

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

5. Lease Designation and Serial No.

MI-11004
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
Island

2. Name of Operator
Wexpro Company

9. Well No.
18

3. Address of Operator
P. O. Box 458, Rock Springs, WY 82902

10. Field and Pool, or Wildcat
Island NATURAL BUTTES

4. Location of Well (Report location clearly and in accordance with any State requirements.*)
At surface
SE 1/4 NW 1/4, 1957' FNL, 2149' FWL

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

At proposed prod. zone

12. County or Parrish 13. State
2-10S-19E
Uintah Utah

14. Distance in miles and direction from nearest town or post office*
36 miles Southwest of Ouray, Utah

15. Distance from proposed* location to nearest property or lease line, ft. (Also to nearest drlg. line, if any)
1957'

17. No. of acres assigned to this well
NA

18. Distance from proposed location* to nearest well, drilling, completed, or applied for, on this lease, ft.
2828'

20. Rotary or cable tools
Rotary

21. Elevations (Show whether DF, RT, GR, etc.)
GR 5005' as graded

22. Approx. date work will start*
Upon approval.

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 sx Reg. Type G w/5% Dowell D43A or 3% CaCl & 1/4# flocele/sx		
7-7/8"; 5-1/2"; 17#;	6500';	Amt to be determined of 50-50 Pozmix w/8% gel, 0.2% Halad-24, 10% salt, 5 pounds gilsonite/sx and 1/4# flocele/sx, cement will be brought up to a point 300' above the Birds Nest		

See attached drilling plan. Aquifer.

RECEIVED
JUN 27 1984
DIVISION OF OIL
GAS & MINING

APPROVED BY THE STATE
OF UTAH DIVISION OF
OIL, GAS, AND MINING
DATE: 10/28/84
BY: John R. Baya

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: Pat B. Buchanan Title: Drilling Engineer Date: June 20, 1984

(This space for Federal or State office use)

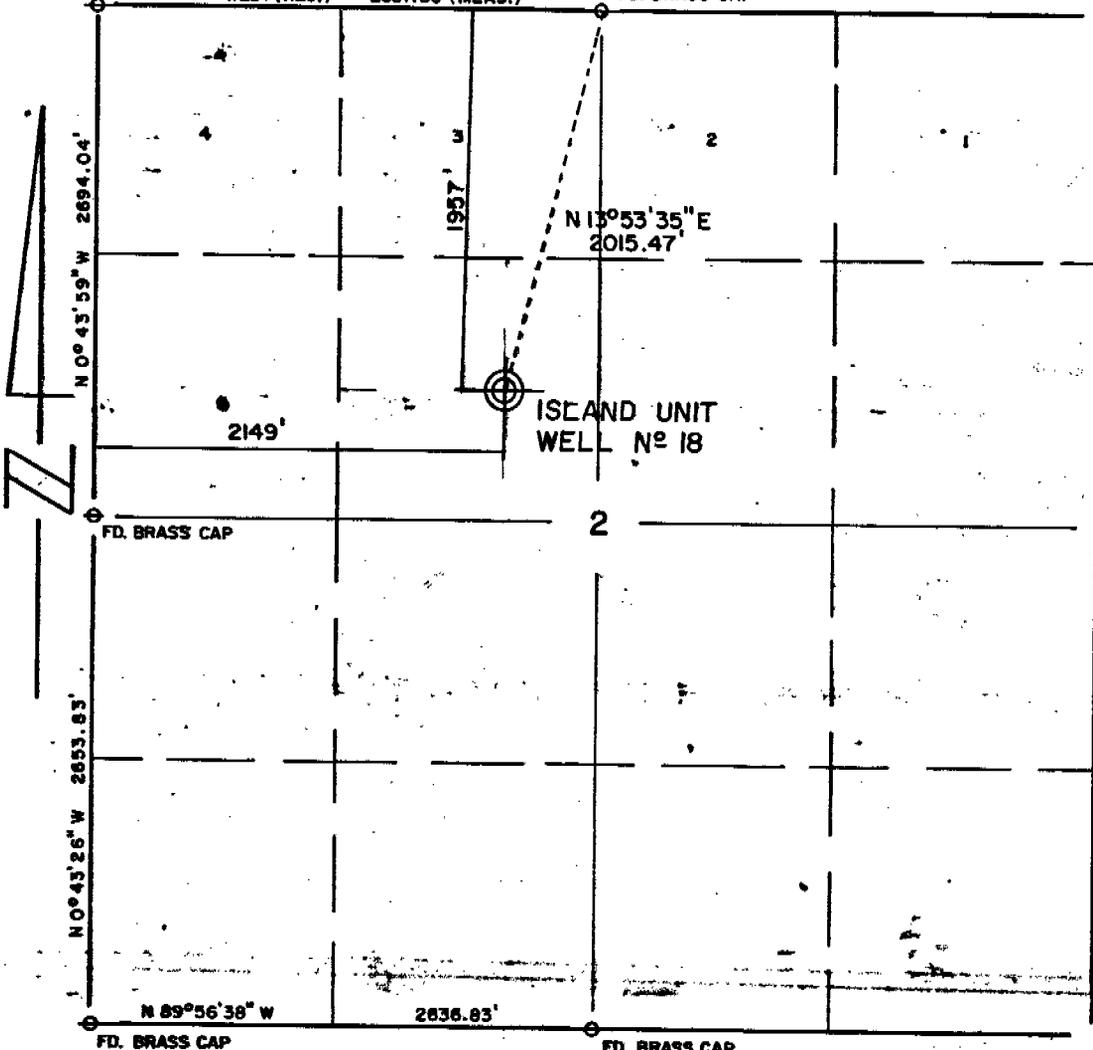
Permit No. Approval Date

Approved by Title Date
Conditions of approval, if any:

T.10S.,R.19E.
S.L.B.&M.
UINTAH COUNTY, UTAH

FD. BRASS CAP

BASIS OF BEARING GLO PLAT DATED AUG.1883
WEST (REC.) 2657.80' (MEAS.) FD. BRASS CAP



LOCATION PLAN
SCALE 1" = 1000'



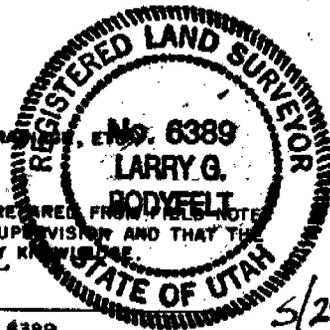
LEGEND

- SURFACE OWNER BOUNDARY
- MINERAL LEASE BOUNDARY
- WELL LOCATION
- FD. BRASS CAP
- FD. STONE

NOTE: FOR SURFACE INFORMATION (ROADS, TOPO, DRAINAGE, ETC.), SEE AREA MAP.

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.

Larry G. Bodyfelt
LARRY G. BODYFELT UTAH REG. L.S. No 6389



5/29/84

ENGINEERING RECORD

SURVEYED: N.P.R. 5/16/84	FIELD: ISLAND
BASIS OF BEARING: GLO PLAT (DATED AUGUST 1883)	
SURFACE OWNER: U.S. GOVERNMENT	
MINERAL LEASE: M.L.-11004	
LOCATION: SE1/4NW1/4, SEC. 2, T.10S.,R.19E.,S.L.B.&M. 1957' FNL 2149' FWL	
COUNTY: UINTAH	STATE: UTAH
ELEVATION AS GRADED: 5005	

CERTIFIED

WELL LOCATION PLAT

FOR

ISLAND UNIT WELL No 18

DRAWN: CRW 5/24/84

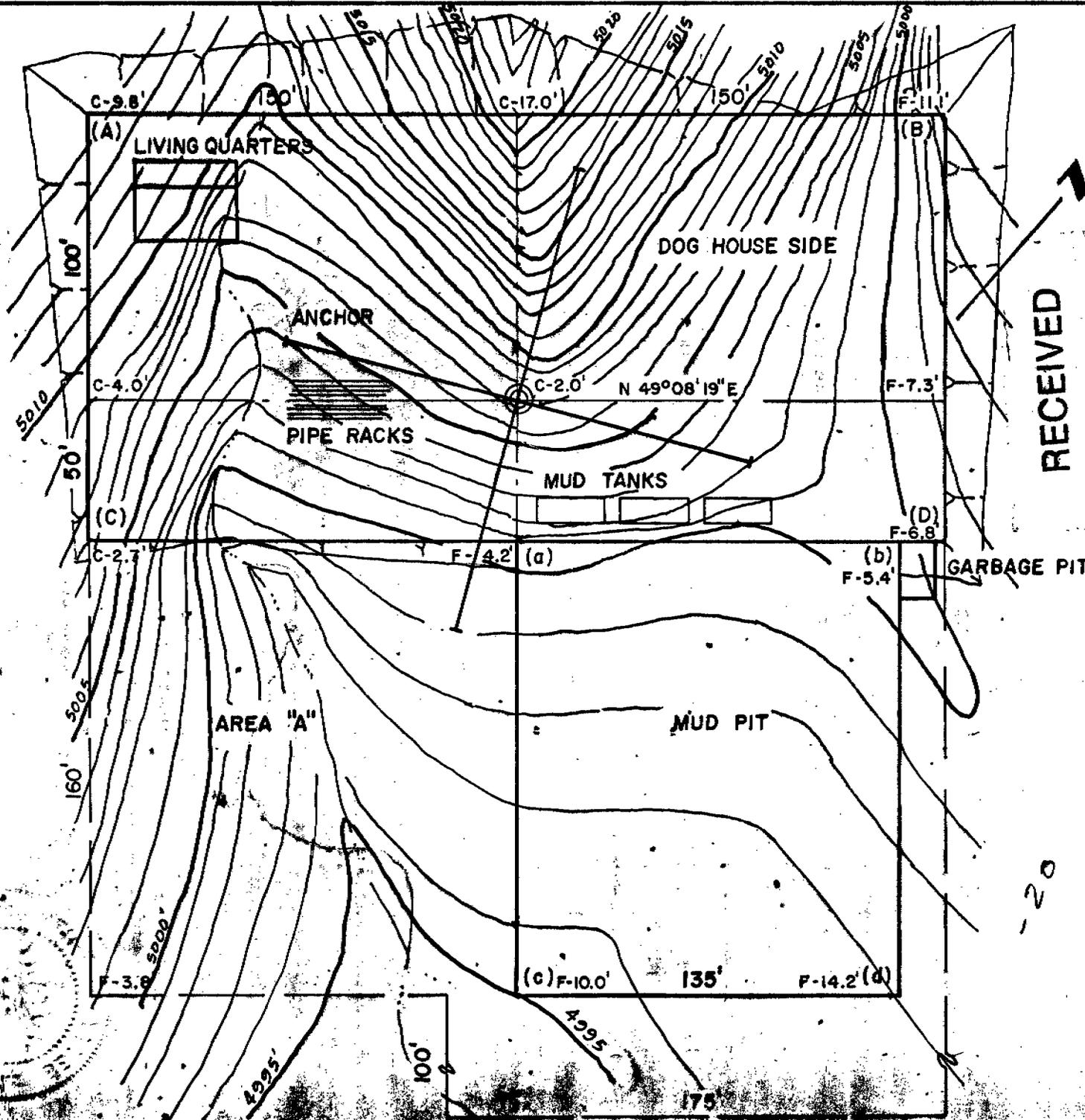
SCALE: 1" = 1000'

CHECKED: *CRW*

DRWG.

NO. M-22475

APPROVED: *CRW*



AT SITES WHERE TOPSOIL IS PRESENT SAME IS TO BE REMOVED AND STORED ON THE ADJACENT LAND FOR RESTORATION AT THE SITE WHEN REQUIRED. 2050 CU. YDS. OR THE TOP 6" OF TOPSOIL IS TO BE STOCKPILED.

MUD & GARBAGE PITS ARE TO BE UNLINED & FENCED.

AREA "A" SHOULD BE LEVELLED TO STACK DRILL PIPE, SET "FRAC" TANKS, TESTING SEPARATOR AND OTHER EQUIPMENT.

GARBAGE PIT IS 12' X 20' X 10' DEEP AND COVERED TO CONTAIN GARBAGE.

REFERENCE POINTS ARE SET AT 150' NORTH, 200' SOUTH, 200' EAST AND 200' WEST.

AREA FOR LOCATION IS 2.54 ACRES.

REFERENCE DRAWINGS ARE:

N 22475	M 22477
M-22474	M 12205

DEADMAN ANCHORS ARE AT 120' SPACING (MIN.)

CUTS AND FILLS ARE AT 2:1 UNLESS OTHERWISE NOTED.

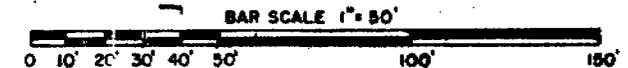
CONTOURS ARE AT 1' INTERVALS.

RECEIVED

JUN 27 84

DIVISION OF OIL
GAS & MINING

ISLAND UNIT WELL NO 18



M-22476

5/29/84 CRW

AFFIDAVIT OF SURFACE INSPECTION

STATE OF WYOMING)
) ss.
COUNTY OF SWEETWATER)

The undersigned, Nick P. Roich of Rock Springs, Wyoming, of lawful age, being by me first duly sworn, deposes and says:

On the 22 day of May, 19 84, the undersigned made a careful and detailed physical inspection of the following described lands situated in Uinta County, State of Utah, to ascertain whether there were any mining claims or discovery monuments located upon said lands, and also to determine the existence of improvements and visible easements for highway, railroad, roads, telephone, electric, ditches, canals, or pipelines:
Township 10S Range 19E Section 2
Well Location SE NW Footage Location 1957 FNL 2149 FWL
Well Name Island Unit No. 18.

*In the above detailed search covering said lands (no) evidence of mining claims, location notices, corner monuments was found on the above described lands. The subject inspection (~~did~~) (did not) find excavations, pits, shafts, tunnels, cross-cuts, drifts, prospect holes, wells, (~~and~~) (nor any) other evidence of (present) or (past) mining or drilling activity of any kind. Said search (~~did~~) (did not) find evidence which would suggest the marking of any boundaries of mining claim or claims. In addition (no) evidence was found that anyone was working or had ever worked, placed on production or developed said lands or any portions thereof for oil, gas or other locatable minerals.

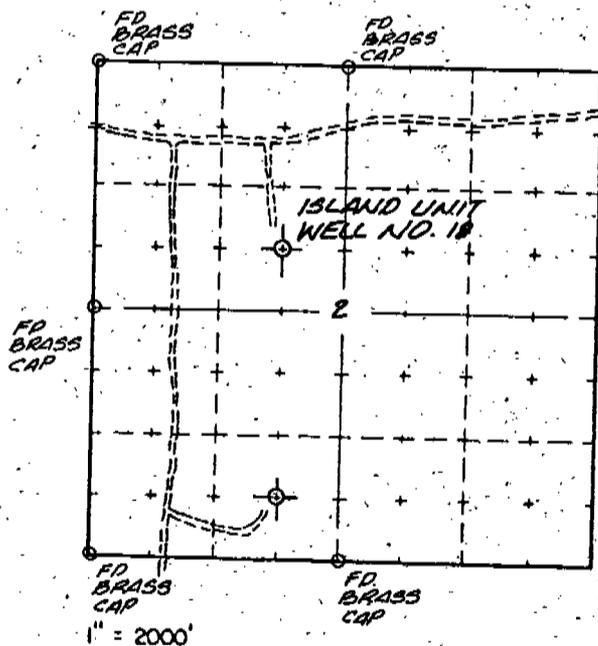
Examination of said lands (~~did~~) (did not) disclose rights-of-way and easements on, across, within and over the subject description.

If any of the above are noted, please indicate type and the approximate location on the plat below.

*If any of the above are not found, mark the same out.

Notes

See road survey.



Further affiant saith not:
Nick P. Roich

The foregoing instrument was acknowledged before me this 30th day of May

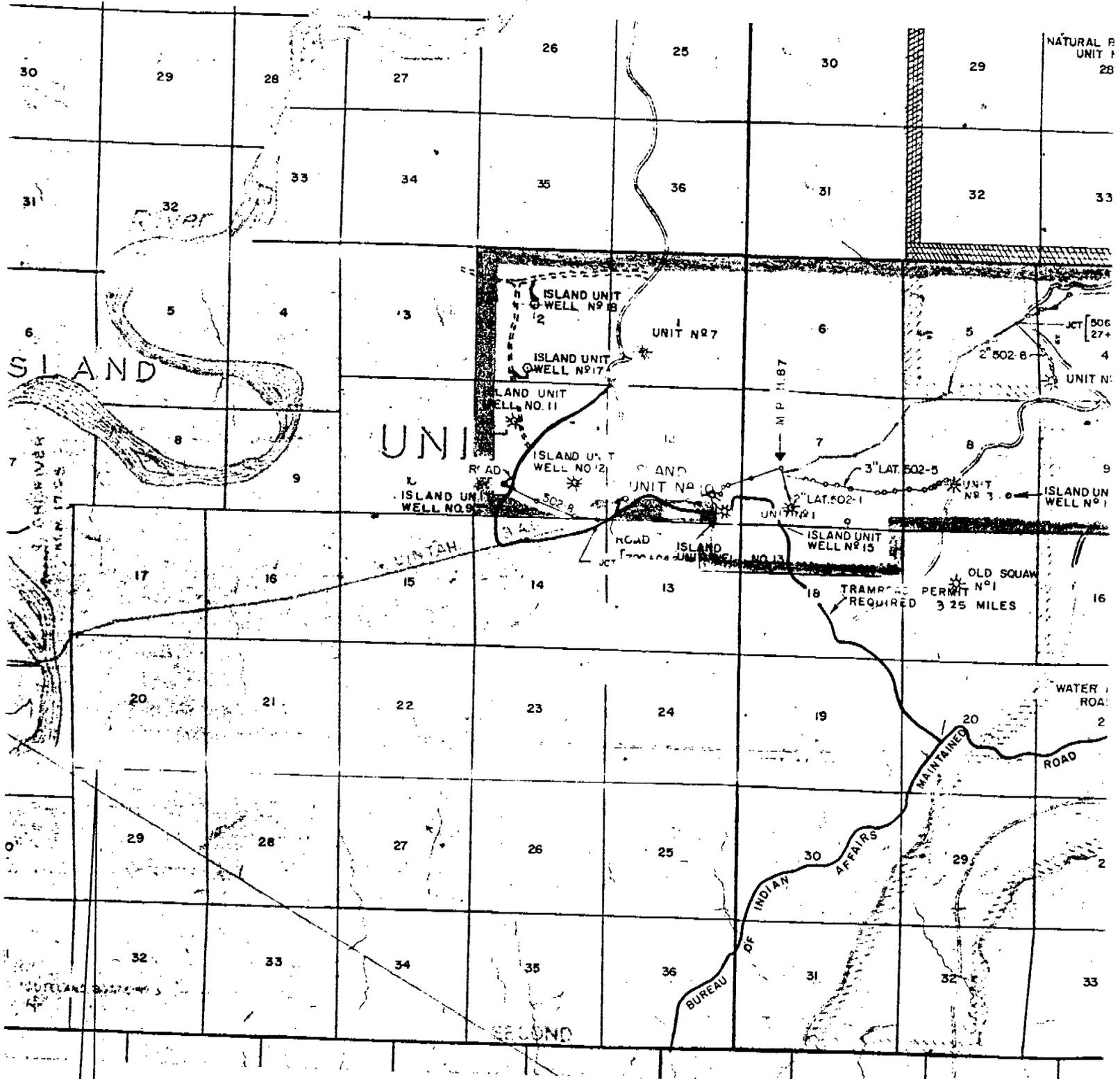
Witness my hand and official seal.

My Commission Expires:

June 29, 1987

Betty Jo Smith
Notary Public

**SEC. 2, T. 19 E., R. 10 S.,
SALT LAKE BASE & MERIDIAN
UINTAH CO., UTAH**



AREA MAP

**ISLAND UNIT WELL NO. 17
ISLAND UNIT WELL NO. 18**



Drilling Plan
 Celsius Energy Company
 Island Unit Well No. 18
 Island Field

1 & 2. SURFACE ELEVATION, ESTIMATED TOPS AND WATER, OIL, GAS OR MINERAL BEARING FORMATIONS:

Uintah	-	Surface
Green River	-	1,490
Birds Nest Aquifer	-	2,390, oil or gas
Wasatch Tongue	-	4,660, oil or gas
Green River Tongue	-	4,965, oil or gas
Wasatch	-	5,115, gas
Chapita Wells	-	5,895, objective, gas
Total Depth	-	6,800

3. 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 and an 11-inch 3000 psi annular preventer. Surface casing and all preventer rams will be pressure tested to 1000 psi for 15 minutes using rig pump and mud. NOTE: Surface casing will be pressure tested to minimum of 1000 psi; or one psi per foot; or 70 percent of the internal yield of the casing, whichever is applicable. 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.

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 sx Regular Type G with 5% Dowell D43A or 3% CaCl & 1/2# flocele/sx
6500	5-1/2	K-55	17	New	8 rd LT&C	Amt to be determined, 50-50 Pozmix w/8% gel, 0.2% Halad-24, 10% salt, 5 pounds gilsonite/sx and 1/2# flocele/sx, cement will be brought up to a point 300' above the Birds Nest Aquifer.

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

5. MUD PROGRAM: 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.

6. LOGGING: DIL-SFL-GR - from surface casing to total depth
BHC-Sonic w/Caliper - from surface casing to total depth
CNL-FDC-GR over zones of interest

TESTING: No drill stem tests are anticipated.

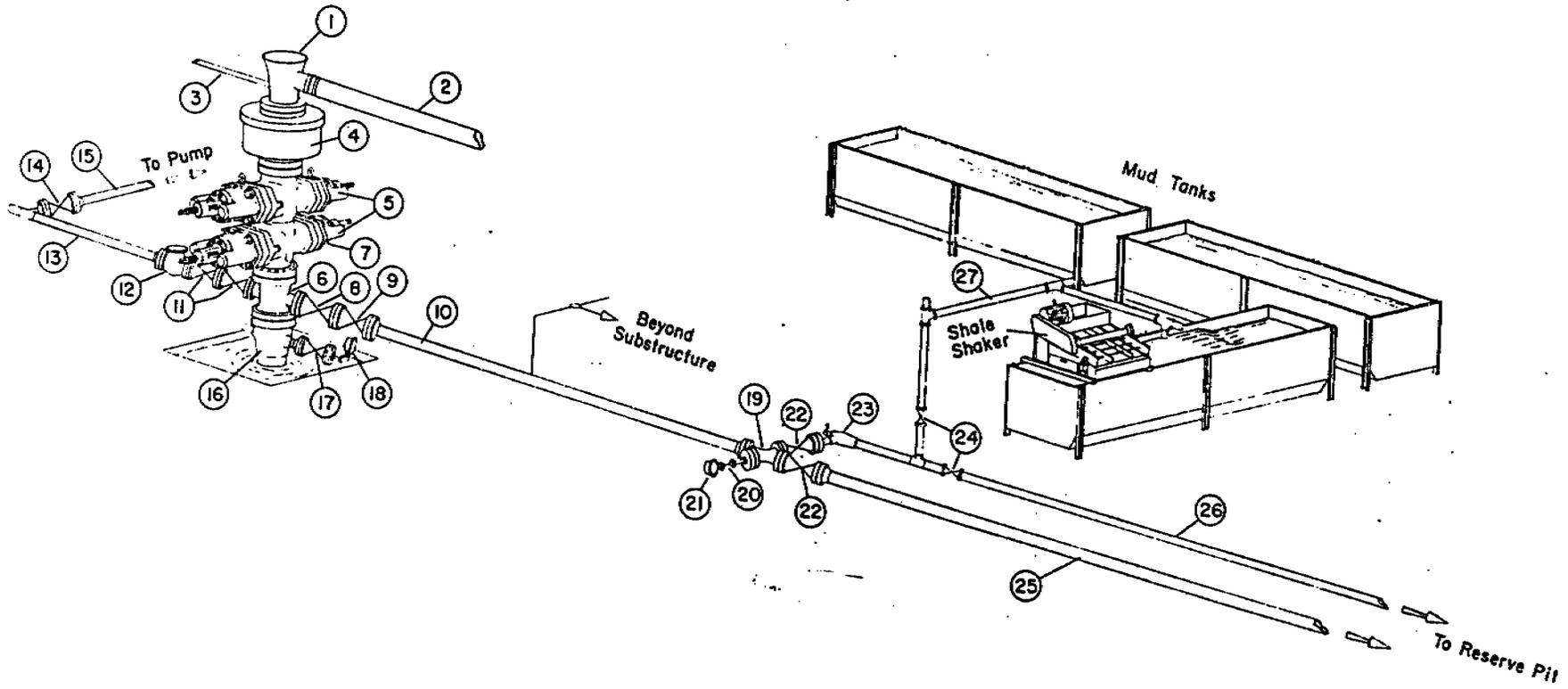
CORING: No coring is anticipated.

7. ABNORMAL PRESSURE AND TEMPERATURE: No abnormal pressures are anticipated, a BHT of 150° F. is expected.

8. ANTICIPATED STARTING DATE: Upon approval.

DURATION OF OPERATION: 15 Days.

CELSIUS/WEXPRO 3000 psi BLOWOUT PREVENTION EQUIPMENT



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 Island

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.

June 28, 1984

Westpro Company
P O. Box 438
Rock Springs, Wyoming 82902

RE: Well No. Island Unit #18
SE1/4 Sec. 2, T. 10S, R. 19E
1937' FNL, 2149' FNL
Uintah County, Utah

Gentlemen:

Approval to drill the above referenced gas well is hereby granted in accordance with Section 40-6-13, Utah Code Annotated, as amended 1983; and predicated on Rule A-3, General Rules and Regulations and Rules of Practice and Procedure, subject to the following stipulations:

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-X, 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 John R. Baza, Petroleum Engineer, (Office) (801) 533-5771, (Home) 298-7695 or R. J. Firth, Associate Director, (Home) 571-6068.
4. This approval shall expire one (1) year after date of issuance unless substantial and continuous operation is underway or an application for an extension is made prior to the approval expiration date.

The API number assigned to this well is 43-047-31502.

Sincerely,


R. J. Firth
Associate Director, Oil & Gas

RJF/as
cc: State Lands
Branch of Fluid Minerals

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

SUBMIT IN TRIPLICATE*
(Other instructions on
reverse side)

5. Lease Designation and Serial No.

ML-11004

6. If Indian, Allottee or Tribe Name

7. Unit Agreement Name

Island

8. Farm or Lease Name

Unit

9. Well No.

18

10. Field and Pool, or Wildcat

Island

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

2-10S-19E

12. County or Parrish 13. State

Uintah

Utah

16. No. of acres in lease

640

17. No. of acres assigned
to this well

NA

Rotary

22. Approx. date work will start*

Upon approval.

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 82902

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

SE 1/4 NW 1/4, 1957' FNL, 2149' FWL

At proposed prod. zone

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

36 miles Southwest of Ouray, Utah

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

1957'

16. No. of acres in lease

640

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.

2828'

19. Proposed depth

6800'

20. Rotary or cable tools

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

GR 5005' as graded

23.

PROPOSED CASING AND CEMENTING PROGRAM

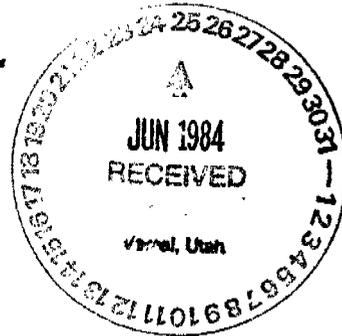
Size of Hole	Size of Casing	Weight per Foot	Setting Depth	Quantity of Cement
12-1/4"; 9-5/8"; 36#; 300';	165 sx Reg. Type G w/5% Dowell D43A or 3% CaCl & 1/2# flocele/sx			
7-7/8"; 5-1/2"; 17#; 6500';	Amt to be determined of 50-50 Pozmix w/8% gel, 0.2% Halad-24, 10% salt, 5 pounds gilsonite/sx and 1/4# flocele/sx, cement will be brought up to a point 300' above the Birds Nest			

See attached drilling plan. Aquifer.

RECEIVED

JUL 10 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 program, if any.

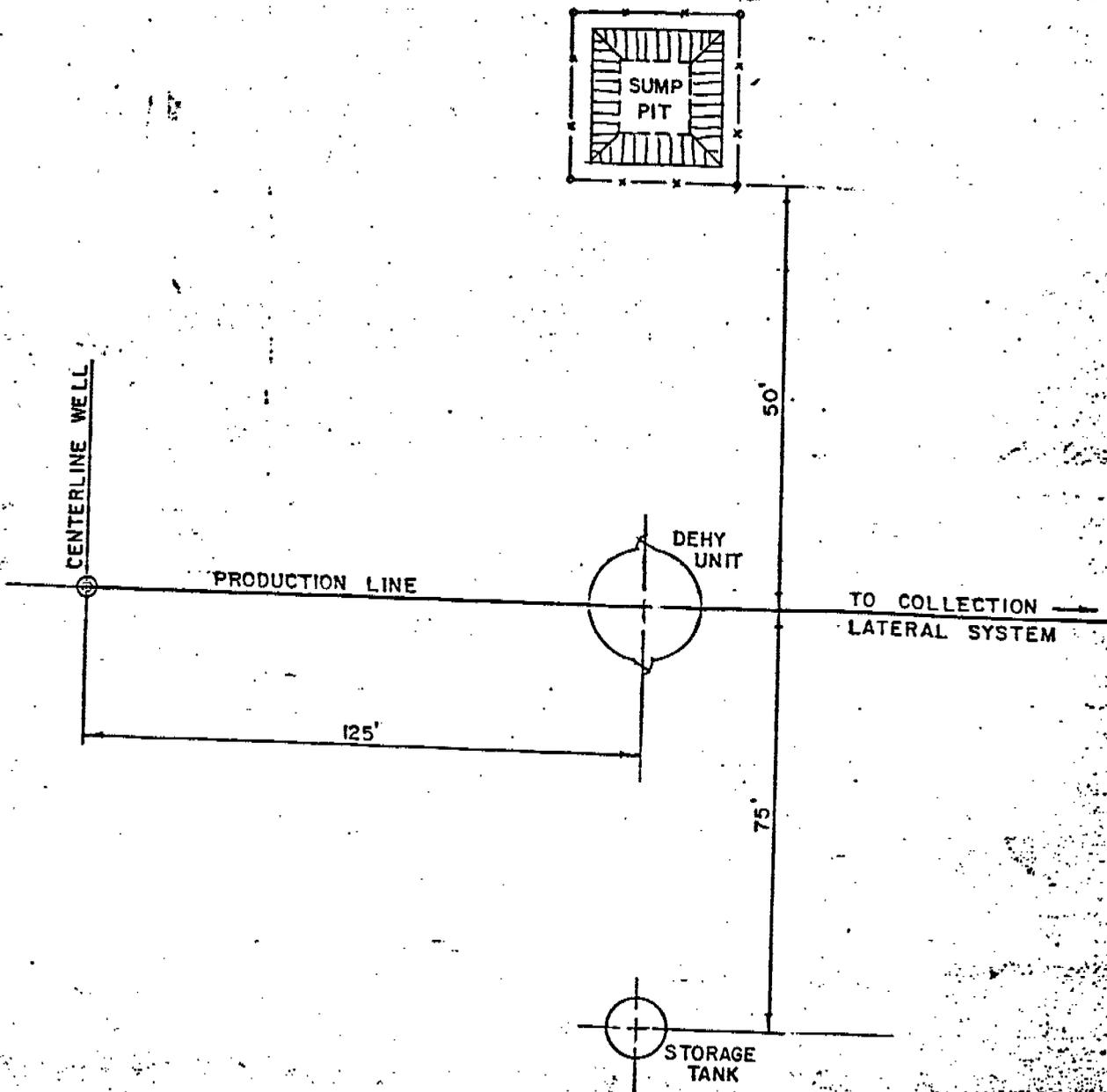
24. Signed: Pat D. Robertson Title: Drilling Engineer Date: June 20, 1984

(This space for Federal or State office use)

Permit No. _____ Approval Date: 07-09-84
Approved by: Don Alwood Title: ASSOCIATE DISTRICT MANAGER
Conditions of approval: Highly Recommended, prior to drilling out surface casing shoe, the Ram-Type Preventers should be pressure tested to 2400 psi, & Annular-Type Preventer be tested to 1500 psi.

State OGC-M
UT-080-4-M-221

APPROVED FOR UNIT PURPOSES ONLY



REVISIONS			
NO.	DESCRIPTION	DATE	BY

TYPICAL PRODUCTION
 FACILITIES LAYOUT
 FOR
 ISLAND UNIT WELL NO. 18

DRAWN: _____ SCALE: NONE
 CHECKED: _____
 APPROVED: _____
 DRWG. NO. M-12205

STATE OF UTAH
OIL & GAS CONSERVATION COMMISSION

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

SUNDRY NOTICES AND REPORTS ON WELLS

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

RECEIVED

AUG 21 1984

DIVISION OF OIL
GAS & MINING

5. LEASE DESIGNATION AND SERIAL NO.
ML-11004

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Island

8. FARM OR LEASE NAME
Unit

9. WELL NO.
18

10. FIELD AND POOL, OR WILDCAT
Island

11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA
2-10S-19E

12. COUNTY OR PARISH
Uintah

13. STATE
Utah

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 and in accordance with any State requirements. See also space 17 below.)
At surface
SE NW, 1957' FNL, 2149' FWL

14. PERMIT NO.
43-047-31502

15. ELEVATIONS (Show whether DF, RT, OR, etc.)
GR 5005'

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) <u>Supplemental History</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.)*

SPUDED 9:00 A.M. 8-13-84.

Depth 334', waiting on rotary tools.

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

SIGNED A. J. Maur TITLE Drilling Superintendent DATE 8-15-84

(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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. ML-11004	
2. NAME OF OPERATOR Wexpro Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME --	
3. ADDRESS OF OPERATOR P. O. Box 458, Rock Springs, WY 82902		7. UNIT AGREEMENT NAME Island	
4. LOCATION OF WELL (Report location clearly and in accordance with any See also space 17 below.) At surface SE NW, 1957' FNL, 2149' FWL		8. FARM OR LEASE NAME Unit	
14. PERMIT NO. 43-047-31502		9. WELL NO. 18	
15. ELEVATIONS (Show whether DP, RT, OR, etc.) GR 5005' KB 5020.50'		10. FIELD AND POOL, OR WILDCAT Island	
		11. SEC., T., S., M., OR BLE. AND SURVEY OR AREA 2-10S-19E	
		12. COUNTY OR PARISH Uintah	13. STATE Utah

RECEIVED
SEP 4 1984
DIVISION OF OIL
& GAS MINING

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	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) Supplemental History <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

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

Depth 334', waiting on rotary tools.

Landed 9-5/8-inch O.D., 36-pound, K-55, 8 round thread, ST&C casing at 326.79 feet KBM or 15.50 feet below KB. Pumped 20 barrels of gelled water ahead of cement. Cemented casing using 175 sacks Regular cement treated with 2% CaCl. Returned 22 barrels slurry to surface. Cement in place at 2:45 P.M., 8-14-84.

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

SIGNED A. J. Maurer TITLE Drilling Superintendent DATE August 28, 1984

(This space for Federal or State office use)

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

STATE OF UTAH
OIL & GAS CONSERVATION COMMISSION

SUBMIT IN 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.)

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Island

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Unit

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Island

11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA
2-10S-19E

12. COUNTY OR PARISH
Uintah

13. STATE
Utah

RECEIVED

SEP 21 1984

DIVISION OF OIL
GAS & MINING

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 and in accordance with any State regulations. See also space 17 below.)
At surface
SE NW, 1957' FNL, 2149' FWL

14. PERMIT NO.
43-047-31502

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
GR 5005' KB 5020.5'

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 ACIDISE <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>Supplemental History</u> <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

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

Total depth of 6800' reached 9-9-84, rig released 9-11-84 at 11:00 A.M., waiting on completion tools.

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

SIGNED A. J. Maser TITLE Drilling Superintendent DATE 9-14-84

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

STATE OF UTAH
OIL & GAS CONSERVATION COMMISSION

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

SUNDRY NOTICES AND REPORTS ON WELLS RECEIVED

(Do not use this form for proposals to drill or to deepen or plug back to additional depths. Use "APPLICATION FOR PERMIT--" for such proposals.)

5. LEASE DESIGNATION AND SERIAL NO.	ML-11004
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	--
7. UNIT AGREEMENT NAME	Island
8. FARM OR LEASE NAME	Unit
9. WELL NO.	18
10. FIELD AND POOL, OR WILDCAT	Island
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	2-10S-19E
12. COUNTY OR PARISH	Uintah
13. STATE	Utah

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	2224 1784
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 and in accordance with any State requirements. See also space 17 below.) At surface	SE NW, 1957' FNL, 2149' FWL
14. PERMIT NO.	43-047-31502
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	GR 5005' KB 5020.5'

DIVISION OF OIL
GAS & MINING

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

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

Waiting on completion tools.

Landed 5-1/2-inch O.D., 17-pound, K-55, 8-round thread, LT&C casing at 6799.77 feet KBM or 15.50 feet below KB in a National 11-inch 3000 psi casing flange with 96,000 pounds casing weight on slips. Cemented with 375 sacks Dowell Hilift cement treated with 3% D-44. Followed with 480 sacks Dowell 10-D RFC cement treated with 5 pound per sack D-42. Good returns until flush returned to surface then lost returns. Bumped plug with 158 barrels water and 300 psi. Held okay. Float equipment held okay. Cement in place at 4:00 A.M., 9-11-84.

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

SIGNED A. J. Maser TITLE Drilling Superintendent DATE 9-18-84

(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

PRINT IN TRIPLICATE*
(Other instructions on reverse side)

2

<p align="center">SUNDRY NOTICES AND REPORTS ON WELLS</p> <p align="center">(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)</p>		5. LEASE DESIGNATION AND SERIAL NO. ML-11004
		6. IF INDIAN, ALLOTTEE OR TRIBE NAME ---
1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	7. UNIT AGREEMENT NAME Island	
2. NAME OF OPERATOR Wexpro Company	8. FARM OR LEASE NAME Unit	
3. ADDRESS OF OPERATOR P. O. Box 458, Rock Springs, WY 82902	9. WELL NO. 18	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface SE NW, 1957' FNL, 2149' FWL	10. FIELD AND POOL, OR WILDCAT Island	
14. PERMIT NO. 43-047-31502	15. ELEVATIONS (Show whether SF, RT, GR, etc.) GR 5005' KB 5020.5'	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 2-10S-19E
		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) Supplemental History <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

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

TD 6800' reached 9-9-84, in the process of completing well.

RECEIVED
OCT 30 1984
DIVISION OF OIL GAS & MINING

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

SIGNED P. M. [Signature] TITLE Asst. Drilling Supt. DATE 10-26-84

(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

5. LEASE DESIGNATION AND SERIAL NO.
ML-11004

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Island

8. FARM OR LEASE NAME
Unit

9. WELL NO.
18

10. FIELD AND POOL, OR WILDCAT
Island

11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA
2-10S-19E

12. COUNTY OR PARISH 13. STATE
Uintah 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

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
SE NW, 1957' FNL, 2149' FWL

14. PERMIT NO. 43-047-31502

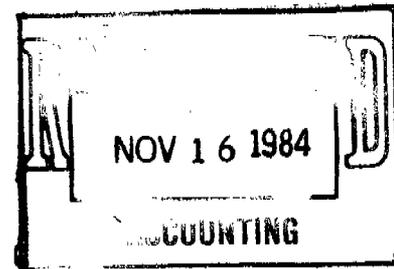
15. ELEVATIONS (Show whether SP, RT, OR, etc.)
GR 5005' KB 5020.5'

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

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

TD 6800' reached 9-9-84, in the process of completing well.



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

SIGNED *R. Martin* TITLE Asst. Drilling Supt. DATE 11-12-84

(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

7

6

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

5. LEASE DESIGNATION AND SERIAL NO.
ML-11004
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Island
8. FARM OR LEASE NAME
Unit
9. WELL NO.
18
10. FIELD AND POOL, OR WILDCAT
Island Natural Buttes
11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA
2-10S-19E

1a. TYPE OF WELL: OIL WELL GAS WELL DRY Other _____
b. TYPE OF COMPLETION: NEW WELL WORK OVER DEEP-EN PLUG BACK DIFF. RESVR. Other _____

2. NAME OF OPERATOR
Wexpro Company

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

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)
At surface SE NW, 1957' FNL, 2149' FWL
At top prod. interval reported below
At total depth

RECEIVED
DEC 24 1984
DIVISION OF OIL, GAS & MINING

12. COUNTY OR PARISH
Uintah
13. STATE
Utah
14. PERMIT NO. DATE ISSUED
43-047-31502

15. DATE SPUNDED 8-14-84
16. DATE T.D. REACHED 9-9-84
17. DATE COMPL. (Ready to prod.) 12-6-84
18. ELEVATIONS (DF, RES, RT, GR, ETC.)* GR 5005' KB 5020.5'
19. ELEV. CASINGHEAD 5020.5'

20. TOTAL DEPTH, MD & TVD 6800'
21. PLUG, BACK T.D., MD & TVD 6787'
22. IF MULTIPLE COMPL., HOW MANY* One
23. INTERVALS DRILLED BY
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*
6509-6734',
6337-6372', 5998'-6030' - Wasatch
25. WAS DIRECTIONAL SURVEY MADE
No
26. TYPE ELECTRIC AND OTHER LOGS RUN
CSNG, DSN/DEN, TD, CBS, Cals
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 PULLED
9-5/8	36	326.79	12-1/4	175 sx Reg. Class G	-
5-1/2	17	6799.77	7-7/8	375 sx Hi-Lift & 480 sx 10-D RFC	-

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	BACKS CEMENT*	SCREEN (MD)

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
2-3/8"	5909	-

31. PERFORATION RECORD (Interval, size and number)
6509-6734' - 18 0.38-inch holes
6337-6372' - 2 holes per foot
5998-6030' - 2 holes per foot

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
5998-6030'	74,000 gal gel, 156,000# 20-40
6337-6372'	74,430 gal gel, 159,000# 20-40
6509-6734'	180,000 gal gel, 350,000# 20-40 sand

33.* PRODUCTION

DATE FIRST PRODUCTION 12-6-84
PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) Flowing
WELL STATUS (Producing or shut-in) Shut-in

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
12-6-84	7 1/2	18/64	→	--	794	--	--

FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)
1650	1725	→	--	2670	--	--

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

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 M. Adams TITLE Director, Petroleum Eng. DATE 12-13-84

*(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.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

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

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

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				38. GEOLOGIC MARKERS		
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	TOP	
					MEAS. DEPTH	TRUE VERT. DEPTH
				<u>Uintah</u>	Surface	
				Green River	1,311	
				Birds Nest Aq.	2,174	
				Wasatch Tongue	4,335	
				G.R. Tongue	4,824	
				<u>Wasatch</u>	5,121	
				Chapita Wells Zone	5,779	



United States Department of the Interior

BUREAU OF LAND MANAGEMENT
VERNAL DISTRICT OFFICE
170 South 500 East
Vernal, Utah 84078

RECEIVED
JUN 04 1986

IN REPLY
REFER TO:

3162.51
Oil and Gas Leases
ML-11004
(U-8020)

June 2, 1986

DIVISION OF
OIL, GAS & MINING

Jennifer Head
Regulatory Affairs Administrator
Wexpro Company
P.O. Box 458
Rock Springs, Wyoming 82901

Re: NTL-2B Approval for Pits
at Island Unit Wells in
Sec. 2, T. 10 S., R. 19 E.
Uintah County, Utah

Dear Jennifer:

Recently we received your requests to dispose of produced water into unlined pits at the following locations:

Island Unit No. 17 in SE $\frac{1}{4}$ SW $\frac{1}{4}$ Sec. 2, T.10S., R.19E. On lease
ML-11004 (State Lease, BIM Surface)
Island Unit No. 18 in SE $\frac{1}{4}$ NW $\frac{1}{4}$ Sec. 2, T.10S., R.19E. On lease
ML-11004 (State Lease, BLM Surface)

We have a tentative agreement with the Utah Division of Oil, Gas and Mining that the State has NTL-2B primary jurisdiction over State Mineral Leases, such as ML-11004. The Division of Oil, Gas and Mining is in the process of acquiring jurisdiction over most of the smaller NTL-2B pits from the Division of Water Pollution Control.

We are requesting that you contact the State of Utah, Division of Oil, Gas and Mining with regard to an NTL-2B approval for these two wells and for Well No. 26 you are currently in the process of completing. You may contact John Baza of their office at (801) 538-5340 regarding questions related to applying for these approvals from them.

Sincerely,

Paul M. Andrews
Area Manager
Bookcliffs Resource Area

cc: State of Utah, Division of Oil, Gas and Mining

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

071403

<p>SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)</p>		<p>5. LEASE DESIGNATION AND SERIAL NO. ML-11004</p>																					
<p>1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER</p>		<p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME ---</p>																					
<p>2. NAME OF OPERATOR Wexpro Company</p>		<p>7. UNIT AGREEMENT NAME Island</p>																					
<p>3. ADDRESS OF OPERATOR P. O. Box 458, Rock Springs, Wyoming 82902</p>		<p>8. FARM OR LEASE NAME Unit</p>																					
<p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface SW NW, 1957' FNL, 2149' FWL</p>		<p>9. WELL NO. 18</p>																					
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<p>15. ELEVATIONS (Show whether OF, HT, OR, etc.) GR 5005' KB 5020.50'</p>		<p>11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA 2-10S-19E</p>																					
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Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data</p> <table style="width:100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <p>NOTICE OF INTENTION TO:</p> <table style="width:100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <table style="width:100%; border: none;"> <tr> <td style="width: 50%;">TEST WATER SHUT-OFF <input type="checkbox"/></td> <td style="width: 50%;">FULL OR ALTER CASING <input type="checkbox"/></td> </tr> <tr> <td>FRACTURE TREAT <input type="checkbox"/></td> <td>MULTIPLE COMPLETE <input type="checkbox"/></td> </tr> <tr> <td>SHOOT OR ACIDIZE <input type="checkbox"/></td> <td>ABANDON* <input type="checkbox"/></td> </tr> <tr> <td>REPAIR WELL <input type="checkbox"/></td> <td>CHANGE PLANS <input type="checkbox"/></td> </tr> <tr> <td>(Other) Test <input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table> </td> <td style="width: 50%; border: none;"> <p>SUBSEQUENT REPORT OF:</p> <table style="width:100%; border: none;"> <tr> <td style="width: 50%;">WATER SHUT-OFF <input type="checkbox"/></td> <td style="width: 50%;">REPAIRING WELL <input type="checkbox"/></td> </tr> <tr> <td>FRACTURE TREATMENT <input type="checkbox"/></td> <td>ALTERING CASING <input type="checkbox"/></td> </tr> <tr> <td>SHOOTING OR ACIDIZING <input type="checkbox"/></td> <td>ABANDONMENT* <input type="checkbox"/></td> </tr> <tr> <td>(Other) <input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> <p>(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)</p> </td> </tr> </table> </td> <td style="width: 50%; border: none;"> <p>12. 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16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

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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 Company intends to put Island Unit Well No. 18 on a sixty-day production test to evaluate a recent increase in water production. The well was drilled and completed in 1984 in three Wasatch intervals from 5998 feet to 6734 feet. The well first produced in December of 1985. After two weeks of production, the well started producing water and has continued to do so until the well was shut-in in March 1980 due to the cost of water disposal.

We request permission to dispose of produced water in four existing drilling reserve pits, namely Island Unit Wells No. 25, 26, 27 and 28 in Section 11, 10S-19E, Lease No. U-4481, Section 2-10S-19E, Lease No. ML-11004, Section 9-10S-20E, Lease No. U-013768, and Section 6-10S-20E, Lease No. U-4482 respectively, during a sixty-day test period so we can economically evaluate the need for a disposal facility within the unit. Anticipated production is 30 BWPD and volume will be closely monitored.

Verbal permission was granted by Gary Krueckeberg on June 16, 1986.

RECEIVED

JUN 18 1986

DIVISION OF
OIL, GAS & MINING

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

SIGNED Thomas A. Smith TITLE Director, Petroleum Eng. DATE June 16, 1986

(This space for Federal or State office use)

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

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

5. LEASE DESIGNATION AND SERIAL NO. ML-11004
6. IF INDIAN, ALLOTTEE OR TRIBE NAME --
7. UNIT AGREEMENT NAME Island
8. FARM OR LEASE NAME Unit
9. WELL NO. 18
10. FIELD AND POOL, OR WILDCAT Island
11. SEC., T., S., M., OR B.L.K. AND SUBVY OR AREA 2-10S-19E
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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER
2. NAME OF OPERATOR Wexpro Company
3. ADDRESS OF OPERATOR P. O. Box 458, Rock Springs, Wyoming 82902
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface SE NW, 1957' FNL, 2149' FWL
14. PERMIT NO. 43-047-31502
15. ELEVATIONS (Show whether OF, RT, GR, etc.) GR 5005'

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>Approval of Disposal Pits</u> <input checked="" type="checkbox"/>	
(Other)		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

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

Wexpro Company requests permission to dispose of produced water into two unlined disposal pits located on the wellsite of the above captioned well. Pit No. 1 which is 12'X12'X4' will receive no more than five barrels of water per day on a monthly basis. Pit No. 2 which is a submerged barrel 3'X6' will receive no more than a trace of water per day. The producing formation of the above captioned well is the Wasatch formation. Both pits are fully contained on the well location and no new surface disturbance was created. Pit No. 1 is fenced and bermed.

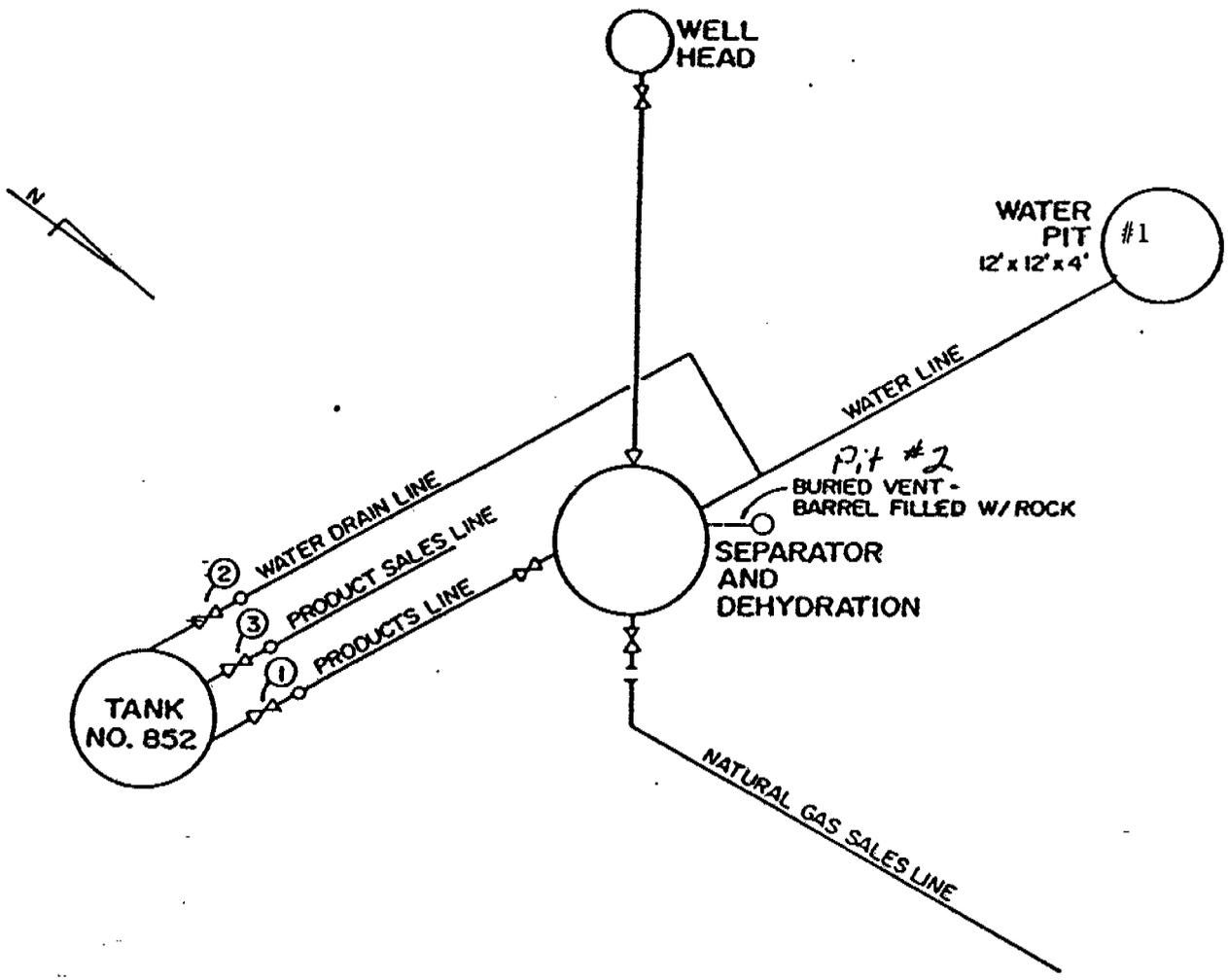
Please see attached schematic for further reference.

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

SIGNED A.R. [Signature] TITLE District Manager DATE June 26, 1986

(This space for Federal or State office use)

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



LEGEND

- |—|— GAS METER
- <— CHOKE
- ◇— VALVE
- SEAL
- INTERMITTENT WATER VAPOR LINE

VALVE NO.	PROD.	SALES	VALVE NO.	PROD.	SALES
1	OPEN	CLOSED			
2	CLOSED	CLOSED			
3	CLOSED	OPEN			

Rev. 10/2/85

OPERATOR : WEXPRO
LEASE NO. : ML - 11004 TYPE: FEDERAL
NAME : ISLAND UNIT NO. 18
SEC. SE NW SEC. 2 T. 10S R. 19E
COUNTY : UTAH
STATE : UTAH
INITIAL PRODUCTION :

SITE SECURITY DIAGRAM	
ISLAND UNIT WELL NO. 18	
DRAWN:	SCALE:
CHECKED:	DRWG. M-24705



STATE OF UTAH
NATURAL RESOURCES
Oil, Gas & Mining

Norman H. Bangert, Governor
Dee C. Hansen, Executive Director
Dianne R. Nielson, Ph.D., Division Director

355 W. North Temple • 3 Triad Center • Suite 350 • Salt Lake City, UT 84180-1203 • 801-538-5340

July 10, 1986

Wexpro Company
P.O. Box 458
Rock Springs, Wyoming 82902

Gentlemen:

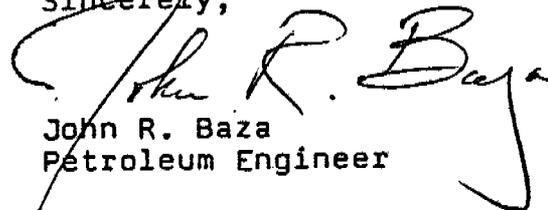
RE: Sundry Notices Requesting Approval For Water Disposal

The Division of Oil, Gas and Mining recently received several Sundry Notices requesting approval to dispose of produced water in existing reserve pits in the Island Unit located in Uintah County, Utah. Copies of the referenced Sundry Notices are included for your information.

The Division staff has determined that these Sundry Notices cannot be approved, based on recent inspections and discovered problems at the reserve pits. The specific problems are leaking of the existing reserve pits which have potential to pollute ground and surface water systems. Ms. Carol Kubly, the Division inspector based in Vernal, has advised your field personnel of the problems and is currently coordinating cleanup efforts; however, because of these existing problems the proposed operation cannot be approved as stated.

The submitted Sundry Notices will be maintained in our well files for information purposes. If the existing problems should be resolved or an alternative fluid disposal method is proposed, we request that you resubmit Sundry Notices for approval to proceed with such operations. Please contact this office if any additional information is necessary.

Sincerely,



John R. Baza
Petroleum Engineer

sb
cc: D. R. Nielson
R. J. Firth
Well File
0297T-3

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

SUBMIT IN TRIPLICATE*
(Or instructions on reverse side)

071714

2

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.)

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2. NAME OF OPERATOR Wexpro Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME ---
3. ADDRESS OF OPERATOR P. O. Box 458, Rock Springs, Wyoming 82902		7. UNIT AGREEMENT NAME Island
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface SE NW, 1957' FNL, 2149' FWL		8. FARM OR LEASE NAME Unit
14. PERMIT NO. 43-047-31502		9. WELL NO. 18
15. ELEVATIONS (Show whether SF, RT, GR, etc.) GR 5005'		10. FIELD AND POOL, OR WILDCAT Island
		11. SEC., T., R., M., OR BLK. AND SUBVY OR AREA 2-10S-19E
		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"/>
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(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.)*

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Please see attached schematic for further reference.

No action Health Dept

RECEIVED
JUL 11 1986

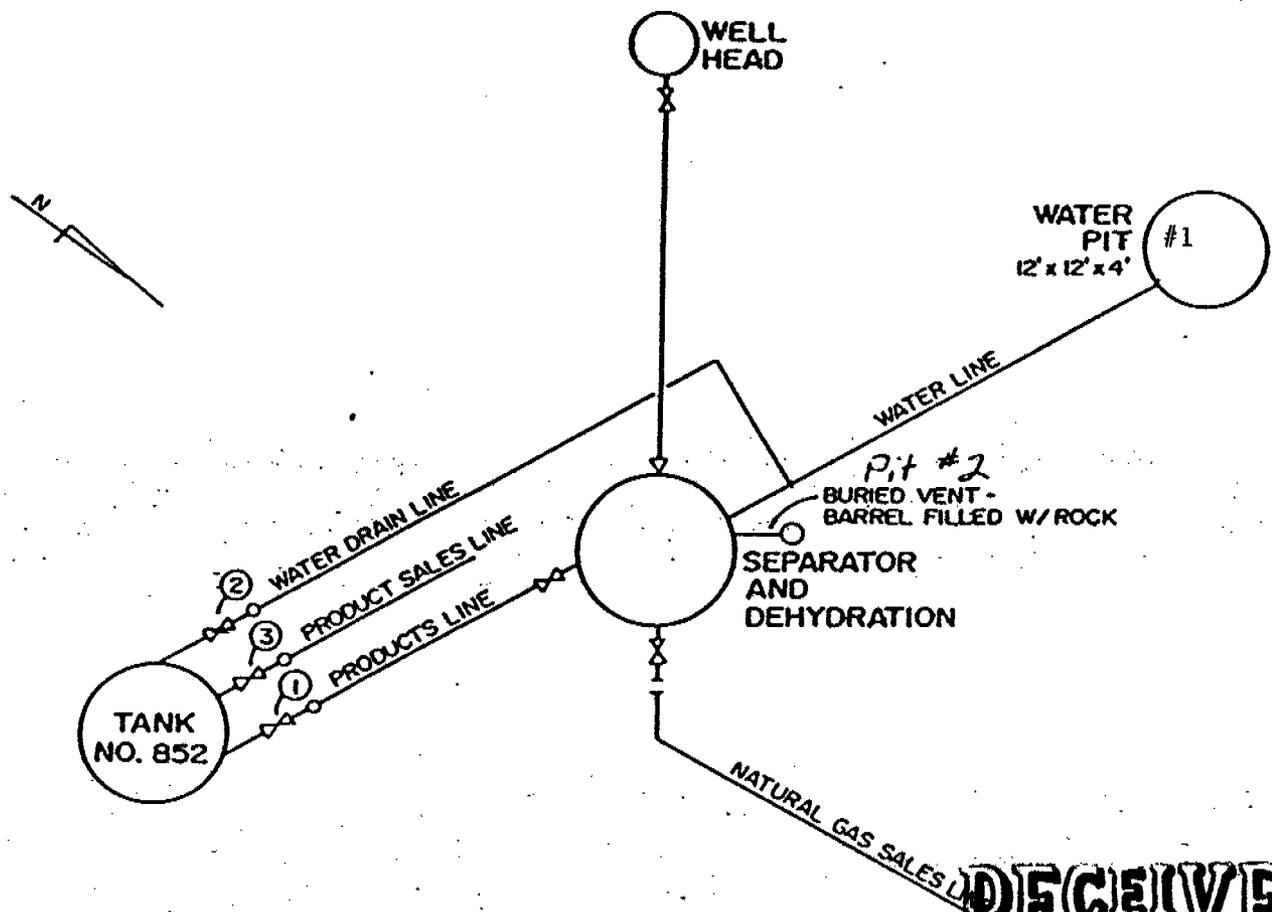
DIVISION OF
OIL, GAS & MINING

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

SIGNED H.R. [Signature] TITLE District Manager DATE June 26, 1986

(This space for Federal or State office use)

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



RECEIVED
JUL 11 1986

DIVISION OF
OIL, GAS & MINING

LEGEND

- |—|— GAS METER
- ◁— CHOKE
- X— VALVE
- SEAL
- INTERMITTENT WATER VAPOR LINE

VALVE NO.	PROD.	SALES	VALVE NO.	PROD.	SALES
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2	CLOSED	CLOSED			
3	CLOSED	OPEN			

Rev. 10/9/85

OPERATOR: WEXPRO

LEASE NO.: ML - 11004 TYPE: FEDERAL

NAME: ISLAND UNIT NO. 18

SEC. SE NW SEC. 2 T. 10S R. 19E

COUNTY: UINTAH

STATE: UTAH

INITIAL PRODUCTION:

SITE SECURITY DIAGRAM

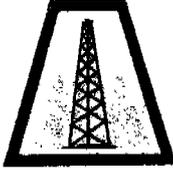
ISLAND UNIT WELL NO. 18

DRAWN: _____

CHECKED: _____

SCALE: _____

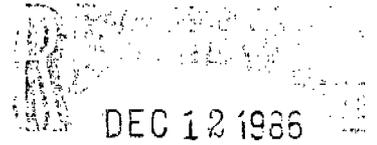
DRWG. M-24705



WEXPRO COMPANY

625 CONNECTICUT AVENUE • P.O. BOX 1129 • ROCK SPRINGS, WYOMING 82901 • (307) 362-5611

December 9, 1986



State of Utah
Department of Natural Resources
Division of Oil, Gas and Mining
355 West North Temple
Salt Lake City, Utah 84180

DIVISION OF
OIL GAS & MINING

Gentlemen:

Please advise of the status of the attached sundry notices which were mailed to you in June, 1986 regarding approval of disposal pits on Island Unit Wells No. 17 and 18.

Sincerely,

Cathy J. Flansburg
Regulatory Affairs Technician

CJF
Attachments



STATE OF UTAH
NATURAL RESOURCES
Oil, Gas & Mining

122410

Norman H. Bangerter, Governor
Dee C. Hansen, Executive Director
Dianne R. Nielson, Ph.D., Division Director

355 W. North Temple • 3 Triad Center • Suite 350 • Salt Lake City, UT 84180-1203 • 801-538-5340

December 19, 1986

Ms. Cathy J. Flansburg
Wexpro Company
P.O. Box 1129
Rock Springs, WY 82901

Dear Ms. Flansburg:

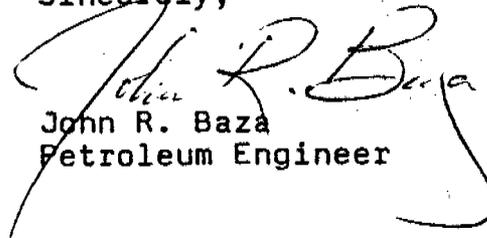
RE: Request for Approval of Disposal Pits

4304731602
Ac. 2 T. 10s R. 19E

In response to your recent letter dated December 9, 1986, your original sundry notices requesting approval to dispose of produced water into unlined pits at Island Unit Wells No. 17 and 18 were received in this office on July 11, 1986. The regulations and approval authority for surface disposal of produced water currently exist with the Bureau of Water Pollution Control (BWPC), Utah Division of Environmental Health. Upon receipt of your sundry notices, they were copied for our well records, but the originals were forwarded to the BWPC for consideration. It is suggested that you contact the BWPC regarding any administrative action which may have been taken.

It is anticipated that the produced water surface disposal authority will soon be transferred to this Division; however, for the time being, you must handle all matters of this type with the BWPC. I apologize for any confusion this may have caused.

Sincerely,



John R. Baza
Petroleum Engineer

cc: D.R. Nielson
R. J. Firth
Well files
02581-64



United States Department of the Interior

BUREAU OF LAND MANAGEMENT
VERNAL DISTRICT OFFICE
170 SOUTH 500 EAST
VERNAL, UTAH 84078



031813

IN REPLY REFER TO:

3162.32
UT08581
Oil and Gas
ML-11004,
U-013768,
U-4482,
U-4484

RECEIVED
FEB 22 1988

DIVISION OF
OIL, GAS & MINING

COPY

Ms. Cathy J. Flansberg
Coordinator Regulatory Affairs
Wexpro Company
625 Connecticut Avenue
P.O. Box 458
Rock Springs, Wyoming 82902

Re: Request for NTL-2B Application Status
Island Unit Wells ~~17, 18, 26, and 29~~
in Sec. 2, T.10S., R.19E;
Wells ~~19, 22, and 32~~
in Sec. 8 and 9 T.10S., R.20E;
Well ~~30~~ in Sec. 12, T.10S., R.19E.
Uintah County, Utah

Dear Ms. Flansberg:

We have reviewed the status of your applications for NTL-2B water disposal facilities for the above wells as you requested in your letter of January 12, 1988. The pit at the Island Unit Well No. 22 was approved in a letter to your office dated August 8, 1986. The pit at Well No. 19 was recently inspected and found to be adequate. It is approved subject to the guidelines and requirements provided for in Section V, NTL-2B.

Requests for unlined water disposal pits at Island Unit Wells No. 20 and No. 32 were denied in a letter to your office dated March 13, 1987. This letter indicated that pits at these two locations should be lined. Please notify this office when these pits have been lined and what lining material was used. We will then inspect the pits for NTL-2B approval as soon as schedules permit.

The Island Unit Wells No. 17, 18, 26, and 29 all on Lease ML-11004 are under the jurisdiction of the State of Utah, Division of Oil, Gas, and Mining for NTL-2B approval. You should contact the State of Utah, Division of Oil, Gas, and Mining regarding your applications for NTL-2B approval for these wells.

N1070

#22 43-047-31632-S6W/WSTC

#19 43-047-31633-S6W/WSTC

#17 43-047-31503-S6W/WSTC

#29 43-047-31752-S6W/WSTC

#30 43-047-31749-S6W/WSTC

#26 43-047-31701-S6W/WSTC

#18 43-047-31502-S6W/WSTC

#32 43-047-31751-S6W/WSTC

10519E 2

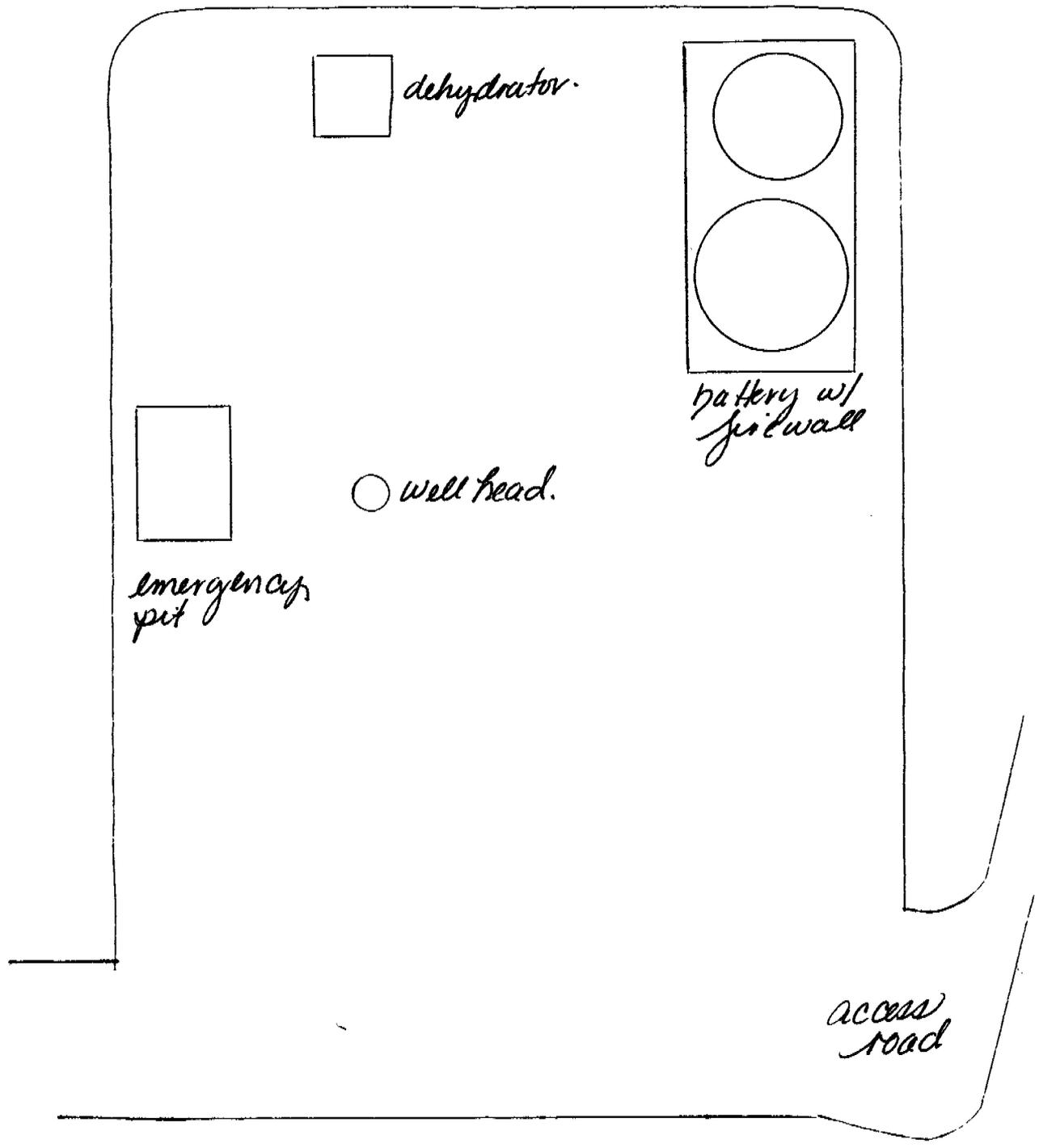
If you have questions on the above please contact Keith Chapman or Jim Piani at (801) 789-1362.

Sincerely,

For Karl J Wright
Paul M. Andrews
Area Manager
Bookcliffs Resource Area

cc: Jim Baza
State of Utah
Division of Oil, Gas, and Mining
355 West North Temple
3 Triad Center, Suite 350
Salt Lake City, Utah 84180-1203

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

(See 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 type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. ML-11004
2. NAME OF OPERATOR Wexpro Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME --
3. ADDRESS OF OPERATOR P. O. Box 458, Rock Springs, Wyoming 82902		7. UNIT AGREEMENT NAME Island
4. LOCATION OF WELL (Report location clearly and in accordance with any State Survey. See also space 17 below.) At surface SE NW, 1957' FNL, 2149' FWL		8. FARM OR LEASE NAME Unit
14. PERMIT NO. 43-047-31502		9. WELL NO. 18
15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR 5005'		10. FIELD AND POOL, OR WILDCAT Island
		11. SEC., T., R., M., OR B.L.K. AND SURVEY OR AREA 2-10S-19E
		12. COUNTY OR PARISH Uintah
		13. STATE Utah

RECEIVED
JAN 26 1989
DIVISION OF OIL, GAS & MINING

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	(Other) _____
(Other) Install Equipment <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 captioned well is loaded and will not produce against line pressure. Wexpro Company intends to install a plunger-lift system in the well and appropriate separation equipment. In doing so, additional trenches will be created to bury dump lines, vent lines and fuel gas lines. It is estimated that one trench will be approximately 175 feet long and the second will be 75 feet long. All surface disturbances will be on location. The blow down line will be 75 feet long. Attached is an anticipated site security drawing. When the work is complete, a revised drawing will be sent to reflect the actual changes.

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

SIGNED A.R. Logan TITLE District Manager DATE 1/23/89

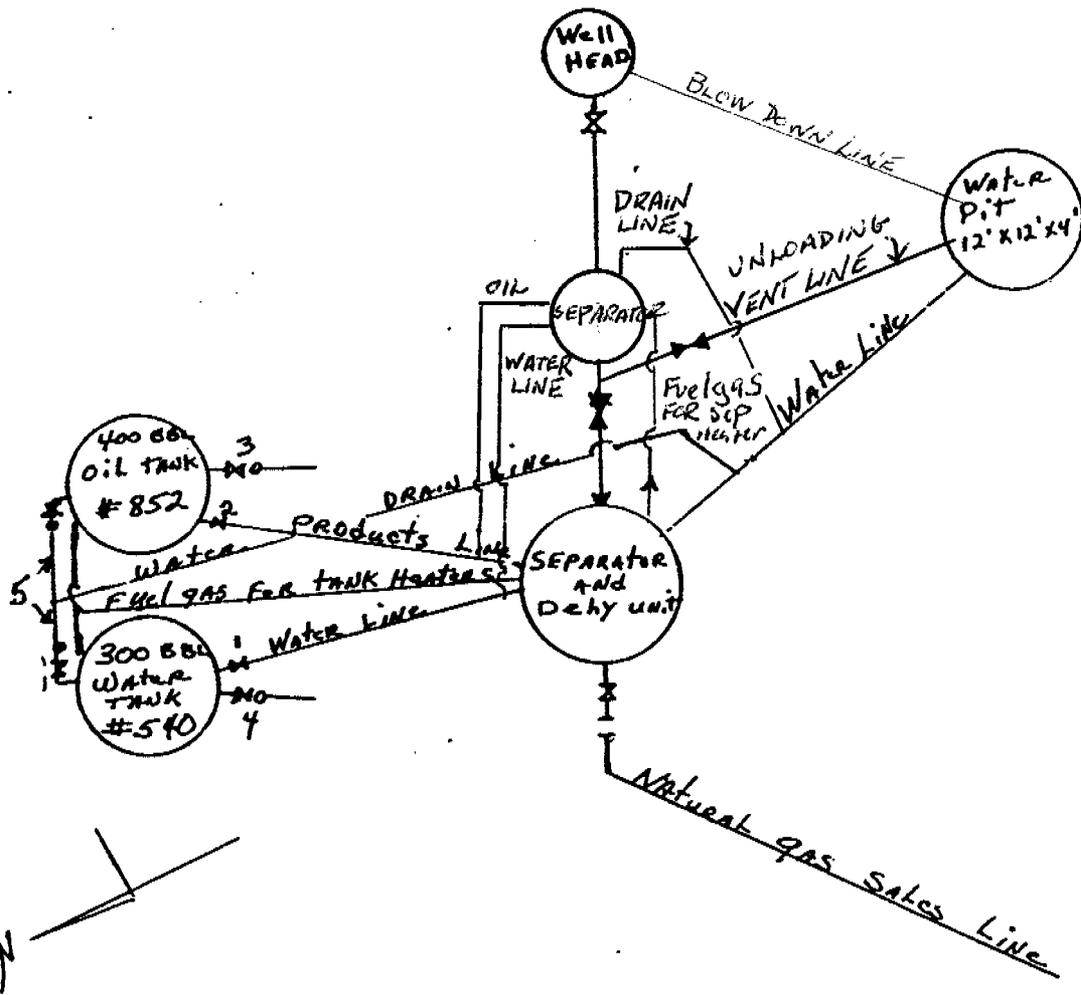
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY THE STATE OF UTAH DIVISION OF OIL, GAS, AND MINING
DATE: 2-2-89
BY: John R. Boya

*See Instructions on Reverse Side



LEGEND

- |—|— GAS METER
- <— CHOKE
- X— VALVE
- SEAL
- INTERMITTENT WATER VAPOR LINE

VALVE NO.	PROD.	SALES	VALVE NO.	PROD.	SALES
1	Closed	Open			
2	Open	Closed			
3	Closed	Open			
4	Open	Closed			
5	Closed	Closed			

Revised 07-28-88

OPERATOR: Wexpro Company
LEASE NO.: ML-11004 TYPE: Federal
NAME: Island Unit #18
SEC. SE NW Sec. 2 T. 10S R. 19E
COUNTY: Uintah
STATE: Utah
INITIAL PRODUCTION:

SITE SECURITY DIAGRAM	
Island Unit Well No. 18	
DRAWN:	SCALE:
CHECKED:	DRWG. NO.
APPROVED:	

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

43.047.31502

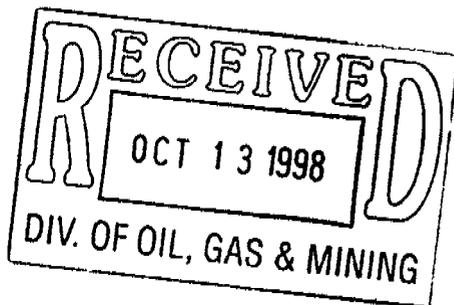
12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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>Produced Water Disposal</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 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 Title G. T. Nimmo, Operations Manager Date October 9, 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

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
ISLAND UNIT					891006935A								
UNIT NO. 3	4304715843	WAG	NE SW 8-10S-20E	UINTAH, UT		U-4488	WASATCH	TRACE	4	24X25X4	6-18-84	7-27-84	04-27-85
UNIT NO. 9	4304730488	WAG	C SW 11-10S-19E	UINTAH, UT		U-4481	WASATCH	0.02	4	16X12X4	4-22-80	5-9-80	8-10-80
								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	8-10-80
								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	8-10-80
								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-4488	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	8-10-80
								TRACE	4	BARREL	5-13-86	6-4-86	
UNIT NO. 16	4304731505	C/O	NE SW 11-10S-19E	UINTAH, UT		U-013818	GREEN RIVER	1.00	4	24X24X8	3-13-85	8-20-87	3-3-88
								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		12X12X8	6-28-86**	NO ST. RESP.	8-20-80
UNIT NO. 18	4304731502	WAG	SE NW 2-10S-19E	UINTAH, UT		ML-11004	WASATCH	EMRG		12X12X4	6-28-86**	NO ST. RESP.	07-14-88
UNIT NO. 19	4304731633	WAG	SE SW 9-10S-20E	UINTAH, UT		U-013768	WASATCH	EMRG		10X10X8	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	3.60	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	6-4-86	
								TRACE	4	BARREL	5-8-86	6-4-86	
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	8-22-88	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	1-20-86
								TRACE	4	6X9X4	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. 29	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	4304732965	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			05-15-88
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. 50	4304733106	WAG	SE SE 12-10S-19E	UINTAH, UT		U-4482	WASATCH			NO PIT			05-27-88
UNIT NO. 51	4304733109	WAG	SE SE 12-10S-19E	UINTAH, UT		U-4484	WASATCH			NO PIT			
UNIT NO. 52	4304733110	WAG	SE SE 12-10S-19E	UINTAH, UT		U-4484	WASATCH			NO PIT			
UNIT NO. 53	4304733111	WAG	NE SE 11-10S-19E	UINTAH, UT		U-4481	WASATCH			NO PIT			
UNIT NO. 54	4304733112	WAG	NE SE 11-10S-19E	UINTAH, UT		U-4481	WASATCH			NO PIT			
UNIT NO. 55	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	WAG	NE SE 11-10S-19E	UINTAH, UT		U-4481	WASATCH			NO PIT			

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)
SEE BELOW

43.047.31502

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

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

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

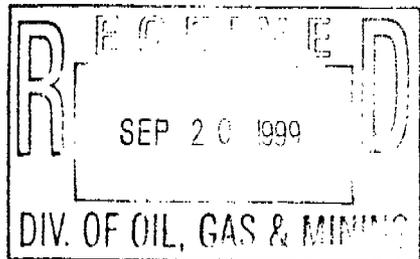
TYPE OF SUBMISSION	TYPE OF ACTION	
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change in Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/>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

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: _____

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	PAD NO.	API NUMBER	LEGAL DESCRIPTION	COUNTY, STATE	UNIT CA PA NUMBER	LEASE NUMBER
ISLAND UNIT				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



State of Utah
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS AND MINING

Michael O. Leavitt
Governor

Kathleen Clarke
Executive Director

Lowell P. Braxton
Division Director

1594 West North Temple, Suite 1210

PO Box 145801

Salt Lake City, Utah 84114-5801

801-538-5340

801-359-3940 (Fax)

801-538-7223 (TDD)

***CONDITIONS OF APPROVAL
TO PLUG AND ABANDON WELL***

Well Name and Number:	Island Unit 18
API Number:	43-047-31502
Operator:	Wexpro Company
Type of Approval Requested:	Plug and abandon well
Reference Document:	Sundry notice dated January 19, 2001, received by DOGM on January 26, 2001

Approval Conditions:

1. As discussed, with Chris Bilby, set a 200' balanced plug across the Birdnest Aquifer from $\pm 2100'$ to 2300' inside the 5-1/2' casing.
2. Notify the Division at least 24 hours prior to conducting abandonment operations. Please call David Hackford at 435-722-3417.
3. All other requirements for notice and reporting in the Oil and Gas Conservation General Rules shall apply.

R. Allen McKee
Petroleum Engineer

February 7, 2001

Date

API Well No: 43-047-31502-00-00 Permit No:

Well Name/No: ISLAND UNIT 18

Company Name: WEXPRO COMPANY

Location: Sec: 2 T: 10S R: 19E Spot: SENW

Coordinates: X: 4425928 Y: 606600

Field Name: NATURAL BUTTES

County Name: Uintah

String Information

String	Bottom (ft sub)	Diameter (inches)	Weight (lb/ft)	Length (ft)
HOL1	327	12.25		
SURF	327	9.625	36	327
HOL2	6800	7.875		
PROD	6800	5.5	17	6800
T1	5909	2.375		

TOC SFC
 6) $50' @ SFC (5/8) = 1.16 \text{ bbl}$

$5 1/2 \times 97 \text{ Ann} = 2691 \text{ ft}^3$
 $8.921 \times 5.5 = 49.066 \text{ bbl}$
 183.75

Hole: 12.25 in. @ 327 ft.

Surface: 9.625 in. @ 327 ft.

5) $75 \text{ sq in ANNULUS} = 15.5 \text{ bbls} / .0479 = 324 \text{ FT} \dots \text{ENTIRE ANNULUS VOLUME.}$

Cement Information

String	BOC (ft sub)	TOC (ft sub)	Class	Sacks
PROD	6800		LT	375
PROD	6800		UK	480
SURF	327	0	G	175

TOC $\pm 900'$

4) $\text{Disp} = \frac{5909}{14.75 + 42} = 9.53 \text{ bbl}$
 Hole Full of Mud.

ADD BALANCE PLUG - 5 bbls @ 215' ACROSS FROM PRODUCTION

3) 136 bbls 9.0 ppg P02
 + 5862' of Mud

Perforation Information

Top (ft sub)	Bottom (ft sub)	Shts/Ft	No Shts	Dt Squeeze
6509	6734			
6337	6372			
5998	6030			

Formation Information

Formation	Depth	Formation	Depth
UNTA	0		
GRRV	1311		
WSTC	5121		

2) 60' ON TOP OF C1CR (5865)
 1.39 bbls

Tubing: 2.375 in. @ 5909 ft.

1) C1CR @ 5925'
 SQUARE 100 sq (20 bbl)

Top Prod (WARRANTY) 5998

$5 1/2 \times 17 \text{ CAP} = 1305 \text{ ft}^3$
 $.0232$

PBRO: 6789
 Production: 5.5 in. @ 6800 ft.

$6789 - 5925 = 864' \times .0232 = 20.04 \text{ bbl}$

TD: 6800 TVD:

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

6. LEASE DESIGNATION AND SERIAL NO. ML-11004
7. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME Island
8. FARM OR LEASE NAME Unit
9. WELL NO. 18
10. FIELD AND POOL, OR WILDCAT Island - Wasatch
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 2-10S-19E
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 1957
SE NW, 4057' FNL, 2149' FWL

14. PERMIT NO. 43-047-31502

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
GR 5005' RKB 5020.50'

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

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

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

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

Wexpro Company intends to plug and abandon this well according to the following procedure. This work is anticipated to begin on or about February 19, 2001.

- MIRU a contract workover rig. Blow the well down and reverse the hole with fresh water.
- ND the wellhead and NU a 7-1/16", 5M BOP. POOH standing back.
- Round trip a casing scraper to 5,960' and reverse bottoms up to clean hole. POOH and LD scraper.
- RIH and set a cement retainer at 5,925.
- Mix and spot 110 sacks (22 bbls) of Class G cement.
- Sting into the retainer and squeeze the perms using 100 sacks (20 bbls) below the retainer.
- Sting out of the retainer and pull two joints of tubing leaving a 60' cement plug on top of the retainer.
- Reverse out remaining cement.
- Reverse the hole full (136 bbls) of 9ppg Poz/gel slurry. POOH laying down tubing and stinger.
- Top off the 5-1/2" casing with about 10 bbls of 9ppg Poz/gel spacer.
- Establish an injection rate into the 5-1/2 by 9-5/8 annulus.
- Pump 75 sacks (15.5 bbls) into the surface casing annulus.
- ND the BOP and cutoff the 11", 3M casing spool.
- Mix and place a 50' cement plug in the surface of the 5-1/2" casing.
- Top off the surface casing to bring cement to surface.
- Install a regulation dry hole marker.

COPY SENT TO OPERATOR
Date: 02-07-01
Initials: ER

APPROVED BY THE STATE
OF UTAH DIVISION OF
OIL, GAS, AND MINING
DATE: 2/7/01
BY: R. ALLEN
DIVISION OF
OIL, GAS AND MINING

Note: Location reclamation will be completed at a later date as soon as weather permits.

A wellbore status drawing is attached for information.

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

SIGNED [Signature] TITLE Operations Manager DATE 01/19/01

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:
Approved

Unit Well No. 18
 Island Field
 SE NW Sec. 2, T. 10 S., R. 19 E.
 Uintah County, Utah

Schematic-Not drawn to scale
 Drilled by Wexpro Company September 1984

	Net
1 NSCo. 10" 3000 psi regular duty casing flange	1.58
8 jts. 9-5/8" O.D., 36#, K-55, 8 rd thrd, ST&C casing	308.58
1 Halco guide shoe	1.13
	311.29

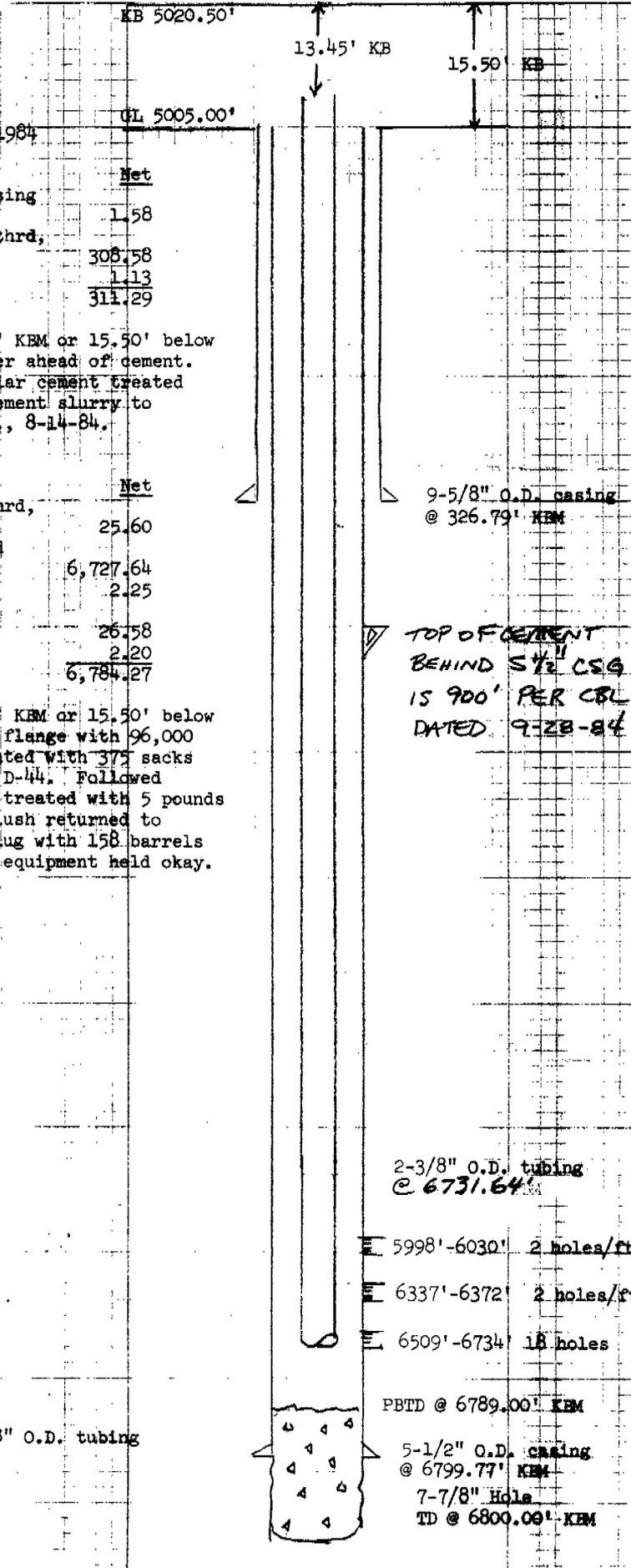
The above casing is landed at 326.79' KBM or 15.50' below KB. Pumped 20 barrels of gelled water ahead of cement. Cemented casing using 175 sacks regular cement treated with 2% CaCl. Returned 22 barrels cement slurry to surface. Cement in place @ 2:45 P.M., 8-14-84.

5-1/2" O.D. Production Casing

	Net
1 pc. 5-1/2" O.D., 17#, K-55, 8 rd thrd, LT&C casing	25.60
163 jts. 5-1/2" O.D., 17#, K-55, 8 rd thrd, LT&C casing	6,727.64
1 Dowell float collar	2.25
1 jt. 5-1/2" O.D., 17#, K-55, 8 rd thrd, LT&C casing	26.58
1 Dowell float shoe	2.20
	6,784.27

0232 B/F

The above casing is landed @ 6799.77' KBM or 15.50' below KB in a National 11" 3000 psi casing flange with 96,000 pounds casing weight on slips. Cemented with 375 sacks Dowell Hilift cement treated with 3% D-44. Followed with 480 sacks Dowell LOD RFC cement treated with 5 pounds per sack D-42. Good returns until flush returned to surface then lost returns. Bumped plug with 158 barrels water & 3000 psi. Held okay. Float equipment held okay. Cement in place @ 4:00 A.M., 9-11-84.



9-5/8" O.D. casing @ 326.79' KBM

TOP OF CEMENT BEHIND 5 1/2" CSG IS 900' PER CBL DATED 9-28-84

2-3/8" O.D. tubing @ 6731.64'

- 5998'-6030' 2 holes/ft.
- 6337'-6372' 2 holes/ft.
- 6509'-6734' 18 holes

PBTD @ 6789.00' KBM

5-1/2" O.D. casing @ 6799.77' KBM
 7-7/8" Hole TD @ 6800.09' KBM

See attachment for details of 2-3/8" O.D. tubing

RECEIVED
 JAN 26 2001
 DIVISION OF OIL, GAS AND MINING

Form OGC-1b

SUBMIT IN TRIPLICATE (Other instructions on reverse side)

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

5. LEASE DESIGNATION AND SERIAL NO
ML-11004

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.)

6. IF INDIAN, ALOTTEE OR TRIBE NAME

1. OIL WELL GAS WELL OTHER

7. UNIT AGREEMENT NAME
ISLAND UNIT

2. NAME OF OPERATOR

8. FARM OR LEASE NAME
ISLAND UNIT

3. ADDRESS OF OPERATOR

9. WELL NO.
ISLAND UNIT WELL NO. 18

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)

10. FIELD AND POOL, OR WILDCAT
ISLAND

At surface

SE NW, 1957' FNL, 2149' FWL

11. SEC.T,R,W. OR BLX AND
SURVEY OR AREA
2 - 10S - 19E

14. PERMIT NO.
43-047-31502

15. ELEVATIONS (Show whether DF,RT,GR,etc.)
5005' GR

12. COUNTY OR PARISH
UINTAH

18. STATE
UTAH

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
(Other)

PULL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON *
CHANGE PLANS

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other) RESUME PRODUCTION

REPAIRING WELL
ALTERING CASING
ABANDONMENT

(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.) *

Production was resumed on the above subject well at noon on April 20, 2001, after being shut-in due to economics and mechanical problems.

Please consider the faxed sundry as initial notification. The original and copies will be mailed.

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

SIGNED

TITLE Operations Manager

DATE April 20, 2001

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

* See Instructions on Reverse Side

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

5. LEASE DESIGNATION AND SERIAL NO.
ML-11004

6. IF INDIAN, ALOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
ISLAND UNIT

8. FARM OR LEASE NAME
ISLAND UNIT

9. WELL NO.
ISLAND UNIT WELL NO. 18

10. FIELD AND POOL, OR WILDCAT
ISLAND

11. SEC.T.R.W. OR BLX AND
SURVEY OR AREA
2 - 10S - 19E

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 GAS
WELL WELL OTHER

2. NAME OF OPERATOR

3. ADDRESS OF OPERATOR

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
SE NW, 1957' FNL, 2149' FWL

14. PERMIT NO.
43-047-31502

15. ELEVATIONS (Show whether DF,RT,GR,etc.)
5005' GR

12. COUNTY OR PARISH
UINTAH

18. STATE
UTAH

16.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
(Other)

PULL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON*
CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other) RESUME PRODUCTION

REPAIRING WELL
ALTERING CASING
ABANDONMENT

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

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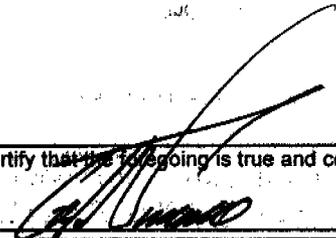
RECEIVED

APR 23 2001

DIVISION OF
OIL, GAS AND MINING

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

SIGNED



TITLE Operations Manager

DATE April 20, 2001

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

* See Instructions on Reverse Side

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

5. LEASE DESIGNATION AND SERIAL NO.
ML-11004

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.)

6. IF INDIAN, ALOTTEE OR TRIBE NAME

1. OIL WELL GAS WELL OTHER

7. UNIT AGREEMENT NAME
ISLAND UNIT

2. NAME OF OPERATOR
WEXPRO COMPANY

8. FARM OR LEASE NAME
ISLAND UNIT

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

9. WELL NO.
ISLAND UNIT WELL NO. 18

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
SE NW, 1957' FNL, 2149' FWL

10. FIELD AND POOL, OR WILDCAT
ISLAND

11. SEC.T.R.W. OR BLX AND
SURVEY OR AREA
2 - 10S - 19E

14. PERMIT NO.
43-047-31502

15. ELEVATIONS (Show whether DF,RT,GR,etc.)
5005' GR

12. COUNTY OR PARISH
UINTAH

18. 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 PULL OR ALTER CASING
FRACTURE TREAT MULTIPLE COMPLETE
SHOOT OR ACIDIZE ABANDON *
REPAIR WELL CHANGE PLANS
(Other) INSTALL

WATER SHUT-OFF REPAIRING WELL
FRACTURE TREATMENT ALTERING CASING
SHOOTING OR ACIDIZING ABANDONMENT
(Other)

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

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

Wexpro Company intends to install production facilities on the above location as shown on the attached diagram. All activities will be on the existing location and there will be no additional disturbance.

Accepted by the
Utah Division of
Oil, Gas and Mining

Date: 1/24/03
By: [Signature]

COPY SENT TO OPERATOR
Date: 1-27-03
Initials: [Signature]

RECEIVED

JAN 06 2003

DIV. OF OIL, GAS & MINING

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

SIGNED [Signature]

TITLE Operations Manager

DATE January 3, 2003

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

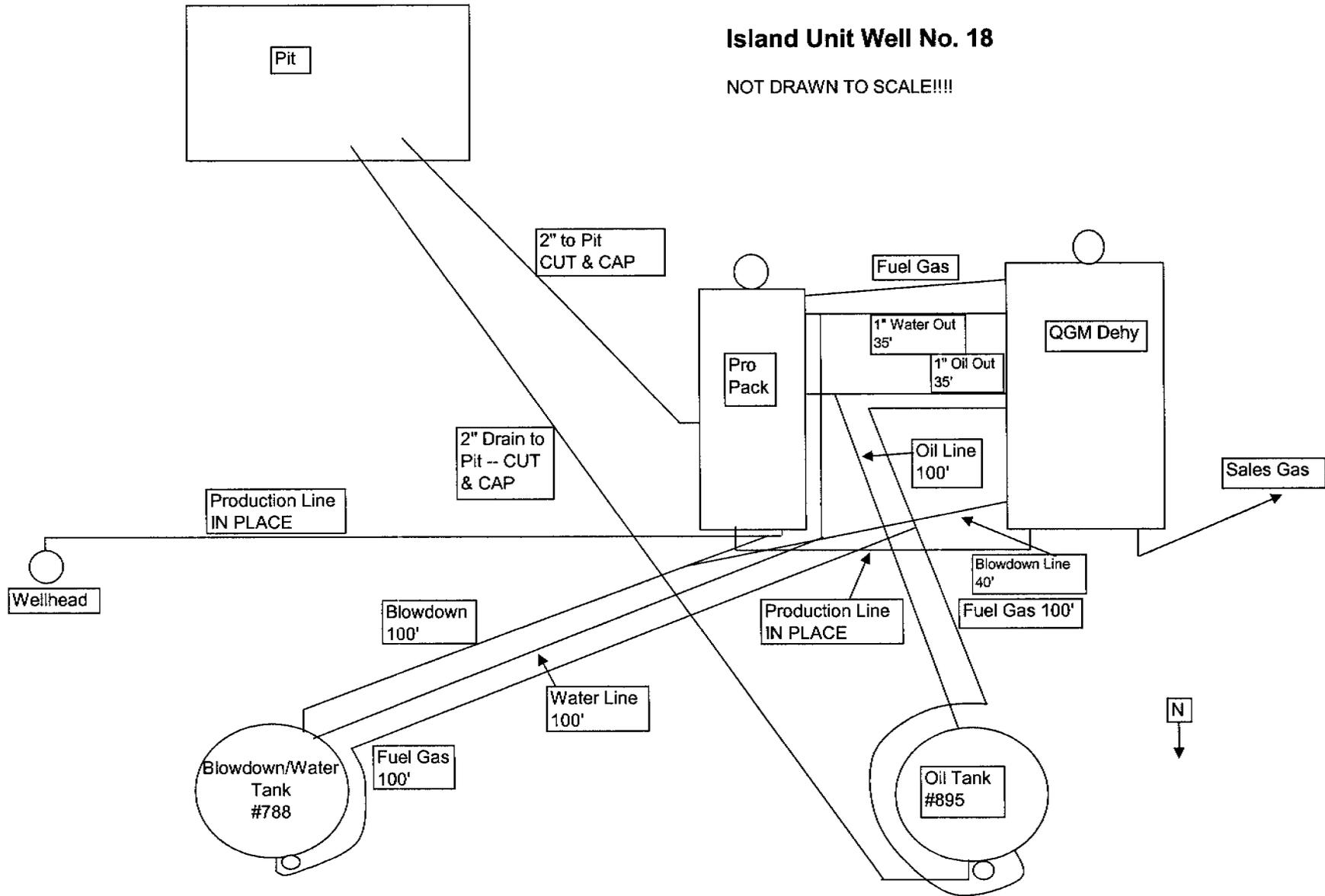
TITLE

DATE

* See Instructions on Reverse Side

Island Unit Well No. 18

NOT DRAWN TO SCALE!!!!



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

SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT-" for such proposals.)		5. LEASE DESIGNATION AND SERIAL NO. ML-11004
OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/>		6. IF INDIAN, ALOTTEE OR TRIBE NAME _____
NAME OF OPERATOR WEXPRO COMPANY		7. UNIT AGREEMENT NAME ISLAND UNIT
ADDRESS OF OPERATOR P.O. BOX 458, ROCK SPRINGS, WY 82902		8. FARM OR LEASE NAME ISLAND UNIT
LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface SE NW, 1957' FNL, 2149' FWL		9. WELL NO. ISLAND UNIT WELL NO. 18
		10. FIELD AND POOL, OR WILDCAT ISLAND
		11. SEC.T.R.W. OR BLX AND SURVEY OR AREA 2 - 10S - 19E
PERMIT NO. 43-047-31502	15. ELEVATIONS (Show whether DF,RT,GR,etc.) 5005' GR	12. COUNTY OR PARISH UINTAH
		18. STATE UTAH

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"/>
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"/>	

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) Resume Production <input checked="" type="checkbox"/>	

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

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 referenced well was brought on, after being off over 90 days, on February 7, 2003 at 9:00 am.

Please consider the faxed copy as initial notification. Original and copies to follow via mail.

RECEIVED

FEB 07 2003

DIV. OF OIL, GAS & MINING

I hereby certify that the foregoing is true and correct

SIGNED

TITLE Operations Manager

DATE January 3, 2003

This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

* See Instructions on Reverse Side

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

5. LEASE DESIGNATION AND SERIAL NO.
ML-11004

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
ISLAND UNIT

8. FARM OR LEASE NAME
ISLAND UNIT

9. WELL NO.
ISLAND UNIT WELL NO. 18

10. FIELD AND POOL, OR WILDCAT
ISLAND

11. SEC.T.R.W. OR BLX AND
SURVEY OR AREA
2 - 10S - 19E

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 GAS
WELL 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 and in accordance with any State requirements.* See also space 17 below.)
At surface
SE NW, 1957' FNL, 2149' FWL

14. PERMIT NO.
43-047-31502

15. ELEVATIONS (Show whether DF,RT,GR,etc.)
5005' GR

12. COUNTY OR PARISH
UINTAH

18. STATE
UTAH

16.

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
(Other)

PULL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON *
CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other) Resume Production

REPAIRING WELL
ALTERING CASING
ABANDONMENT

(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 referenced well was brought on, after being off over 90 days, on February 7, 2003 at 9:00 am.

Please consider the faxed copy as initial notification. Original and copies to follow via mail.

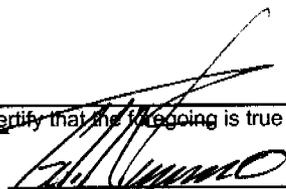
RECEIVED

FEB 11 2003

DIV. OF OIL, GAS & MINING

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

SIGNED



TITLE Operations Manager

DATE January 3, 2003

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

* See Instructions on Reverse Side

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB No. 1004-0135
Expires: January 31, 2004

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 reverse side

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)
SE NW 2-10S-19E

RECEIVED
 DEC 05 2004
 DIV. OF OIL, GAS & MINING

5. Lease Serial No.
ML-11004

6. If Indian, Allottee, or Tribe Name

7. If Unit or CA. Agreement Designation
ISLAND UNIT

8. Well Name and No.
ISLAND UNIT NO. 18

9. API Well No.
43-047-31502-00-00

10. Field and Pool, or Exploratory Area
ISLAND

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 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.)

The above well resumed production on 12/06/04, after being shut in over 90 days.

Please consider the faxed copy as initial notification. The original sundry and copies will be mailed.

14. I hereby certify that the foregoing is true and correct.
 Name (Printed/ Typed)

G. T. NIMMO Title **OPERATIONS MANAGER**

Signature *G. T. Nimmo* Date **December 7, 2004**

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.

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. ML 11004
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) 1957' FNL, 2149' FWL SE NW 2-10S-19E		8. Well Name and No. Island Unit 18
		9. API Well No. 43-047-31502
		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 recomplete 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 recompletion 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 reclamation, 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 statement or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

RECEIVED

OCT 25 2007

DIV. OF OIL, GAS & MINING

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

FORM 9

SUNDRY NOTICES AND REPORTS ON WELLS		5. LEASE DESIGNATION AND SERIAL NUMBER: ML-11004
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: N/A
1. TYPE OF WELL OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER _____		7. UNIT or CA AGREEMENT NAME: Island Unit UTU063026X
2. NAME OF OPERATOR: Wexpro Company		8. WELL NAME and NUMBER: Island Unit Well No. 18
3. ADDRESS OF OPERATOR: P.O. Box 458 CITY Rock Springs STATE WY ZIP 82902		9. API NUMBER: 4304731502
		10. FIELD AND POOL, OR WILDCAT: Island
4. LOCATION OF WELL FOOTAGES AT SURFACE: 1957' FNL 2149' FWL		COUNTY: Uintah
QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: SENW 2 10S 19E		STATE: UTAH

11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA			
TYPE OF SUBMISSION	TYPE OF ACTION		
<input checked="" type="checkbox"/> NOTICE OF INTENT (Submit in Duplicate) Approximate date work will start: <u>4/24/2008</u>	<input type="checkbox"/> ACIDIZE <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"/> 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/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"/> TEMPORARILY ABANDON <input type="checkbox"/> TUBING REPAIR <input type="checkbox"/> VENT OR FLARE <input checked="" type="checkbox"/> WATER DISPOSAL <input type="checkbox"/> WATER SHUT-OFF <input type="checkbox"/> OTHER: _____
<input type="checkbox"/> SUBSEQUENT REPORT (Submit Original Form Only) Date of work completion: _____			

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

Water produced from the above well will be disposed of in a water / blow down tank as previously approved. Excess water production will be hauled to the following State of Utah approved disposal sites:

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.

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

NAME (PLEASE PRINT) <u>G.T. Nimmo</u>	TITLE <u>Operations Manager</u>
SIGNATURE <u><i>G.T. Nimmo</i></u>	DATE <u>4/24/2008</u>

(This space for State use only)

RECEIVED
APR 28 2008

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. ML 11004
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) 1957' FNL, 2149' FWL SE NW 2-10S-19E		8. Well Name and No. Island Unit 18
		9. API Well No. 43-047-31502
		10. Field and Pool, or Exploratory Area Wasatch
		11. County or Parish, State Uintah Utah

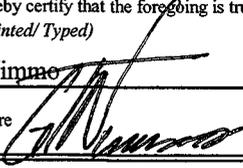
12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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 recomplete 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 recompletion 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 June 26, 2008 at 9:30 A.M.

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

Name (Printed/ Typed) G.T. Nimmo	Title Operations Manager
Signature 	Date June 30, 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 of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

RECEIVED
JUL 03 2008

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

FORM 9

5. LEASE DESIGNATION AND SERIAL NUMBER:
ML 11004

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

7. UNIT or CA AGREEMENT NAME:
UTU63026B

8. WELL NAME and NUMBER:
ISLAND UNIT 18

9. API NUMBER:
4304731502

10. FIELD AND POOL, OR WILDCAT:
WASATCH

SUNDRY NOTICES AND REPORTS ON WELLS

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.

1. TYPE OF WELL
OIL WELL GAS WELL OTHER _____

2. NAME OF OPERATOR:
WEXPRO COMPANY

3. ADDRESS OF OPERATOR:
P.O. BOX 458 CITY ROCK SPRINGS STATE WY ZIP 82902 PHONE NUMBER: (307) 922-5600

4. LOCATION OF WELL
FOOTAGES AT SURFACE: 1957' FNL, 2149' FWL, COUNTY: UINTAH
QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: SENW 2 10S 19E STATE: UTAH

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

TYPE OF SUBMISSION	TYPE OF ACTION		
<input checked="" type="checkbox"/> NOTICE OF INTENT (Submit in Duplicate) Approximate date work will start: <u>6/15/2009</u>	<input type="checkbox"/> ACIDIZE	<input type="checkbox"/> DEEPEN	<input type="checkbox"/> REPERFORATE CURRENT FORMATION
<input type="checkbox"/> SUBSEQUENT REPORT (Submit Original Form Only) Date of work completion:	<input type="checkbox"/> ALTER CASING	<input type="checkbox"/> FRACTURE TREAT	<input type="checkbox"/> SIDETRACK TO REPAIR WELL
	<input type="checkbox"/> CASING REPAIR	<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> TEMPORARILY ABANDON
	<input type="checkbox"/> CHANGE TO PREVIOUS PLANS	<input type="checkbox"/> OPERATOR CHANGE	<input type="checkbox"/> TUBING REPAIR
	<input type="checkbox"/> CHANGE TUBING	<input type="checkbox"/> PLUG AND ABANDON	<input type="checkbox"/> VENT OR FLARE
	<input type="checkbox"/> CHANGE WELL NAME	<input type="checkbox"/> PLUG BACK	<input type="checkbox"/> WATER DISPOSAL
	<input type="checkbox"/> CHANGE WELL STATUS	<input type="checkbox"/> PRODUCTION (START/RESUME)	<input type="checkbox"/> WATER SHUT-OFF
	<input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS	<input checked="" type="checkbox"/> RECLAMATION OF WELL SITE	<input checked="" type="checkbox"/> OTHER: <u>CLOSE PIT</u>
	<input type="checkbox"/> CONVERT WELL TYPE	<input type="checkbox"/> RECOMPLETE - DIFFERENT FORMATION	

12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc.
Wexpro intends to reclaim the existing culvert pit area now that soils have been tested and the TPH levels are less than 10,000 mg/kg as shown on the attached soil analysis.

Wexpro intends to reclaim the existing pit area and seed this fall with the following seed mixture at a drill rate of:
Shadscale (Atriplex confertifolia), 3lbs/acre, pure live seed.
Galleta Grass (Hilaria jamesii), 3lbs/acre, pure live seed.
Forage kochia (Kochia prostra), 3lbs/acre, pure live seed.
Hycrest Crested Wheatgrass (Agropyron cristayum/Agropyron desertorum hybrid), 3lbs/acre, pure live seed.

Approved by the
Utah Division of
Oil, Gas and Mining

Date: 5/19/09
By: [Signature]

COPY SENT TO OPERATOR
Date: 5.19.2009
Initials: KS

NAME (PLEASE PRINT) G.T. Nimmo TITLE Operations Manager
SIGNATURE [Signature] DATE 050709

(This space for State use only)

condition: seed mixture shall be verified by SITLA

RECEIVED
MAY 13 2009

Wexpro
Paul Jibson
PO Box 458
Rock Springs, WY. 82902

Report Date: 5/6/09
Request Number: RS-10861
Date Received: 05/01/09
Sample Matrix: Soil
Project: Island Pits

REPORT OF ANALYSIS

Lab Number	E1221		
Sample Analysis	Island 19 04/30/09	Analysis Date	Method
Total Petroleum Hydrocarbons (mg/kg)	3940	5/5/2009	EPA 418.1

Lab Number	E1222		
Sample Analysis	Island 9 04/30/09	Analysis Date	Method
Total Petroleum Hydrocarbons (mg/kg)	2480	5/5/2009	EPA 418.1

Lab Number	E1223		
Sample Analysis	Island 11 04/30/09	Analysis Date	Method
Total Petroleum Hydrocarbons (mg/kg)	2760	5/5/2009	EPA 418.1

Lab Number	E1224		
Sample Analysis	Island 18 04/30/09	Analysis Date	Method
Total Petroleum Hydrocarbons (mg/kg)	150	5/5/2009	EPA 418.1

Lori McCain

Digitally signed by Lori McCain
DN: cn=Lori McCain, o=W.A.L.,
ou=Branch Manager,
email=walrpsps@aol.com, c=US
Date: 2009.05.06 11:10:47 -05'00'

Lori McCain
Branch Manager



WYOMING ANALYTICAL LABORATORIES, INC.

1660 Harrison St.
Laramie, WY 82070

Wallaramie@wal-lab.com

(307) 742-7995
Fax: (307) 721-8956