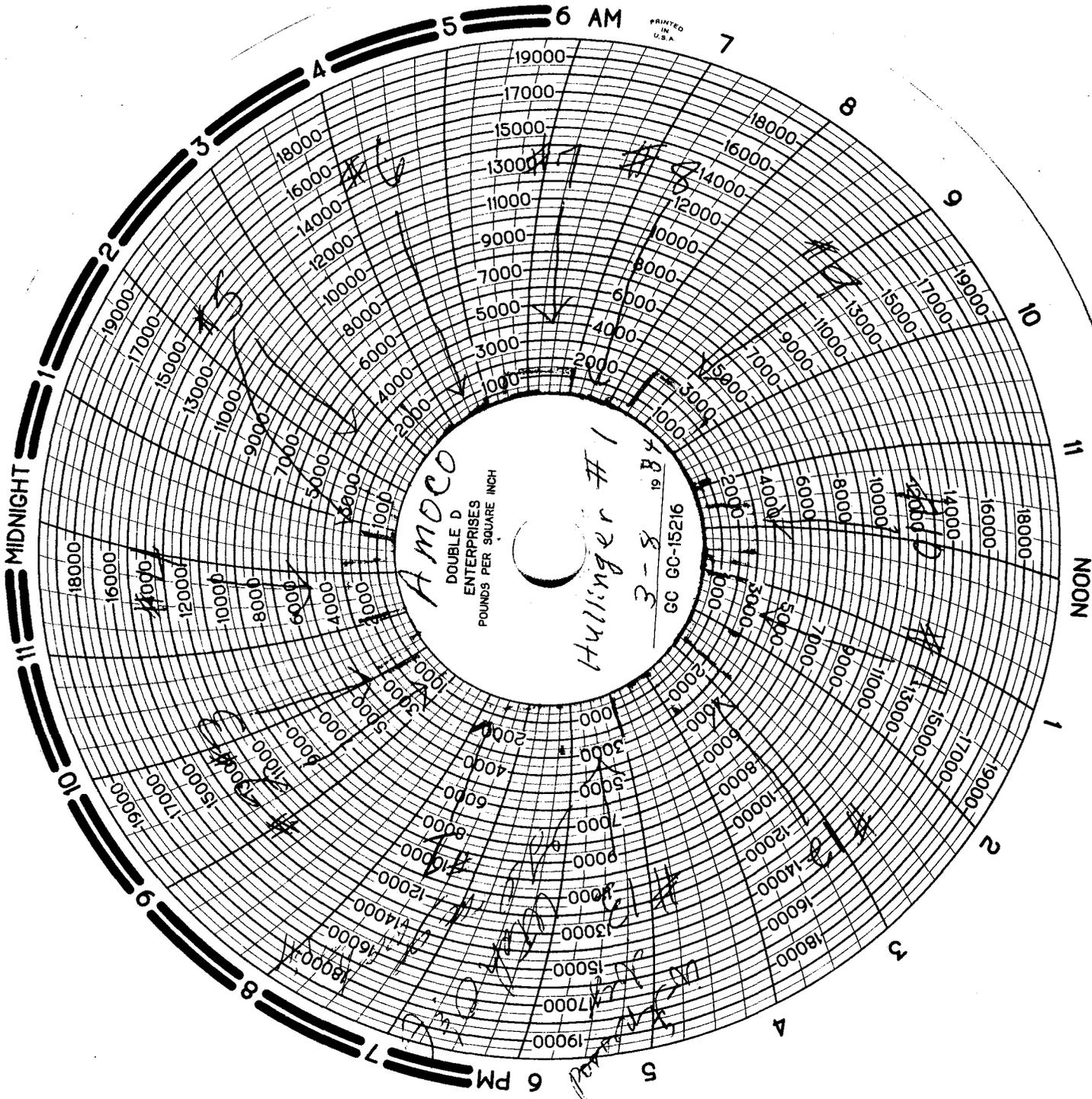


Source 10-11-12



Choke line tied into Blind on Blind Rams

PRINTED
IN
U.S.A.



Company

Lease and Well Name #

Date of test

Rig #

ST #

Time

	8 - 9 ³⁰	Finished nipping up put in Floor Rig up tongs Rig up Plug & SUBS RUN Plug Fill stack
#1	9 ³⁰	TEST ATTEMPT against pipes 1st manual on choke & Kill LEAK ON ADAPTOR SPOOL IN BETWEEN Stack & 1st manual on choke line
	9 ³⁰ - 9 ⁴⁵	Fix LEAK
#2	9 ⁴⁵ - 9 ⁵⁰	TEST same 500 5 min OK
#3	9 ⁵⁰ - 10 ⁰⁰	TEST same 3000 LEAKING ON Gland Nuts ON wellhead tighten NUTS
#4	10 - 10 ¹⁵	TEST same 3000 15 min OK
#5	10 ¹⁵ - 10 ⁴⁵	Wash junk out of check valve w/ pressure TEST pipes CHECK & 2ND manual ON choke line 500 5 min 3000 15 OK
#6	10 ⁴⁵ - 11 ⁵⁵	TEST Attempts ON Hydril work Hydril & work ON accumulator
#7	11 ⁵⁵ 12 ¹⁵	TEST Hydril 500 5 min 1500 15 min OK
#8	12 ¹⁵ - 1 ⁰⁰	Back out joint tie into manifold to test BINDS test ATTEMPT AGAINST BINDS Flowing BY BROKE & opened POORS BAD SEAL ON RAMS - Fixed
#9	1 ⁰⁰ - 1 ²⁰	BINDS & manifold valve 500 5 min 3000 15 OK
	1 ²⁰ - 2 ⁰⁰	Pull Plug rig DOWN Plug rig up retriever RUN & set wear ring

Company

Lease and

Well Name #

Date of test

Rig #

ST # Time

rig down retriever & subs
Kelly up rig up TIWS
& Kelly SUB

#10 2⁰⁰-2²⁰ TIW 500 5 min 3000 15 OK

#11 2²⁰-2⁴⁰ TIW 500 5 min 3000 15 OK

#12 2⁴⁰-3⁰⁰ Upper Kelly 500 5 min 3000 15 OK

#13 3-4 Super choke 500 5 min 3000

15 OK Rig Down TIWS &
Kelly SUB spool up & load
truck



STATE OF UTAH
NATURAL RESOURCES
Oil, Gas & Mining

Scott M. Matheson, Governor
Temple A. Reynolds, Executive Director
Dianne R. Nielson, Ph.D., Division Director

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

September 21, 1984

Amoco Production
P.O. Box 829
Evanston, Wyoming 82930

Gentlemen:

Re: Well No. Amoco Hullinger #1 - Sec. 31, T. 3S. R. 21E.
Uintah County, Utah - API #43-047-31438

We have received a "Sundry Notice" of subsequent abandonment on the above referred to well stating that it was a dry hole and is being turned over to the lease owner to be converted into a water well.

This office has not, however, received a "Well Completion Report", Form OGC-3, on the above location. Rule C-5 of The Oil and Gas Conservation General Rules and Regulations and Rules and Practice and Procedure states:

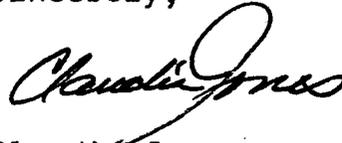
Within ninety (90) days after the suspension of operations on, abandonment of, or the completion of any well drilled for the production of oil and/or gas, and within ninety (90) days after the completion of any further operations on the well, if such operations involved drilling deeper or drilling or re-drilling any formation, a well log shall be filed with the Commission on a form prescribed by the Commission, together with a copy of the electric and radioactivity logs, if run.

Page 2
Amoco Production Company
Well No. Amoco Hullinger #1
September 21, 1984

Enclosed is a form for you to complete and submit to bring this well into compliance with the above stated rule.

Your prompt attention to this matter will be greatly appreciated.

Sincerely,



Claudia Jones
Well Records Specialist

clj
Enclosure
cc: Dianne R. Nielson
Ronald J. Firth
John R. Baza
File
00000003-12

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

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL GAS WELL DRY Other _____

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

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)*
At surface NENE 495' FNL & 997' FEL NENE
At top prod. interval reported below
At total depth

14. PERMIT NO. 43-047-31438 DATE ISSUED 01/26/84

5. LEASE DESIGNATION AND SERIAL NO.
Fee
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Amoco Hullinger
9. WELL NO.
#1
10. FIELD AND POOL, OR WILDCAT
Wildcat
11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA
Sec. 31, T3S, R21E

12. COUNTY OR PARISH Uintah 13. STATE Utah

15. DATE SPUDDED 02/24/84 16. DATE T.D. REACHED 04/06/84 17. DATE COMPL. (Ready to prod.) 18. ELEVATIONS (DF, R&B, RT, GR, ETC.)* 5788' GR 19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD 4618' MD 21. PLUG, BACK T.D., MD & TVD 1600' 22. IF MULTIPLE COMPL., HOW MANY* 23. INTERVALS DRILLED BY 24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 25. WAS DIRECTIONAL SURVEY MADE Yes

26. TYPE ELECTRIC AND OTHER LOGS RUN DIL-SFL, DLL, FDC, HDT, FID, NGR, MSFL 27. WAS WELL CORRED No

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

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
13 3/8"	48#	518'	17 1/2	660 sx Class A	
9 5/8"	32.3#	2,298'	12 1/4	460 sx Class A	
			8 5/8 - 7/8		

29. LINER RECORD					30. TUBING RECORD		
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)

31. PERFORATION RECORD (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
TIGHT		DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
		P & A'd	See Sundry Notice

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 DIST. DRUG ENGR DATE 10/18/84

*(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.

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.)

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.)

37. SUMMARY OF POROUS ZONES:

SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.
DST #1 Humbug	3445	3543	Misrun: Unable to maintain a packer seat
DST #2 Humbug	3446	3538	Ran 472 ft water cushion 586 ft fluid = 5.7 bbls 472 ft water cushion = 5.19 bbls 114 ft drilling mud (slight trace of oil) = 689 ft total fluid = 6.9 bbls 689 ft mud cut water = 6.9 bbls
DST #3 Humbug	3446	3538	

38. GEOLOGIC MARKERS

NAME	TOP	
	MEAS. DEPTH	TRUE VERT. DEPTH
MOENKOPI	166'	
PARK CITY	1062'	
WEBER	1195'	
MORGAN	2229'	
.55 bbl		
MANNING CANYON	3352'	
MADISON	3490'	



STATE OF UTAH
NATURAL RESOURCES
Oil, Gas & Mining

Scott M. Matheson, Governor
Temple A. Reynolds, Executive Director
Dianne R. Nielson, Ph.D., Division Director

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

January 25, 1985

Amoco Production Company
P O Box 829
Evanston, Wyoming 82930

Gentlemen:

Re: Well No. Hullinger #1 - Sec. 31, T. 3S., R. 21E.
Uintah County, Utah - API #43-047-31438

According to our records, a "Well Completion Report" filed with this office October 8, 1984 on the above referred to well, indicates the following electric logs were run: DIL-SFL, DLL, FDC, HDT, FID, NGR and MSFL. This office has not yet received these logs.

Please take care of this matter as soon as possible, but not later than February 25, 1985.

Your cooperation in this matter is appreciated.

Sincerely,

A handwritten signature in cursive script that reads "Claudia L. Jones".

Claudia L. Jones
Well Records Specialist

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

0009S/5



Amoco Production Company

February 7, 1985

RECEIVED

FEB 11 1985

DIVISION OF OIL
GAS & MINING

Utah Oil, Gas & Mining
355 West North Temple
3, Triad Center, Suite 350
Salt Lake City, Utah 84180

Amoco Hullinger #1
Sec. 31, T3S, R21E
Uintah County, Utah

For your records please find enclosed two (2) copies
each of the following logs:

Natural Gamma Spectroscopy
FDC
DLL/MSFL
DIL/SFL
WST Monitor Log

Should you have further questions please contact
Karen Gollmer of this office at (307) 789-1700
x 2206.

Louis F. Lozzie
Administrative Supervisor

kg/

enl