

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

5. LEASE DESIGNATION AND SERIAL NO.
U-013768

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Island

8. FARM OR LEASE NAME
Unit

9. WELL NO.
27

10. FIELD AND POOL, OR WILDCAT
Island NAT. BUTTES

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
9-10S-20E

12. COUNTY OR PARISH
Uintah

13. STATE
Utah

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, Wyoming 82902

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)*
At surface **NE NW 1800' FWL, 845' FNL**
At proposed prod. zone

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

15. DISTANCE FROM PROPOSED* LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT. (Also to nearest drig. unit line, if any) **845'**

16. NO. OF ACRES IN LEASE **520**

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. **2893'**

19. PROPOSED DEPTH **6,600'**

20. ROTARY OR CABLE TOOLS **Rotary**

21. ELEVATIONS (Show whether DF, RT, GR, etc.)
GR 4784'

22. APPROX. DATE WORK WILL START*
March 1, 1986

Wasatch

23. PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
12-1/4	9-5/8	36	300'	165 Sacks Regular Type G with additives
7-7/8	5-1/2	17	6,600'	50-50 Pozmix with additives

See attached drilling plan.

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

DATE: 3-18-86
BY: John R. Bay
WELL SPACING: 203

RECEIVED
FEB 10 1986
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.

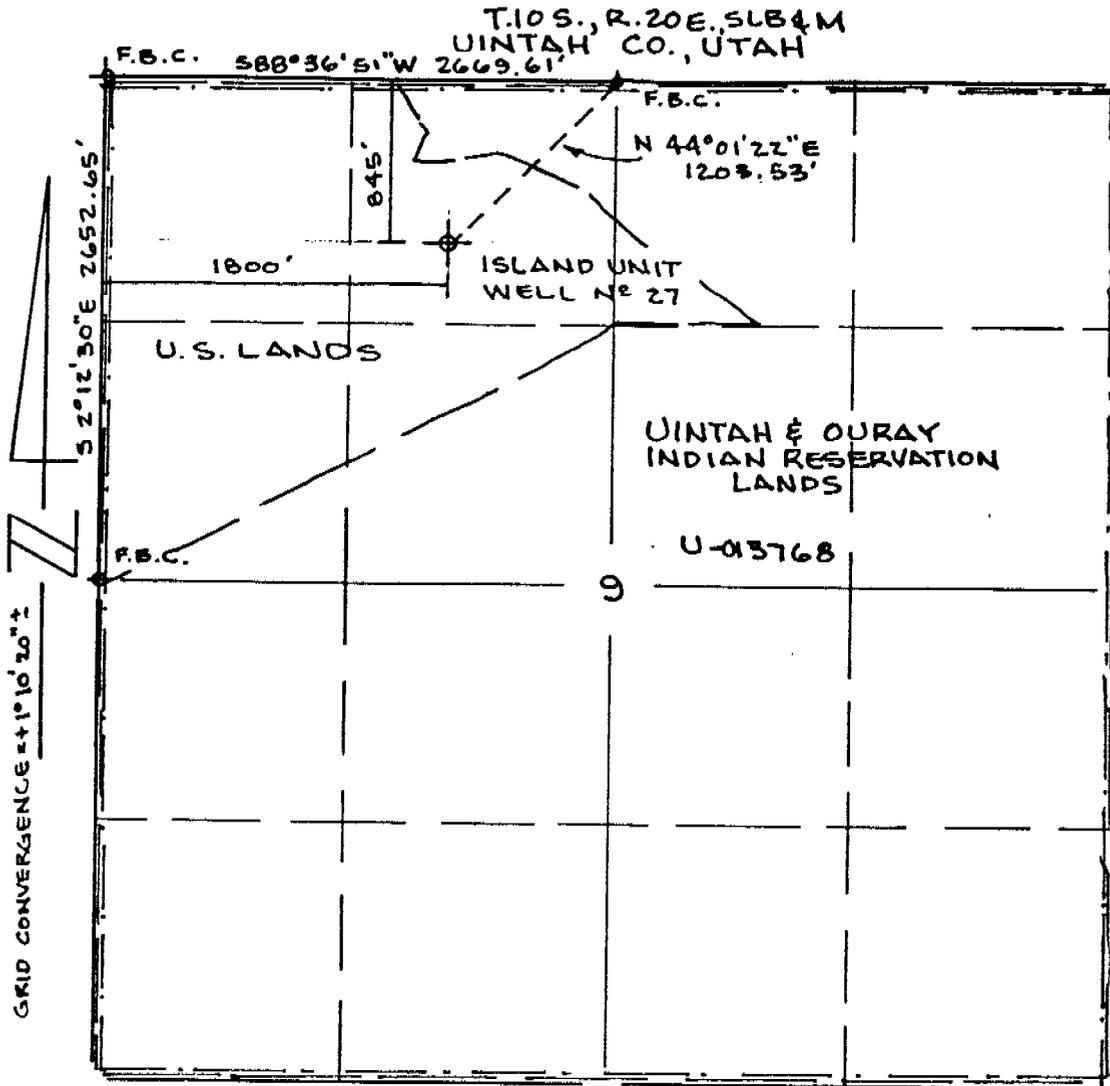
24. SIGNED A. J. Mauer TITLE Drilling Superintendent DATE 2-7-86

(This space for Federal or State office use)

PERMIT NO. _____ APPROVAL DATE _____

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

*See Instructions On Reverse Side



NOTE: All bearings reported herein referred to the Utah coordinate system, central zone, as determined by solar observation and convergence adjustment. All reported distances are surface distances.

LOCATION PLAN
 SCALE 1" = 1000'

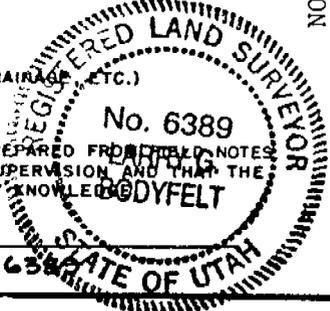


- LEGEND**
- SURFACE OWNER BOUNDARY
 - - - MINERAL LEASE BOUNDARY
 - ⊕ WELL LOCATION
 - ⊕ FD. BRASS CAP
 - ⊕ FD. STONE

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 2/7/86
 LARRY G. BODYFELT, UTAH REG. L.S. N° 6389



ENGINEERING RECORD		CERTIFIED	
SURVEYED: F.H. & M.K.K.	FIELD: ISLAND	WELL LOCATION PLAT	
BASIS OF BEARING: SOLAR OBSERVATION		FOR	
SURFACE OWNER: UINTAH & OURAY INDIAN RES. LANDS		ISLAND UNIT WELL N° 27	
MINERAL LEASE: U-015768			
LOCATION: NE 1/4 NW 1/4 SEC. 9, T.10S., R.20E., S.1B&M 1800' FWL 845' FNL			
COUNTY: UINTAH	STATE: UTAH	DRAWN: 2-6-86 CRW	SCALE: 1" = 1000'
ELEVATION AS GRADED: 4784 FROM MAP SPOT, SET CONTROL POINT.		CHECKED: JEB	DRWG. NO. M-25082
		APPROVED: JEB 2/7/86	

DRILLING PLAN
Wexpro Company
Island Unit Well No. 27
Uintah County, Utah

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

Uintah	-	Surface
Green River	-	1,140'
Birds Nest Aquifer	-	2,045'
Wasatch Tongue	-	4,120', gas or oil
Green River Tongue	-	4,465', gas or oil
Wasatch	-	4,610', gas
Chapita Wells Zone	-	5,430', objective, gas
Total Depth	-	6,600'

All fresh water and prospectively valuable minerals (as described by BLM at onsite) encountered during drilling, will be recorded by depth and adequately protected. All oil and gas shows will be tested to determined commercial potential.

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. Ram-type preventers will be tested to 2000 psi and annular preventers will be tested to 1500 psi for 15 minutes using professional testing company. NOTE: The surface casing will be pressure tested to a 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 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.

BOP systems will be consistent with API RP53. Pressure tests will be conducted before drilling out from under casing strings which have been set and cemented in place. Blowout preventer controls will be installed prior to drilling the surface casing plug and will remain in use until the well is completed or abandoned. Preventers will be inspected and operated at least daily to ensure good mechanical working order, and this inspection will be recorded on the daily drilling report. Preventers will be pressure tested before drilling casing cement plugs.

The District Office will be notified, with sufficient lead time, in order to have a BLM representative on location during pressure testing.

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 sacks Regular Type G with 3% calcium chloride and 1/4-pound flocele/sack; cement will be brought to surface.
6600	5-1/2	K-55	17	New	8 rd LT&C	Cement top will be brought 1000 feet from surface with 50-50 Pozmix with 8% gel, 0.2% Halad-24, 10% salt, 5 pounds gilsonite/sack and 1/4-pound flocele/sack, plus 1000 feet 50-50 Pozmix with 2% gel, 0.6% Halad-24, 10% salt and 1/4-pound flocele/sack.

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

The District Office will be notified, with sufficient lead time, in order to have a BLM representative on location while running all casing strings and cementing.

5. MUD PROGRAM: A gel chemical water base mud will be used 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.

No chromate additives will be used in the mud system on Federal and Indian lands without prior BLM approval to ensure adequate protection of fresh water aquifers.

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

TESTING: None.

CORING: None.

Daily drilling and completion reports shall be submitted to the Bureau of Land Management, Vernal, Utah on a weekly basis.

Whether the well is completed as a dry hole or as a producer, "Well Completion and Recompletion Report and Log" (Form 3160-4) will be submitted not later than 30 days after

completion of the well or after completion of operations being performed, in accordance with 43 CFR 3164. Two copies of all logs, core descriptions, core analyses, well-test data, geologic summaries, sample description, and all other surveys or data obtained and compiled during the drilling, workover, and/or completion operations, will be filed with Form 3160-4. Samples (cuttings, fluids, and/or gases) will be submitted when requested by the authorized officer (AO).

7. ABNORMAL PRESSURE AND TEMPERATURE: No abnormal pressures are expected; a BHT of 150°F. and a BHP of 3370 psi are anticipated.
8. ANTICIPATED STARTING DATE: March 1, 1986

DURATION OF OPERATION: 12 days drilling

No location will be constructed or moved, no well will be plugged, and no drilling or workover equipment will be removed from a well to be placed in a suspended status without prior approval of the AO. If operations are to be suspended, prior approval of the AO will be obtained and notification given before resumption of operations.

The spud date will be reported orally to the AO within 48 hours after spudding. If the spudding occurs on a weekend or holiday, the report will be submitted on the following regular work day. The oral report will be followed up with a Sundry Notice.

In accordance with Onshore Oil and Gas Order No. 1, this well will be reported on Form 3160-6 "Monthly Report of Operations", starting with the month in which operations commence and continue each month until the well is physically plugged and abandoned. This report will be filed with the Vernal BLM District Office, 170 South 500 East, Vernal, Utah 84078.

Immediate Report: Spills, blowouts, fires, leaks, accidents, or any other unusual occurrences shall be promptly reported in accordance with the requirements of NTL-3A or its revision.

If a replacement rig is contemplated for completion operations, a "Sundry Notice" (Form 3160-5) to that effect will be filed, for prior approval of the AO, and all conditions of this approval plan are applicable during all operations conducted with the replacement rig.

Should the well be successfully completed for production, the AO will be notified when the well is placed in a producing status. Such notification will be sent by telegram or other written communication, not later than five days following the date on which the well is placed on production.

Pursuant to NTL-2B, with the approval of the District Engineer, produced water may be temporarily disposed of into unlined pits for a period of up to 90 days. During the period so authorized, an application for approval of the permanent disposal method, along with the required water analysis and other information, will be submitted to the District Engineer.

Pursuant to NTL-4A, lessees or operators are authorized to vent/flare gas during initial well evaluation tests, not exceeding a period of 30 days or the production of 50 MMCF of gas, whichever occurs first. An application will be filed with the District Engineer and approval received, for any venting/flaring of gas beyond the initial 30 day or authorized test period.

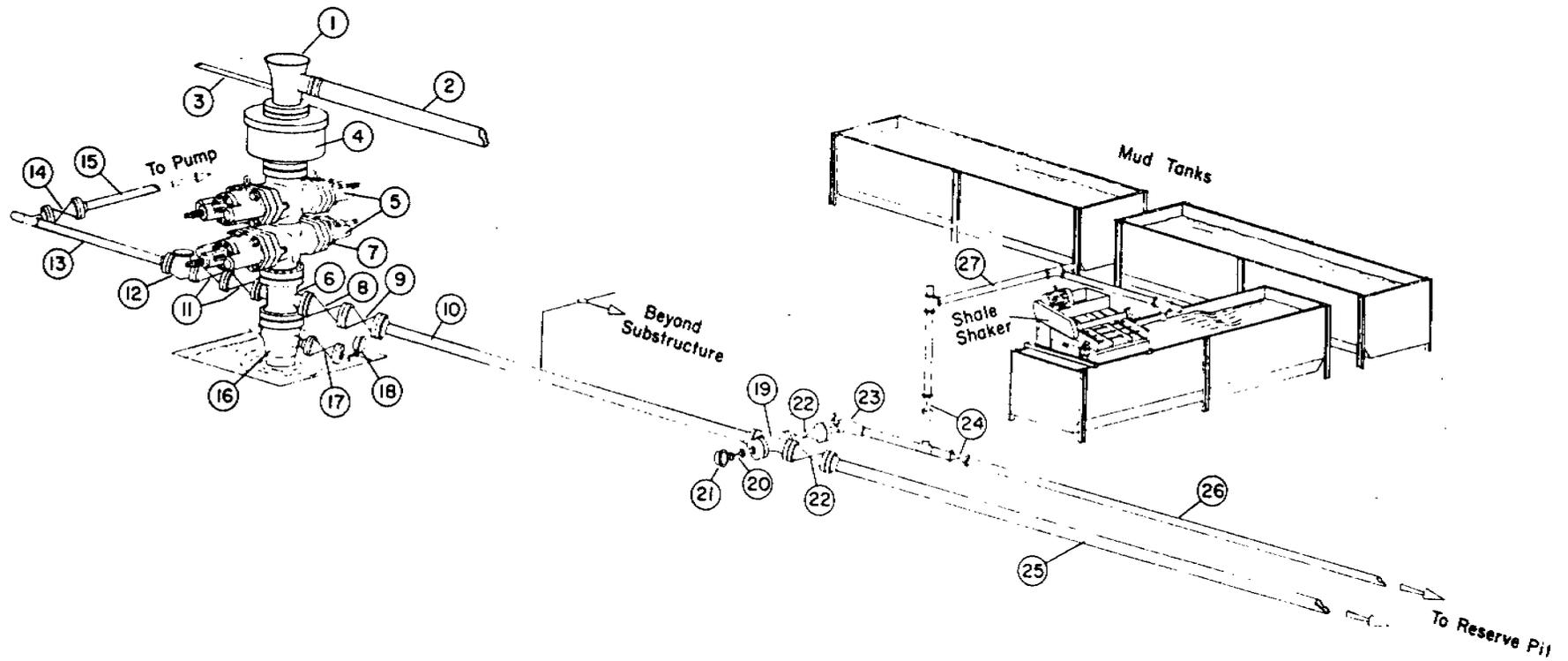
A schematic facilities diagram as required by 43 CFR 3162.7-2, 3162.7-3, and 3162.7-4 shall be submitted to the appropriate District Office within 30 days of installation or first production, whichever occurs first. All site security regulations as specified in 43 CFR 3162.7 shall be adhered to. All product lines entering and leaving hydrocarbon storage tanks will be effectively sealed in accordance with 43 CFR 3162.7-4.

A first production conference will be scheduled within 15 days after receipt of the first production notice.

No well abandonment operations will be commenced without the prior approval of the AO. In the case of newly drilled dry holes or failures, and in emergency situations, oral approval will be obtained from the SO. A "Subsequent Report of Abandonment" Form 3160-5, will be filed with the AO within 30 days following completion of the well for abandonment. This report will indicate where plugs were placed and the current status of surface restoration. Final abandonment will not be approved until the surface reclamation work required by the approved APD or approved abandonment notice has been completed to the satisfaction of the AO or his representative, or the appropriate Surface Managing Agency.

Pursuant to Onshore Oil and Gas Order No. 1, lessees and operators have the responsibility to see that their exploration, development, production, and construction operations are conducted in a manner which conforms with applicable Federal laws and regulations and with State and local laws and regulations to the extent that such State and local laws are applicable to operations on Federal or Indian lands.

CELSIUS/WEXPRO 3000 psi BLOWOUT PREVENTION EQUIPMENT



STANDARD STACK REQUIREMENTS

Nº	ITEM	NOMINAL	ID	TYPE	FURNISHED BY	
					OPER.	CONTR.
1	Drilling Nipple (Rotating Head when air drilling)					
2	Flowline					
3	Fill up Line (eliminated for air drilling)	2"				
4	Annular Preventer			Hydril Cameron Shaffer		
5	Two Single or One dual Hydril oper rams.			U:ORC; F:LWS; R,F		
6	Drilling spool with 3" and 2" outlets			Forged		
7	As Alternate to (6) Run & Kill and Choke lines from outlets in this ram					
8	Gate Valve		3-1/8			
9	Valve-hydraulically operated (Gate)		3-1/8			
10	Choke Line	3"				
11	Gate Valves		2-1/16			
12	Check Valve		2-1/16			
13	Kill Line	2"				
14	Gate Valve		2-1/16			
15	Kill Line to Pumps	2"				
16	Casing Head					
17	Valve Gate _____ Plug _____		1-13/16			
18	Compound Pressure Cage					
	Wear Bushing					



STATE OF UTAH
NATURAL RESOURCES
Oil, Gas & Mining

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

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

March 18, 1986

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

Gentlemen:

Re: Well No. Island Unit 27 - NE NW Sec. 9, T. 10S, R. 20E
845' FNL, 1800' FWL - Uintah County, Utah

Approval to drill the referenced well is hereby granted in accordance with Section 40-6-18, Utah Code Annotated, as amended 1983; and predicated on Rule 203, Oil and Gas Conservation General Rules, 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 as required by Chapter 3, Title 73, Utah Code Annotated.

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) 538-5340, (Home) 298-7695, or R. J. Firth, Associate Director, (Home) 571-6068.
4. Compliance with the requirements and regulations of Rule 311.3, Associated Gas Flaring, Oil and Gas Conservation General Rules.

Page 2
Wexpro Company
Well No. Island Unit 27
March 18, 1986

5. Prior to commencement of the proposed drilling operations, plans for toilet facilities and the disposal of sanitary waste at each drill site shall be submitted to the local health department having jurisdiction. Any such drilling operations and any subsequent well operations must be conducted in accordance with applicable State and local health department regulations. A list of all local health departments and copies of applicable regulations are available from the Division of Environmental Health, Bureau of General Sanitation, telephone (801) 533-6163.
6. 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 43-047-31703.

Sincerely,



R. J. Firth
Associate Director, Oil & Gas

as
Enclosures
cc: Branch of Fluid Minerals
D. R. Nielson

8159T

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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, Wyoming 82902

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

NE NW 1800' FWL, 845' FNL

At proposed prod. zone

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*

Approximately 15 miles south and west of Ouray, Utah

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

845'

16. NO. OF ACRES IN LEASE

520

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.

2893'

19. PROPOSED DEPTH

6,600'

20. ROTARY OR CABLE TOOLS

Rotary

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

GR 4784'

22. APPROX. DATE WORK WILL START*

March 1, 1986

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 Sacks Regular Type G with additives
7-7/8	5-1/2	17	6,600'	50-50 Pozmix with additives

See attached drilling plan.

RECEIVED
MAR 26 1986

DIVISION OF
OIL, GAS & MINING

FEB 1986

RECEIVED
DEPT. OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
FEB 10 1986

FEB 10 1986

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

24.

SIGNED

A. J. Mauer

TITLE Drilling Superintendent

DATE

2-7-86

(This space for Federal or State office use)

PERMIT NO.

APPROVAL DATE

APPROVED BY

B. H. Ferguson

TITLE

DISTRICT MANAGER

DATE

3/18/86

CONDITIONS OF APPROVAL, IF ANY:

NOTICE OF APPROVAL

CONDITIONS OF APPROVAL ATTACHED
TO OPERATOR'S COPY

*See Instructions On Reverse Side

267080-6M-29

CONDITIONS OF APPROVAL FOR NOTICE TO DRILL

Company Wexpro Company Well No. Island Unit 27
Location NE/NW Sec. 9 T10S R20E Lease No. U-013768

All lease and/or unit operations will be conducted in such a manner that full compliance is made with applicable laws, regulations (43 CFR 3100), Onshore Oil and Gas Order No. 1, and the approved plan of operations. The operator is fully responsible for the actions of his subcontractors. A copy of these conditions will be furnished the field representative to insure compliance.

A. DRILLING PROGRAM

1. Water Encountered

All water shows and water sands will be orally reported to Wayne Svejnoha of this office.

Any fresh water encountered below the surface casing shoe down to +1,000 feet shall be protected.

2. Pressure Control Equipment

Choke manifold systems will be consistent with API RP 53.

3. Casing Program and Auxiliary Equipment

Notify Al McKee of this office at least 12 hours prior to running the $5\frac{1}{2}$ inch casing.

4. Mud Program and Circulating Medium

Please send this office copies of the daily mud report for those samples taken while drilling from the top of the birds nest aquifer (+2,300 feet) to the top of the Wasatch tongue (+4,445 feet).

5. Other Information

All loading lines will be placed inside the berm surrounding the tank battery.

All site security guidelines identified in 43 CFR 3162.7 regulations will be adhered to.

All off-lease storage, off-lease measurement, or commingling on-lease or off-lease will have prior written approval from the AO.

Gas meter runs for each well will be located within 500 feet of the wellhead. The gas flowline will be buried or anchored down from

the wellhead to the meter and 500 feet downstream of the meter run or any production facilities. Meter runs will be housed and/or fenced.

The oil and gas measurement facilities will be installed on the well location. The oil and gas meters will be calibrated in place prior to any deliveries. Tests for meter accuracy will be conducted monthly for the first three months on new meter installations and at least quarterly thereafter. The AO will be provided with a date and time for the initial meter calibration and all future meter proving schedules. A copy of the meter calibration reports will be submitted to the Vernal District Office. All meter measurement facilities will conform with the API standards for liquid hydrocarbons and the AGA standard for natural gas measurement.

The use materials under BLM jurisdiction will conform to 43 CFR 3610.2-3.

There will be no deviation from the proposed drilling and/or work-over program without prior approval from the AO. Safe drilling and operating practices must be observed. All wells, whether drilling, producing, suspended, or abandoned will be identified in accordance with 43 CFR 3162.

"Sundry Notice and Report on Wells" (Form 3160-5) will be filed for approval for all changes of plans and other operations in accordance with 43 CFR 3162.3-2.

THIRTEEN POINT SURFACE USE PROGRAM:

Multipoint Requirements to Accompany APD

1. Methods for Handling Waste Disposal

Pits are not to be located in natural drainages where a flood hazard exists or surface runoff will destroy or damage the pit walls, unless otherwise herein provided.

The reserve pit shall be lined with bentonite.

It shall be constructed so as not to leak, break, or allow discharge.

For the following reasons the reserve pit will be lined:

To protect the environment (without a chemical analysis).

Produced waste water will be confined to a lined pit or, if deemed necessary, a storage tank for a period not to exceed 90 days after first production. During the 90-day period an application for approval of a permanent disposal method and location, along with required water analysis, will be submitted for the AO's approval. Failure to file an application within the time allowed will be considered an incident of noncompliance.

2. Plans for Restoration of Surface

An appropriate seed mixture will be determined by the BLM, either as part of the Conditions of Approval of the APD or at the time restoration activities are scheduled to begin.

All seeding will be done from September 1 until the ground freezes.

At such time as the well is plugged and abandoned, the operator will submit a surface reclamation plan to the Surface Management Agency for prescribed seed mixtures and reseeding requirements.

If the seeding is unsuccessful, the lessee/operator may be required to make subsequent seedings.

3. Additional Surface Stipulations for BLM, BIA, FS, DWR, or Private Surface Lands:

The operator or his contractor shall contact the BLM Office at (801) 789-1362 between 24 and 48 hours prior to construction activities. Contact the Book Cliffs Resource Area Minerals Staff.

In the event after-hour approvals are necessary, please contact one of the following individuals:

Craig M. Hansen
Assistant District Manager
for Minerals

(801) 247-2318

Gerald E. Kenczka
Petroleum Engineer

(801) 781-1190

R. Allen McKee
Petroleum Engineer

(801) 781-1368

NAME	ACTION CODE(S)	INTL
NORM		<i>7</i>
TAMI		
VICKY		
CLAUDIA		
STEPHANE		
CHARLES		
RULA		
MARY ALICE		
CONNIE		
MILLIE		
PAM	<i>FILE</i>	

Required Action Code

1. Data Entry
2. Filming
3. Posting
 - a. Card Index
 - b. File Label
 - c. Lists
4. Bonding Verification
5. Other (See Norm)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Budget Bureau No. 1004-1
Expires August 31, 1985
LEASE DESIGNATION AND SERIAL

APR 1986

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, Wyoming

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface
NE NW, 1800' FWL, 845' FNL

14. PERMIT NO.
43-047-31703

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
GR 4784'

RECEIVED
90 APR 02 1986

DIVISION OF
OIL, GAS & MINING

U-013768

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7. UNIT AGREEMENT NAME
Island

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Unit

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27

10. FIELD AND POOL OR WILDCAT
Island

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
9-10S-20E

12. COUNTY OR PARISH
Uintah

13. 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	PULL OR ALTER CASING	WATER SHUT OFF	REPAIRING WELL
FRACTURE TREAT	MILL DEEP COMPLETE	FRACTURE TREATMENT	ALTERING CASING
SHOOTING OR ACIDIZING	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL	CHANGE CLASS	Other	

XX

(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 change the Casing Program of the above captioned well APD as follows:

Footage	Size	Grade	Wt.	Condition	Thread	Cementing Program
300'	9-5/8	K-55	36	New	8 rd ST&C	165 sacks Regular Type G with 3% CaCl and 1/4-pound flocele/sack; cement will be brought to surface.
6600'	5	S-95	18	Used	8 rd LT&C	Cement top will be brought 1000' from surface with 50-50 Pozmix with 8% gel, 0.2% Halad-24, 10% salt, 5 pounds gilsonite/sack and 1/4-pound flocele/sack, plus 1000' 50-50 Pozmix with 2% gel, 0.6% Hala 24, 10% salt and 1/4-pound flocele/sack.

Change in casing program is due to availability of casing in stock.
Water for drilling will be obtained from the Green River under Application No. T-61634, permit number 49-1390.

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

SIGNED A. J. Mauer TITLE Drilling Superintendent DATE March 31, 1986

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ ACCEPTED BY THE STATE

CONDITIONS OF APPROVAL, IF ANY:

OF UTAH DIVISION OF OIL, GAS, AND MINING

Federal approval of this action is required before commencing operations.

*See Instructions on Reverse Side

DATE 4-4-86
BY [Signature]

ROUTING/ACTION FORM

4-7-86

SEQ	NAME	ACTION	INITIAL
	NORM		<i>2/1</i>
	TAMI		
	VICKY		
	CLAUDIA		
	STEPHANE		
	CHARLES		
	RULA		
	MARY ALICE		
	CONNIE		
	MILLIE		
	RON		
	JOHN		
	GIL		
	PAM	<i>4/</i>	<i>dk</i>

NOTES:

ACTION CODE

1. DATA ENTER
2. FILM
3. POST
a. CARD FILE
b. FILE LABEL
c. LISTS
4. FILE
5. RELOCATE FILE OR CARD
6. DECISION
7. PREPARE LETTER
12. OTHER - SEE NOTES

FILING FOR WATER IN THE STATE OF UTAH

APPLICATION TO APPROPRIATE WATER

Rec. by _____
 Fee Paid \$ _____
 Platted _____
 Microfilmed _____
 Roll # _____

For the purpose of acquiring the right to use a portion of the unappropriated water of the State of Utah, application is hereby made to the State Engineer, based upon the following showing of facts, submitted in accordance with the requirements of the Laws of Utah.

WATER USER CLAIM NO. 49 - 1390

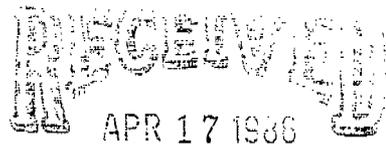
APPLICATION NO. T61634

PRIORITY OF RIGHT: March 31, 1986

FILING DATE: March 31, 1986

OWNER INFORMATION

Name: D.E.Casada Construction
 Address: 221 South 1000 East, Vernal, UT 84078
 The land is not owned by the applicant(s), see explanatory.



QUANTITY OF WATER: 12.0 acre feet (Ac. Ft.)

DIVISION OF
OIL, GAS & MINING

SOURCE: Green River DRAINAGE: SE Uinta Basin

POINT(S) OF DIVERSION:

COUNTY: Uintah

(1) N. 4224 feet, W. 1056 feet, from the SW Corner of Section 5,
 Township 10 S, Range 19 E, SLB&M

Description of Diverting Works: Pumped into tank Trucks

COMMON DESCRIPTION: 14 MI.SW of Ouray

NATURE AND PERIOD OF USE

Oil Recovery: From March 31 to March 31.

PURPOSE AND EXTENT OF USE

Oil Recovery: Oil Well Drilling & Completion of Island Units 25, 26, 27 & 28
 Island Unit #25 in Sec. 2, T10S, R19E, SLB&M, Island Unit # 26 in Sec.
 11, T10S R19E, SLB&M, Island Unit # 27 in Sec.9, T10S, R20E,
 SLB&M, Island Unit # 28 in Sec.6, T10S, R20E, SLB&M

PLACE OF USE

The water is used in all or parts of each of the following legal subdivisions.

TOWN	RANGE	SEC	North East Quarter				North West Quarter				South West Quarter				South East Quarter			
			NE 1/4	NW 1/4	SW 1/4	SE 1/4	NE 1/4	NW 1/4	SW 1/4	SE 1/4	NE 1/4	NW 1/4	SW 1/4	SE 1/4	NE 1/4	NW 1/4	SW 1/4	SE 1/4
10 S	19 E	2	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
10 S	19 E	11	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
10 S	20 E	6	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
10 S	20 E	9	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

All locations in Salt Lake Base and Meridian

EXPLANATORY

Diversion point is on BLM

Appropriate

DIVISION OF OIL, GAS AND MINING

SPUDDING INFORMATION

API #43-047-31703

NAME OF COMPANY: WEXPRO COMPANY

WELL NAME: ISLAND UNIT #27

SECTION NE NW 9 TOWNSHIP 10S RANGE 20E COUNTY Uintah

DRILLING CONTRACTOR _____

RIG # _____

SPUDED: DATE 5-1-86

TIME 10:00 AM

How Dry Hole Digger

DRILLING WILL COMMENCE 5-5-86 - Brinkerhoff - Rig #5

REPORTED BY Cathy

TELEPHONE # 307-382-9791

DATE 5-5-86 SIGNED AS

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE
(Other instructions on
reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

BLL

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, Wyoming 82902

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
NE NW, 1800' FWL, 845' FNL

14. PERMIT NO.
43-047-31703

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
GR 4784'

5. LEASE DESIGNATION AND SERIAL NO.
U-013768

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Island

8. FARM OR LEASE NAME
Unit

9. WELL NO.
27

10. FIELD AND POOL, OR WILDCAT
Island

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
9-10S-20E

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 ACIDISE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <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 320', waiting on rotary rig.

Spud well on May 1, 1986 at 10:00 A.M. with air rig. Report of surface casing will follow upon receipt.

RECEIVED
MAY 05 1986

DIVISION OF
OIL, GAS & MINING

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

SIGNED A. J. Masel TITLE Drilling Superintendent DATE May 2, 1986

(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

SUBMIT IN TRIPlicate
(Other instructions
verse 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
MAY 12 1986

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 well regulations.
See also space 17 below.)
At surface
NE NW, 1800' FWL, 845' FNL

14. PERMIT NO.
43-047-31703

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
GR 4784'

5. LEASE DESIGNATION AND SERIAL NO.
U-013768

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Island

8. FARM OR LEASE NAME
Unit

9. WELL NO.
27

10. FIELD AND POOL, OR WILDCAT
Island

11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA
9-10S-20E

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"/>	

(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 3150', drilling.

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

SIGNED A. J. Maser TITLE Drilling Superintendent DATE May 9, 1986

(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

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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
U-013768

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Island

8. FARM OR LEASE NAME
Unit

9. WELL NO.
27

10. FIELD AND POOL, OR WILDCAT
Island

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
9-10S-20E

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, Wyoming 82902

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
NE NW, 1800' FWL, 845' FNL

14. PERMIT NO.
43-047-31703

15. ELEVATIONS (Show whether OF, RT, GR, etc.)
GR 4784' KB 4798.75'

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) Supplemental History <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.)*

Depth 6600' reached 5-13-86.

Landed 9-5/8-inch O.D., 36-pound, K-55, 8 round thread, ST&C casing at 314.09 feet KBM or 14.75 feet below KB in an 11-inch 3000 psi casing flange set at ground level. Pumped 20 barrels gelled water. Cemented with 150 sacks 50-50 Pozmix A (Type I) treated with 3% HA-5 and 1/4-pound flocele per sack. No returns. Cement in place at 1:30 P.M. 5-1-86. Ran 40 feet of one-inch pipe and cemented with 70 sacks 50-50 Pozmix A (Type I) cement treated with 3% CaCl. Returned slurry to surface. Cement did not fall back. Cement in place at 11:00 A.M. 5-2-86.

Please note that Wexpro Company will complete this well using a CRC completion rig which will move on the well upon finalization of completion plans.

RECEIVED
MAY 19 1986

DIVISION OF
OIL, GAS & MINING

18. I hereby certify that the foregoing is true and correct
SIGNED *R. J. Mason* TITLE Drilling Superintendent DATE May 14, 1986

(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

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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, Wyoming 82902

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

NE NW, 1800' FWL, 845' FNL

14. PERMIT NO.
43-047-31703

15. ELEVATIONS (Show whether DF, RT, OR, etc.)
GR 4784' KB 4798.75'

5. LEASE DESIGNATION AND SERIAL NO.

U-013768
6. IF INSTAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Island

8. FARM OR LEASE NAME
Unit

9. WELL NO.
27

10. FIELD AND POOL, OR WILDCAT
Island

11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA
9-10S-20E

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
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
(Other)

PULL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON*
CHANGE PLANE

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other) Supplemental History
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

REPAIRING WELL
ALTERING CASING
ABANDONMENT*

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.

RECEIVED
JUN 02 1986

DIVISION OF
OIL, GAS & MINING

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

SIGNED A. J. Maser TITLE Drilling Superintendent DATE May 30, 1986

(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

Submit in triplicate*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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

RECEIVED
JUN 05 1986

5. LEASE DESIGNATION AND SERIAL NO.

U-013768

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Island

8. FARM OR LEASE NAME

Unit

9. WELL NO.

27

10. FIELD AND POOL, OR WILDCAT

Island

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

9-10S-20E

12. COUNTY OR PARISH 13. STATE

Uintah

Utah

1. OIL WELL GAS WELL 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

NE NW, 1800' FWL, 845' FNL

14. PERMIT NO.

43-047-31703

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

GR 4784'

KB 4798.75'

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

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANE

(Other) Supplemental History

(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.)

Landed 5-inch O.D., 18-pound, S-95, 8 round thread, LT&C casing at 6599.32 feet KBM or 14.75 feet below KB with full indicator weight of 104,000 pounds set on ERC C-22 slips. Circulated casing for two hours with rig pump. Preceded cement with 36 barrels mud flush and 50 barrels CS-3 spacer. Cemented with 640 sacks Howco Hi-fill cement treated with 1/4 pound flocele per sack. Tailed in with 260 sacks 50-50 Pozmix A cement with 2% gel treated with 1/4 pound flocele per sack. Displaced with 2% KCL. Rotated casing while circulating, mixing and displacing. Full returns throughout operations. Returned 15 barrels slurry. Bumped plug with 700 psi over displacement pressure. Floats held okay. Cement in place at 1:30 P.M. 5-15-86.

Waiting on completion tools.

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

SIGNED

R. J. Mason

TITLE Drilling Superintendent

DATE June 2, 1986

(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

SUBMIT IN DUPLICATE

(See other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0137
Expires August 31, 1985

3

071004

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

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

b. TYPE OF COMPLETION: NEW WELL WORK OVER DEEPEN PLUG BACK DIFF. RENVR. 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)*
At surface NE NW 1800' FWL, 845' FNL
At top prod. interval reported below
At total depth

5. LEASE DESIGNATION AND SERIAL NO.

U-013768

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Island

8. FARM OR LEASE NAME

Unit

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

Island

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

9-10S-20E

RECEIVED
JUL 07 1986
DIVISION OF OIL, GAS & MINING

14. PERMIT NO. 43-047-31703 DATE ISSUED 3-18-86 12. COUNTY OR PARISH Uintah 13. STATE Utah

15. DATE SPUDDED 5-1-86 16. DATE T.D. REACHED 5-13-86 17. DATE COMPL. (Ready to prod.) 7-2-86 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* GR 4784' KB 4798.75' 19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD 6600 21. PLUG, BACK T.D., MD & TVD - 22. IF MULTIPLE COMPL., HOW MANY* - 23. INTERVALS DRILLED BY - ROTARY TOOLS Yes CABLE TOOLS -

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 6266-6276', 6052-6062', 5892-5918', 5480-5505' 25. WAS DIRECTIONAL SURVEY MADE No

26. TYPE ELECTRIC AND OTHER LOGS RUN FDC-CNL, DL, NGR, CBL-GR 27. WAS WELL CORRED No

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

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
9-5/8	36	314.09	12-1/4	310 sacks Class H	None
5	18	6599.32	7-7/8	640 sacks High Fill	None
				260 sacks 50-50 Pozmix	

29. LINER RECORD

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

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
2-3/8	6228.79	

31. PERFORATION RECORD (Interval, size and number)

6266-6276'	KBM 4 SPF .4" holes
6052-6062'	KBM 4 SPF .4" holes
5892-5918'	KBM 2 SPF .4" holes
5480-5505'	KBM 2 SPF .4" holes

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
6266-6276	56,780 gal gel, 134,000# 16/30 mesh
6052-6062	59,000 gal gel, 125,000# 16/30 mesh
5892-5918	97,150 gal gel, 200,000# 16/30 mesh
5480-5505	97,480 gal gel, 200,000# 16/30 mesh

33. PRODUCTION

DATE FIRST PRODUCTION Awaiting Facil. 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
7/2-3/86	23	48/64	→	0	511	72	--
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
320	800	→	0	533	75	--	

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

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. Sliger TITLE Director Pet. Eng. DATE July 3, 1986

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

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
				Uintah	Surface	
				Green River	1616'	
				Bird Nest		
				Aquifer	2137'	
				Wasatch		
				Tongue	4134'	
				Green River		
				Tongue	4475'	
				Wasatch		
				Tongue	4646'	
				Chapita Wells		
				Zone	5426'	

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

071534

RECEIVED
JUL 11 1986

WELL COMPLETION OR RECOMPLETION REPORT

1. TYPE OF WELL: OIL WELL GAS WELL DRY
 a. TYPE OF COMPLETION: NEW WELL WORK OVER DEEP-EN PLUG BACK DIFF. REVR. 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)*
 At surface: NE NW 1800' FWL, 845' FNL
 At top prod. interval reported below
 At total depth

DIVISION OF OIL, GAS & MINING

5. LEASE DESIGNATION AND SERIAL NO.: U-013768
 6. IF INDIAN, ALLOTTEE OR TRIBE NAME:
 7. UNIT AGREEMENT NAME: Island
 8. FARM OR LEASE NAME: Unit
 9. WELL NO.: 27
 10. FIELD AND POOL, OR WILDCAT: Island
 11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA: 9-10S-20E

12. COUNTY OR PARISH: Uintah
 13. STATE: Utah
 14. PERMIT NO.: 43-047-31703
 DATE ISSUED: 3-18-86

15. DATE SPUNDED: 5-1-86
 16. DATE T.D. REACHED: 5-13-86
 17. DATE COMPL. (Ready to prod.): 7-2-86
 18. ELEVATIONS (DF, RKB, RT, GR, ETC.): GR 4784' KB 4798.75'
 19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD: 6600
 21. PLUG. BACK T.D., MD & TVD: 6496
 22. IF MULTIPLE COMPL., HOW MANY*
 23. INTERVALS DRILLED BY: Yes
 ROTARY TOOLS: YES
 CABLE TOOLS: YES

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*: 6266-6276', 6052-6062', 5892-5918', 5480-5505'
 25. WAS DIRECTIONAL SURVEY MADE: No

26. TYPE ELECTRIC AND OTHER LOGS RUN: FDC-CNL, DL, NGR, CBL-GR
 27. WAS WELL CORED: No

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

CASINO SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
9-5/8	36	314.09	12-1/4	310 sacks Class H	None
5	18	6599.32	7-7/8	640 sacks High Fill	None
				260 sacks 50-50 Pozmix	

29. LINER RECORD

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

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
2-3/8	6228.79	

31. PERFORATION RECORD (Interval, size and number)

6266-6276'	KBM 4 SPF .4" holes
6052-6062'	KBM 4 SPF .4" holes
5892-5918'	KBM 2 SPF .4" holes
5480-5505'	KBM 2 SPF .4" holes

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
6266-6276	56,780 gal gel, 134,000# 16/30 mesh
6052-6062	59,000 gal gel, 125,000# 16/30 mesh
5892-5918	97,150 gal gel, 200,000# 16/30 mesh
5480-5505	97,480 gal gel, 200,000# 16/30 mesh

33.* PRODUCTION

DATE FIRST PRODUCTION: Awaiting Facil.
 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—BSL.	GAS—MCF.	WATER—BSL.	GAS-OIL RATIO
7/2-3/86	23	48/64	→	0	511	72	--

FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BSL.	GAS—MCF.	WATER—BSL.	OIL GRAVITY-API (CORR.)
320	800	→	0	533	75	---

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

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. Sliger* TITLE: Director Pet. Eng. DATE: July 3, 1986

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

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
				Uintah	Surface	
				Green River	1616'	
				Bird Nest		
				Aquifier	2137'	
				Wasatch		
				Tongue	4134'	
				Green River		
				Tongue	4475'	
				Wasatch		
				Tongue	4646'	
				Chapita Wells		
				Zone	5426'	

DOUBLE "D" ENTERPRISES

B.O.P. Test Report

RECEIVED
AUG 19 1986

DIVISION OF
OIL, GAS & MINING

B.O.P. TEST PERFORMED ON (DATE) 5-8-86

OIL CO.: Wexpro

WELL NAME & NUMBER Island Unit 27

SECTION

TOWNSHIP

RANGE

COUNTY Uintah

DRILLING CONTRACTOR Brinkerhoff Signal 85

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

TESTED BY: **DOUBLE "D" ENTERPRISES, INC.**
608 N. Vernal Ave.
Vernal, UT 84078
Phone: (801) 781-0448 or (801) 781-0449

OIL CO. SITE REPRESENTATIVE Bill Newton

RIG TOOL PUSHER

TESTED OUT OF Vernal

NOTIFIED PRIOR TO TEST:

COPIES OF THIS TEST REPORT SENT COPIES TO: Wexpro

Brinkerhoff Signal

State

BLM

ORIGINAL CHART & TEST REPORT ON FILE AT: Vernal OFFICE

DOUBLE "D" ENTERPRISES, INC.

P.O. Box 560
 Cheyenne, Wyoming 82049
 307-678-2308

DELIVERY TICKET

No 3750

5-8-86

Operator WEXPRO Contractor Brinkerhoff Signal Rig No. 85
 Ordered By Bill Newton Lease Island unit Well No. 27
Wintah Section _____ Township _____ Range _____

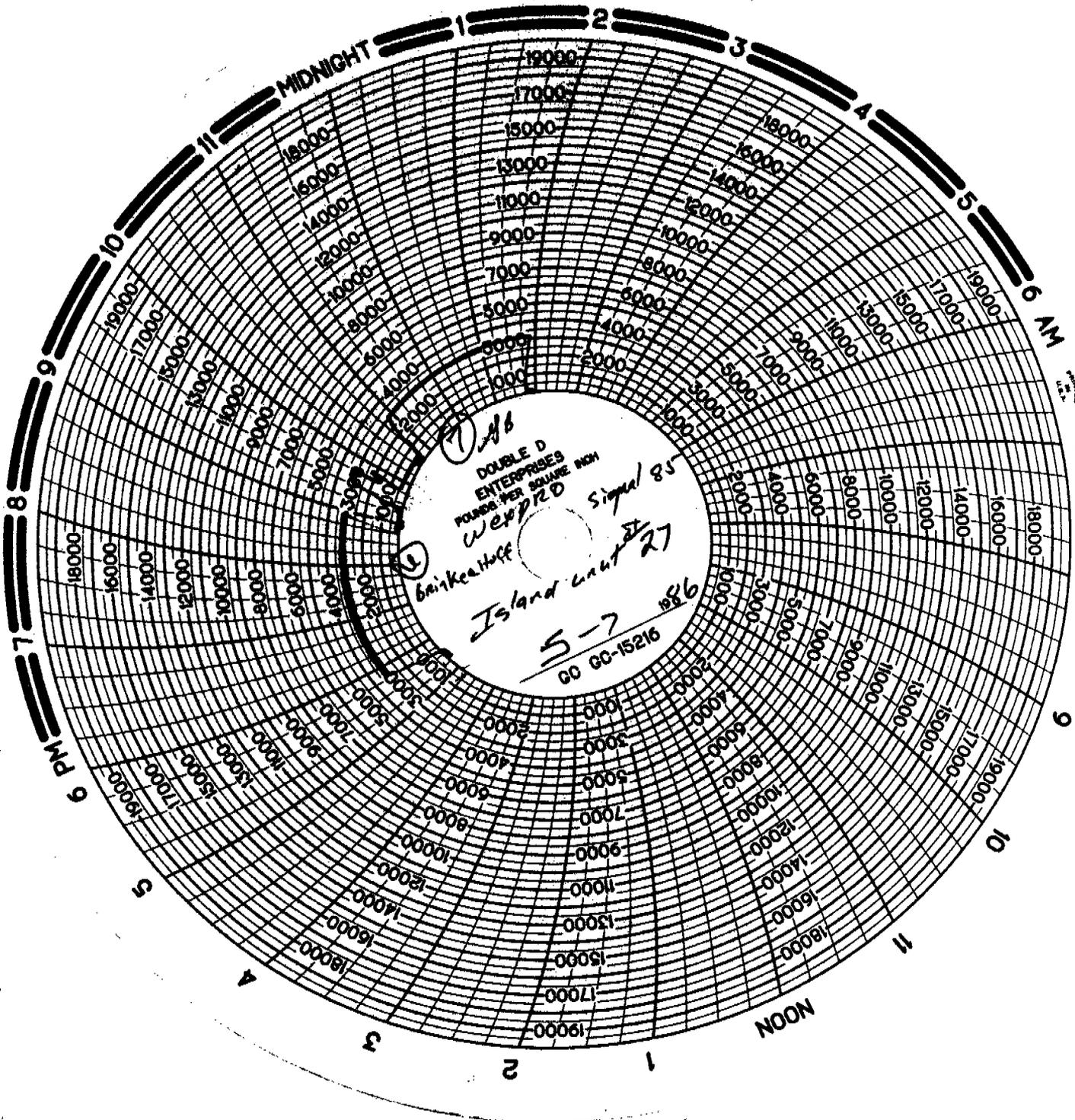
Items Tested:

	Low Test	Time Held	High Test	Time Held	Comments
Top Pipe Rams			3000	15 min	OK
Bottom Pipe Rams				}	OK
Blind Rams			3000		OK
Annular B.O.P.			1500		OK
Choke Manifold			3000		OK
Choke Line			3000		OK
Kill Line			3000		OK
Super Choke					OK
Upper Kelly			3000		OK
Lower Kelly			3000		OK
Floor Valve					OK
Dart Valve			3000		OK

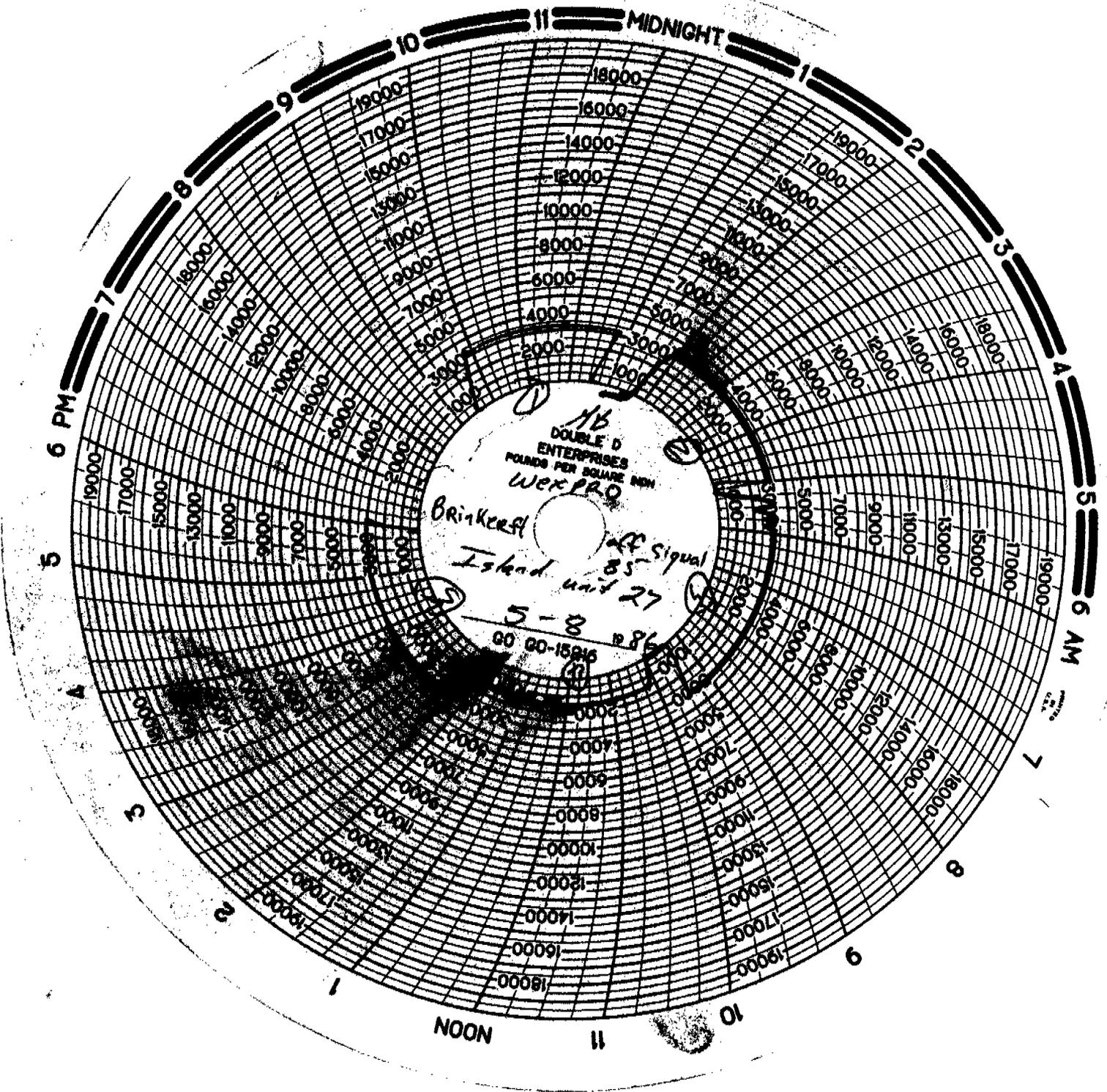
Closing Unit Psi 2850 Closing Time of Rams 5 sec Closing Time of Hydril 17 sec
 Closed Casing Head Valve YES Set Wear Sleeve NONE
 Comments _____

COMPANY	LEASE AND WELL NAME #	DATE OF TEST	RIG # AND NAME
Wexpro	Island Unit 27	5-8-84	Brinkerhoff Signal 85

EST#	TIME	
①		1st set valve - Blinds - 1st kill valve
	3:04 - 3:19	3000 ok
		Run joint - screw into plug
②		Pipe 2nd kill valve - 1st choke valve - Dart
	3:37 - 3:52	3000 psi ok
③		Pipe - Dart - 2nd choke valve - check valve
	3:57 - 4:12	3000 psi ok (Had to work choke)
④		Hydril - Dart - upright on manifold
	4:18 - 4:33	1500 psi
		pull joint break down - pick up Kelly - make up LKC and sub
⑤		2nd set manifold valves - manual choke
		manual holds psi but not poss. seal
		2nd set manifold valves
	4:51 - 5:04	3000 psi ok
⑥		Lower Kelly Cock
	5:11 - 5:24	3000 ok - Tightened Kelly
⑦		Upper Kelly Cock
	5:38 - 5:53	3000 ok
		Spooled up - made out ticket



① Ab
DOUBLE D
ENTERPRISES
POUNDS PER SQUARE INCH
Wespro Signal 85
② briskeathuff
Island Unit 27
5-7 1986
00 00-15216



16
DOUBLE D
ENTERPRISES
POUNDS PER SQUARE MIN
WEX PRO
Brinkerhoff
Island unit 27
5-8
60 60-15216

off signal

DOUBLE "D" ENTERPRISES

B.O.P. Test Report

082017

RECEIVED
AUG 19 1986

DIVISION OF
OIL, GAS & MINING

B.O.P. TEST PERFORMED ON (DATE) 5-8-86

OIL CO.: Wexpro

WELL NAME & NUMBER Island Unit 27

SECTION 9

TOWNSHIP 10 S.

RANGE 20 E.

COUNTY Wintah 43.047.31703

DRILLING CONTRACTOR Brinkerhoff Signal 85

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

TESTED BY: **DOUBLE "D" ENTERPRISES, INC.**
608 N. Vernal Ave.
Vernal, UT 84078
Phone: (801) 781-0448 or (801) 781-0449

OIL CO. SITE REPRESENTATIVE Bill Newton

RIG TOOL PUSHER

TESTED OUT OF Vernal

NOTIFIED PRIOR TO TEST:

COPIES OF THIS TEST REPORT SENT COPIES TO: Wexpro
Brinkerhoff Signal
State
BLM

ORIGINAL CHART & TEST REPORT ON FILE AT: Vernal OFFICE

DOUBLE "D" ENTERPRISES, INC.

DELIVERY TICKET

P.O. Box 550
 Cheyenne, Wyoming 82001
 307-491-2000

No 3750

5-8-86

Operator WEXPRO Contractor Brinkerhoff Signal Rig No. 85
 Ordered By Bill Newton Lease Island unit Well No. 27
Wintah Section _____ Township _____ Range _____

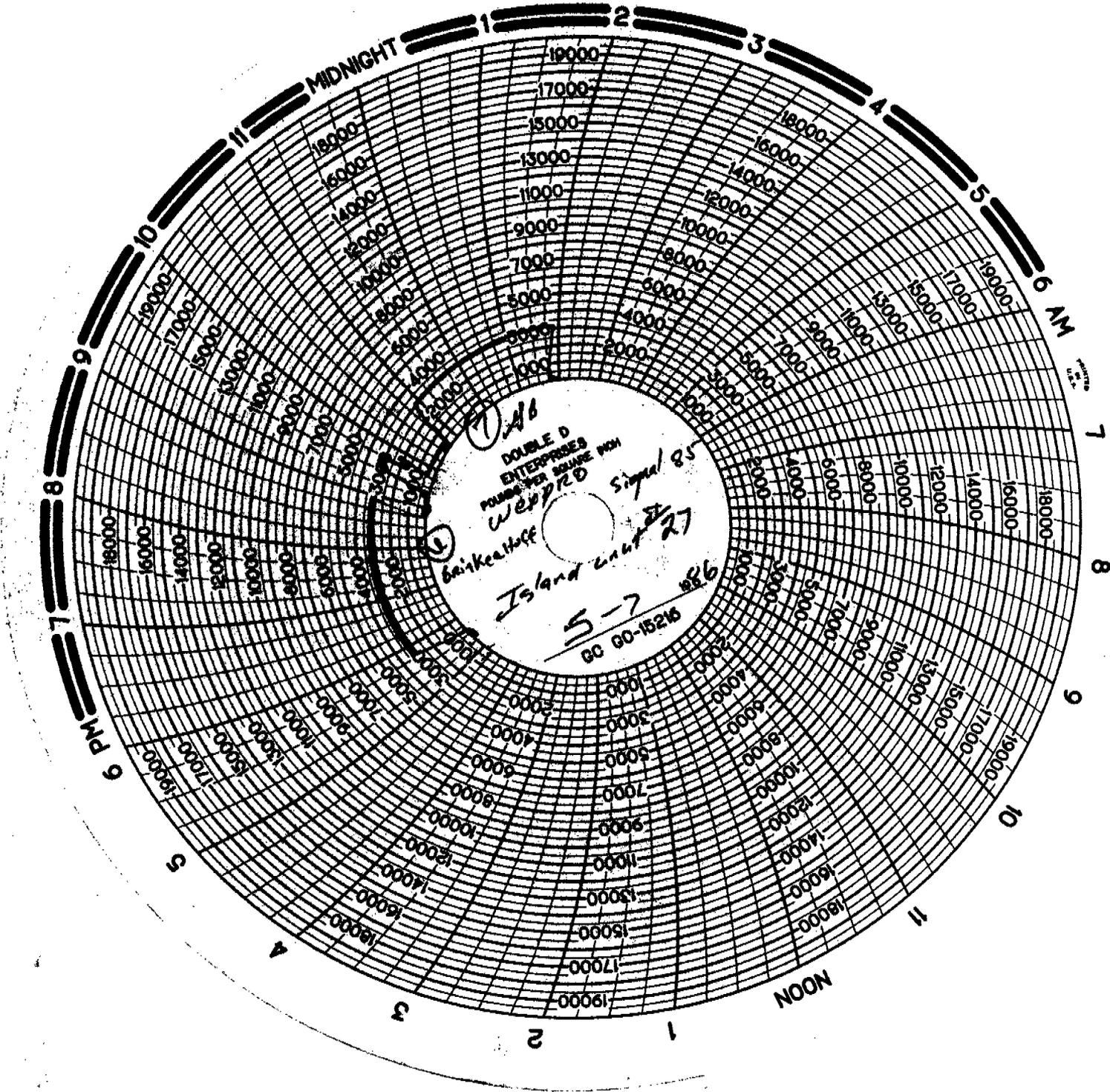
Items Tested:

	Low Test	Time Held	High Test	Time Held	Comments
Top Pipe Rams			3000	15 min	OK
Bottom Pipe Rams					
Blind Rams			3000		OK
Annular B.O.P.			1500		OK
Choke Manifold			3000		OK
Choke Line			3000		OK
Kill Line			3000		OK
Super Choke					
Upper Kelly			3000		OK
Lower Kelly			3000		OK
Floor Valve					
Dart Valve			3000		OK

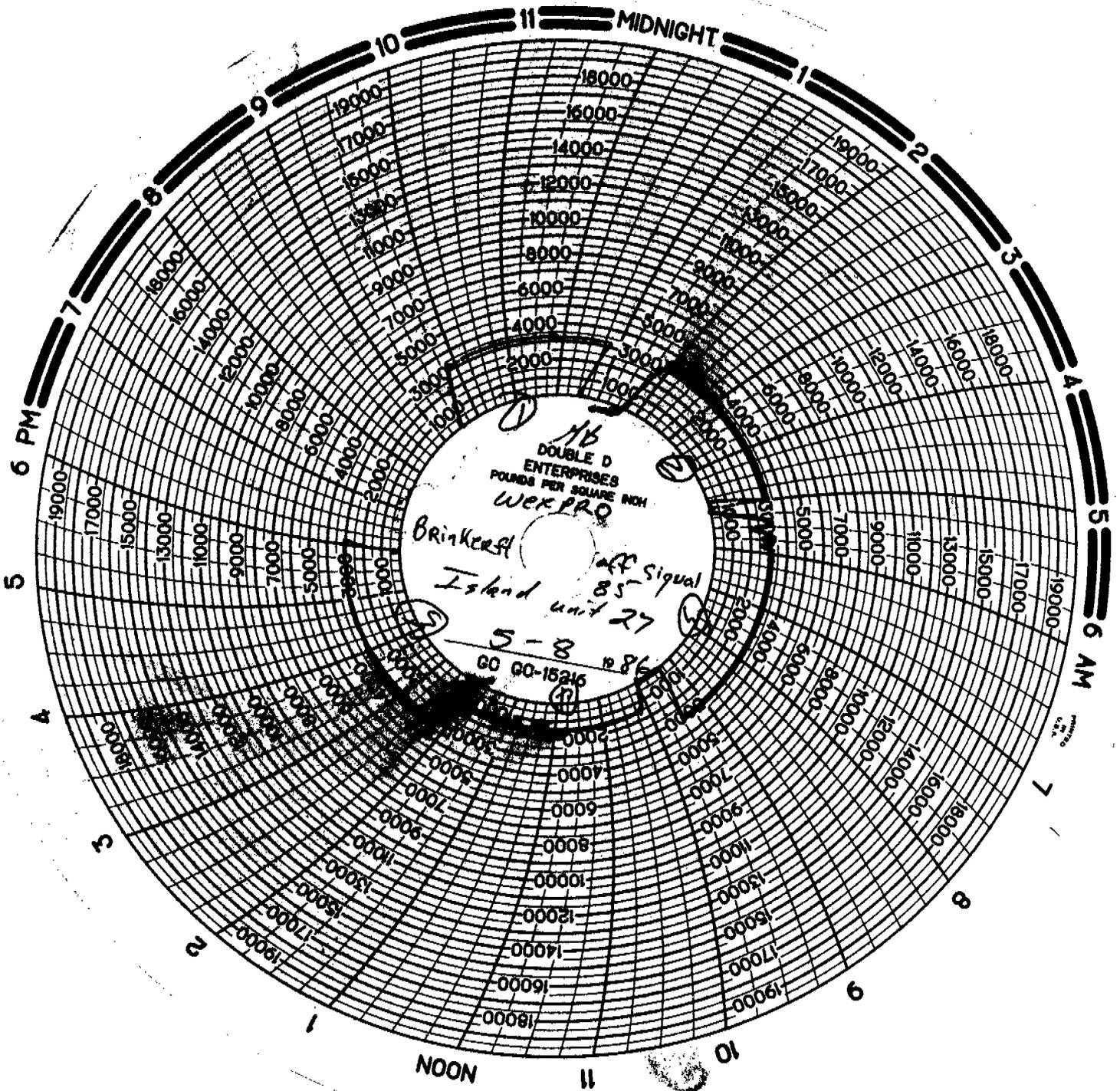
Closing Unit Pst 2950 Closing Time of Rams 5 sec Closing Time of Hydril 17 sec
 Closed Casing Head Valve YES Set Wear Sleeves NONE
 Comments _____

COMPANY	LEASE AND WELL NAME #	DATE OF TEST	RIG # AND NAME
Wexpro	Island Unit 27	5-8-84	Brinkerhoff Signal 85

EST#	TIME	
①		1st set valve - Blinds - 1st kill valve
	3:04 - 3:19	3000 ok run joint - screw into plug
②		Pipe 2nd kill valve - 1st choke valve - Dart
	3:37 - 3:52	3000 psi ok
③		Pipe - Dart - 2nd choke valve - check valve
	3:57 - 4:12	3000 psi ok (Had to work choke)
④		Hydril - Dart - upright on manifold
	4:18 - 4:33	1500 psi
		pull joint break down - pick up kelly - make up 2 KC and sub
⑤		2nd set manifold valves - manual choke manual holds psi but not poss. seal 2nd set manifold valves
	4:51 - 5:04	3000 psi ok
⑥		Lower Kelly Cock
	5:11 - 5:24	3000 ok - Tightened Kelly
⑦		Upper Kelly Cock
	5:38 - 5:53	3000 ok
		Spooled up - made out ticket



DAB
DOUBLE D
ENTERPRISES
FOUR-BAYER SQUARE WVA
WepRED
Signal 85
bairkeatoff
Island unit 27
5-7 886
GC 60-15218



UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO

U-013768

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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, Wyoming 82902

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

NE NW, 1800' FWL, 845' FNL

14. PERMIT NO.
43-047-31703

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
GR 4784'

7. UNIT AGREEMENT NAME
Island

8. FARM OR LEASE NAME
Unit

9. WELL NO.
27

10. FIELD AND POOL, OR WILDCAT
Island

11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA
9-10S-20E

12. COUNTY OR PARISH
Uintah

13. STATE
Utah

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

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

Request permission to install production facilities as shown on attached drawing.

Your expeditious approval would be appreciated.

RECEIVED
OCT 20 1986

DIVISION OF
OIL, GAS & MINING

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

SIGNED [Signature] TITLE District Manager DATE 10/8/86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

Federal approval of this action is required before commencing operations.

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

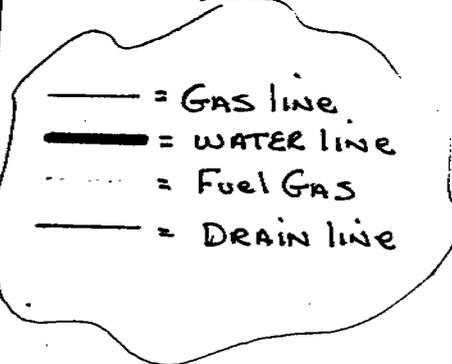
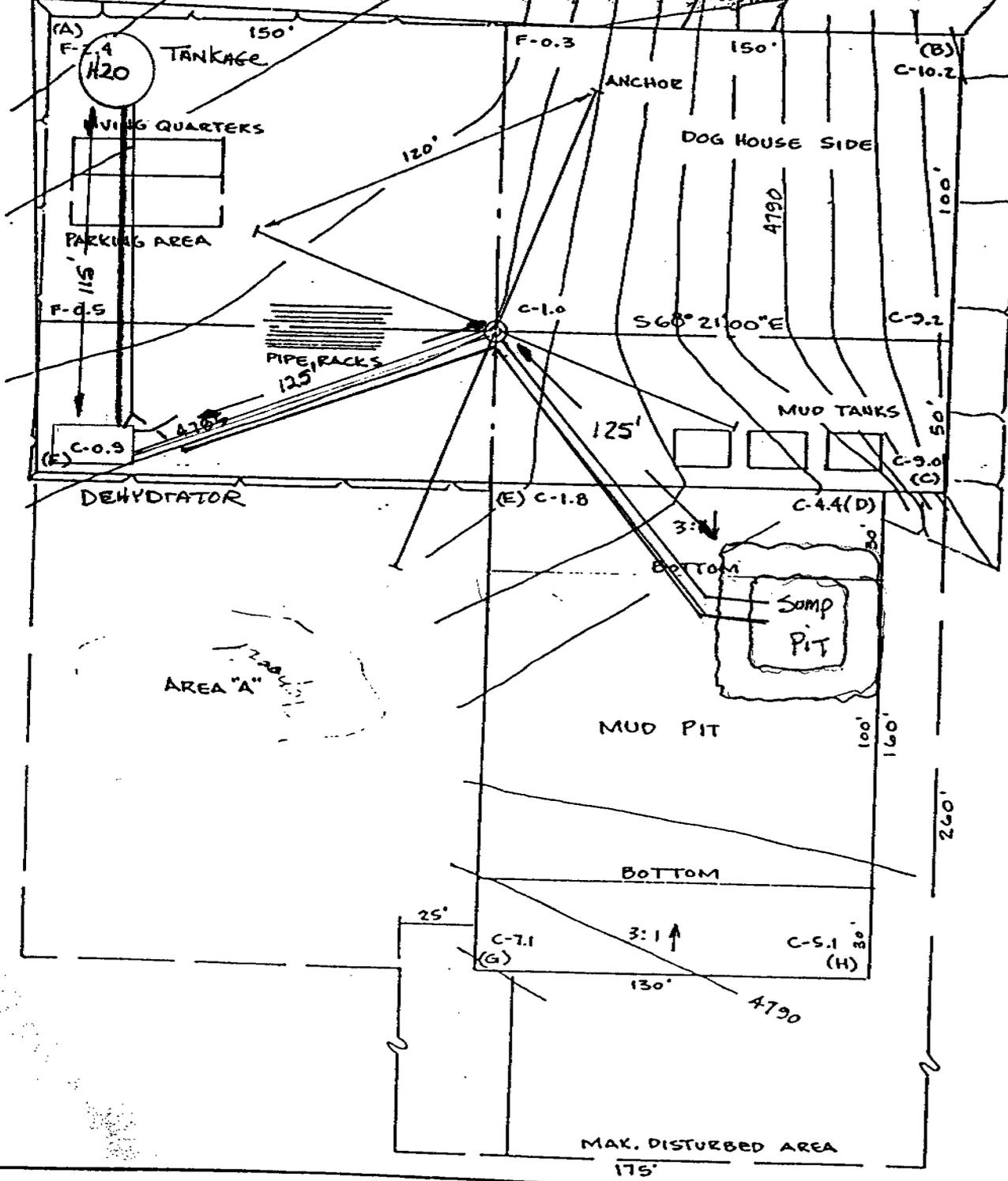
DATE 10-21-86 BY: [Signature]

*See Instructions on Reverse Side

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.

EXISTING ROAD

ACCESS ROAD



AT SITES WHERE TOPSOIL IS PRESENT SAME IS TO BE REMOVED AND STORED ON THE ADJACENT LAND FOR RESTORATION AT THE SITE WHEN REQUIRED. 2045 CU. YDS. OR THE TOP 6" OF TOPSOIL IS TO BE STOCKPILED.

MUD PIT TO BE UNLINED & FENCED

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

REFERENCE POINTS ARE SET AT 158.20 NORTH, 283.92 SOUTH, 174.62 EAST AND 197.2 WEST.

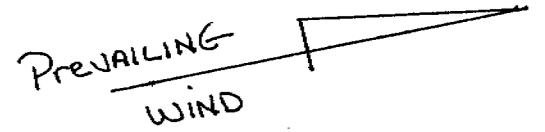
AREA FOR LOCATION IS 2.54 ACRES.

REFERENCE DRAWINGS ARE:
 M-25082 M-25085
 M-25084

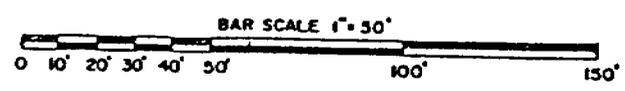
DEADMAN ANCHORS ARE AT 120' SPACING (MIN.)

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

CONTOURS ARE AT 1' INTERVALS.



ISLAND UNIT WELL No. 27



M-25083

43-047-31703
SGW



United States Department of the Interior

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

RECEIVED
MAY 07 1987

DIVISION OF
OIL, GAS & MINING

IN REPLY
REFER TO:

3162.32
(U-8020)
Oil & Gas Leases
U-4481, ML-11004,
U-013768

April 28, 1987

Ms. Cathy J. Flansburg
Regulatory Affairs Technician
Wexpro Company
625 Connecticut Avenue
P.O. Box 1129
Rock Springs, Wyoming 82901

Re: Request for NTL-2B Approval
Island Unit Wells 25, 26, & 27
Sec. 2 & 11 of T.10S., R.19E.
Sec. 9 of T.10S., R.20E.
Uintah County, Utah

Dear Ms. Flansburg:

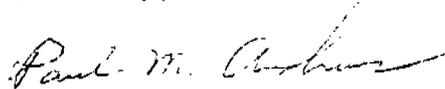
We have reviewed your requests for NTL-2B water disposal facilities at the three above mentioned wells. At the Island Unit No. 25 well on Lease U-4481, your request is approved subject to the guidelines and requirements provided for in Section V, NTL-2B.

At the Island Unit No. 26 well on Lease ML-11004, the State of Utah Division of Oil, Gas and Mining has NTL-2B jurisdiction. The pit location is quite close to a dry wash of moderate size and the pit is partially in fill material. You should contact the State of Utah Division of Oil, Gas and Mining with regard to your application for this well.

At the Island Unit No. 27 well on Lease U-013768, we request that the pit No. 1 be clay lined as a condition for approval due to its proximity to Willow Creek. When this pit is appropriately lined, then your request will be approved subject to the guidelines and requirements provided in Section V, NTL-2B.

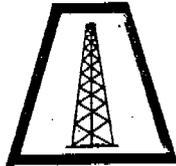
As part of the requirements for the approval of the pits at Island Unit No. 25 and the conditional approval of the pits at Island Unit No. 27, the fences are to receive regular maintenance.

Sincerely,



Paul M. Andrews
Area Manager
Bookcliffs Resource Area

cc: John Baza
Utah Div. of Oil, Gas, & Mining
Salt Lake City, Utah



WEXPRO COMPANY

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

January 5, 1987

Bureau of Land Management
Division of Mineral Resources
Branch of Fluids
170 South 500 East
Vernal, UT

RECEIVED
MAY 07 1987

DIVISION OF
OIL, GAS & MINING

Re: Island Unit Well No. 26
SE SE 2-10S-19E
Uintah County, Utah
Lease No. ML-11004

Gentlemen:

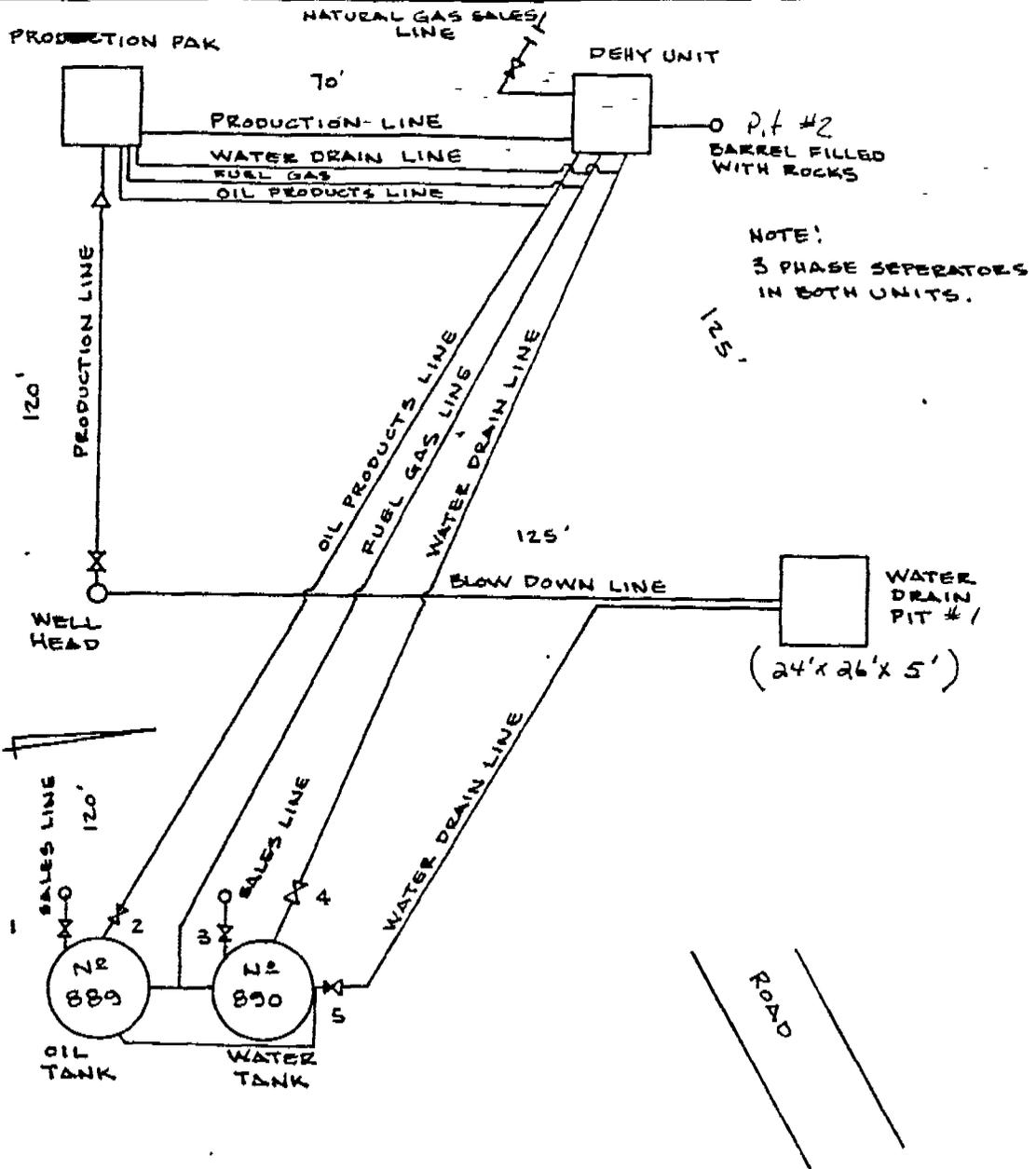
Pursuant to the requirements of NTL-2B, Wexpro Company hereby applies for approval of the disposal of produced water into two unlined pits. This application is based on NTL-2B (IV) (4), in that the volume of water to be disposed of does not exceed five (5) barrels per day on a monthly basis. As required, the following information is submitted:

1. Quantity produced: 5 BWP, Pit No. 1
Trace BWP, Pit No. 2
2. Refer to attached map showing pit; source is the Wasatch formation.
3. Evaporation rate compensated for annual rainfall: 36" per year.
4. Estimated percolation rate: 46" per year.
5. Usable water aquifer: refer to report by Mountain Fuel dated September 2, 1986 entitled "Usable Water Aquifer Study" on file with the BLM, Vernal District Office.

If you have any questions or require further information, please give me a call.

Respectfully,
Cathy J. Flansburg
Cathy J. Flansburg
Regulatory Affairs Technician

Attachment
cc: J. L. Ingerson
S. R. Brause



NOTE:
3 PHASE SEPARATORS
IN BOTH UNITS.

LEGEND

- |—|— GAS METER
- > CHOKE
- X— VALVE
- O— 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			

OPERATOR: Wexpro Company

LEASE NO. ML-11004 TYPE: STATE

NAME: ISLAND UNIT WELL NO. 26

SEC. 2 T 10 S. R 10 E.

COUNTY: Uintah

STATE: UTAH

INITIAL PRODUCTION: DECEMBER 1986

SITE SECURITY DIAGRAM

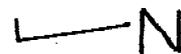
ISLAND UNIT WELL NO. 26

DRAWN: 1/2/87 CRW SCALE NONE

CHECKED:

DRWG. NO. 25392

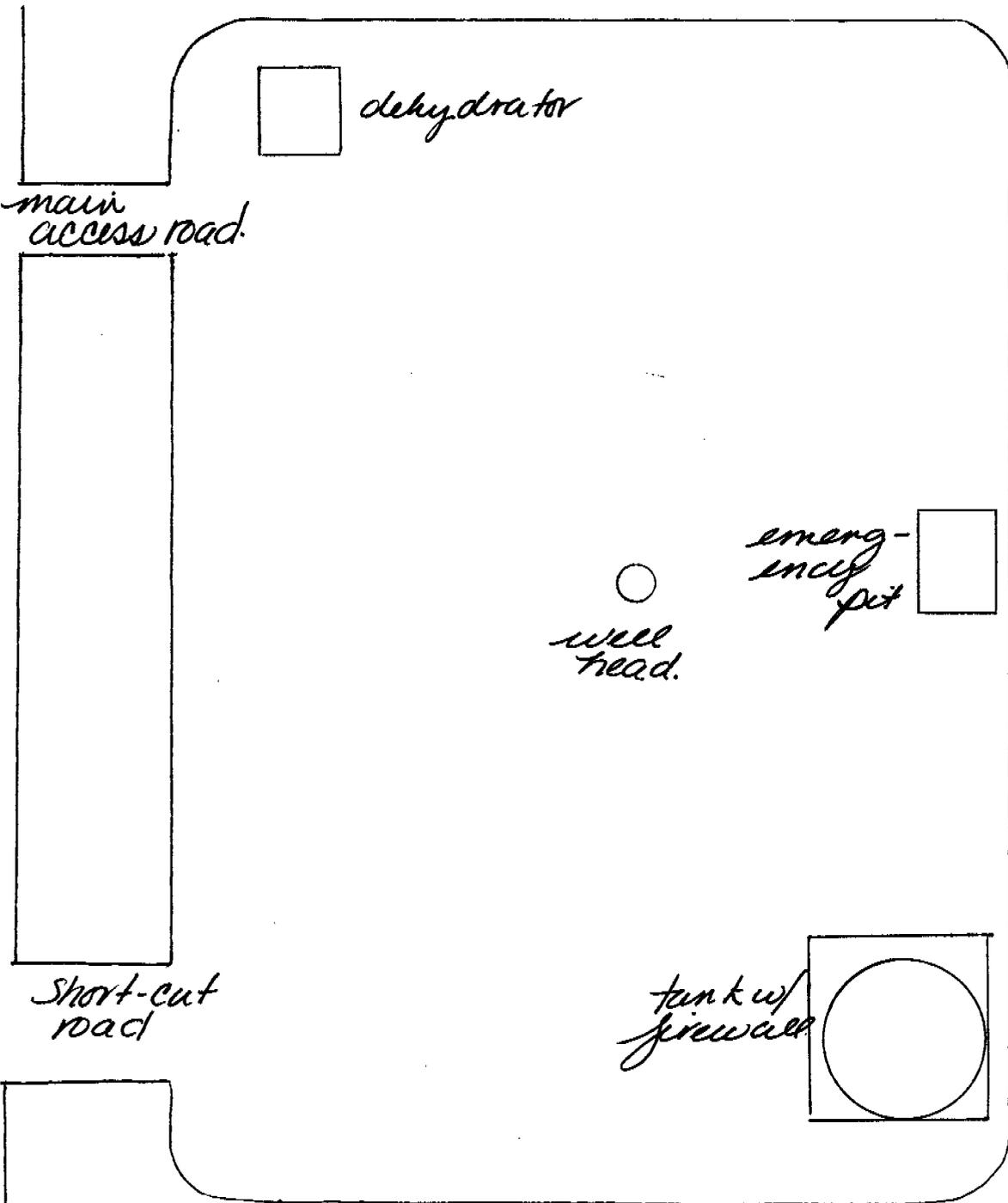
APPROVED:



42-381 50 SHEETS 5 SQUARE
45-382 100 SHEETS 5 SQUARE
48-383 200 SHEETS 5 SQUARE
MAY 1978



main road.



main access road.

short-cut road

dehydrator

well head.

emerg-ency pit

tank w/ firewall

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)

1800' FWL, 845' FNL, NE NW
9-10S-20E

FORM APPROVED

Budget Bureau No. 1004-0135

Expires: March 31, 1993

5. LEASE DESIGNATION AND SERIAL NO.

U-013768

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. IF UNIT OR CA, AGREEMENT DESIGNATION

Island

8. WELL NAME AND NO.

Island Unit No. 27

9. API WELL NO.

43-047-31703

10. FIELD AND POOL, OR EXPLORATORY AREA

Island

11. COUNTY OR PARISH, STATE

Uintah County, Utah

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

TYPE OF SUBMISSION

Notice of Intent
 Subsequent Report
 Final Abandonment Notice

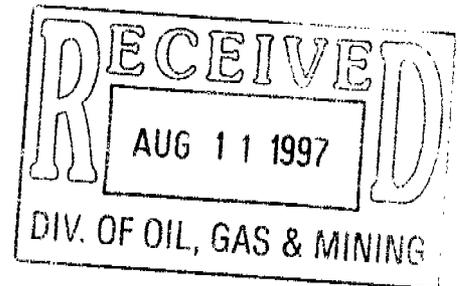
TYPE OF ACTION

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

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

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Wexpro Company must remove the existing production equipment consisting of a condensate tank, separator/dehydration unit and line heater from the Island Unit Well No. 14 location in the NE SE 8-10S-20E, Lease No. U-4486, during the operations to directionally drill Island Unit Well Nos. 34 and 35. Wexpro Company requests approval to temporarily store the production equipment on the Island Unit Well No. 27 location. After completion operations on Island Unit Well Nos. 34 and 35, the equipment would be returned to the Island Unit Well No. 14 location.



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

Signed

[Signature]

Title

Operations Manager

Date

080691

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any:

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

*See Instruction on Reverse Side

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

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

SUBMIT IN TRIPLICATE

1. TYPE OF WELL
 OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
WEXPRO COMPANY

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

4. LOCATION OF WELL (FOOTAGE, SEC., T., R., M., OR SURVEY DESCRIPTION)
NE NW 9-10S-20E, 845' FNL, 1800' FWL

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

5. LEASE DESIGNATION AND SERIAL NO.
U-013768

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
NA

7. IF UNIT OR CA, AGREEMENT DESIGNATION
ISLAND

8. WELL NAME AND NO.
ISLAND UNIT NO. 27

9. API WELL NO.
43-047-31703

10. FIELD AND POOL, OR EXPLORATORY AREA
ISLAND

11. COUNTY OR PARISH, STATE
UINTAH COUNTY, UTAH

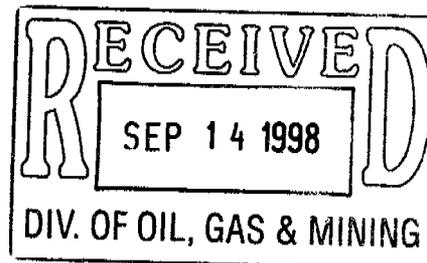
12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other Change facilities
	<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 proposes to install a blowdown tank at the above location and close the earthen pit. Please refer to the attached schematic



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

Signed *G. T. Nimmo* Title G. T. Nimmo, Operations Manager Date September 8, 1998

(This space for Federal or State office use)

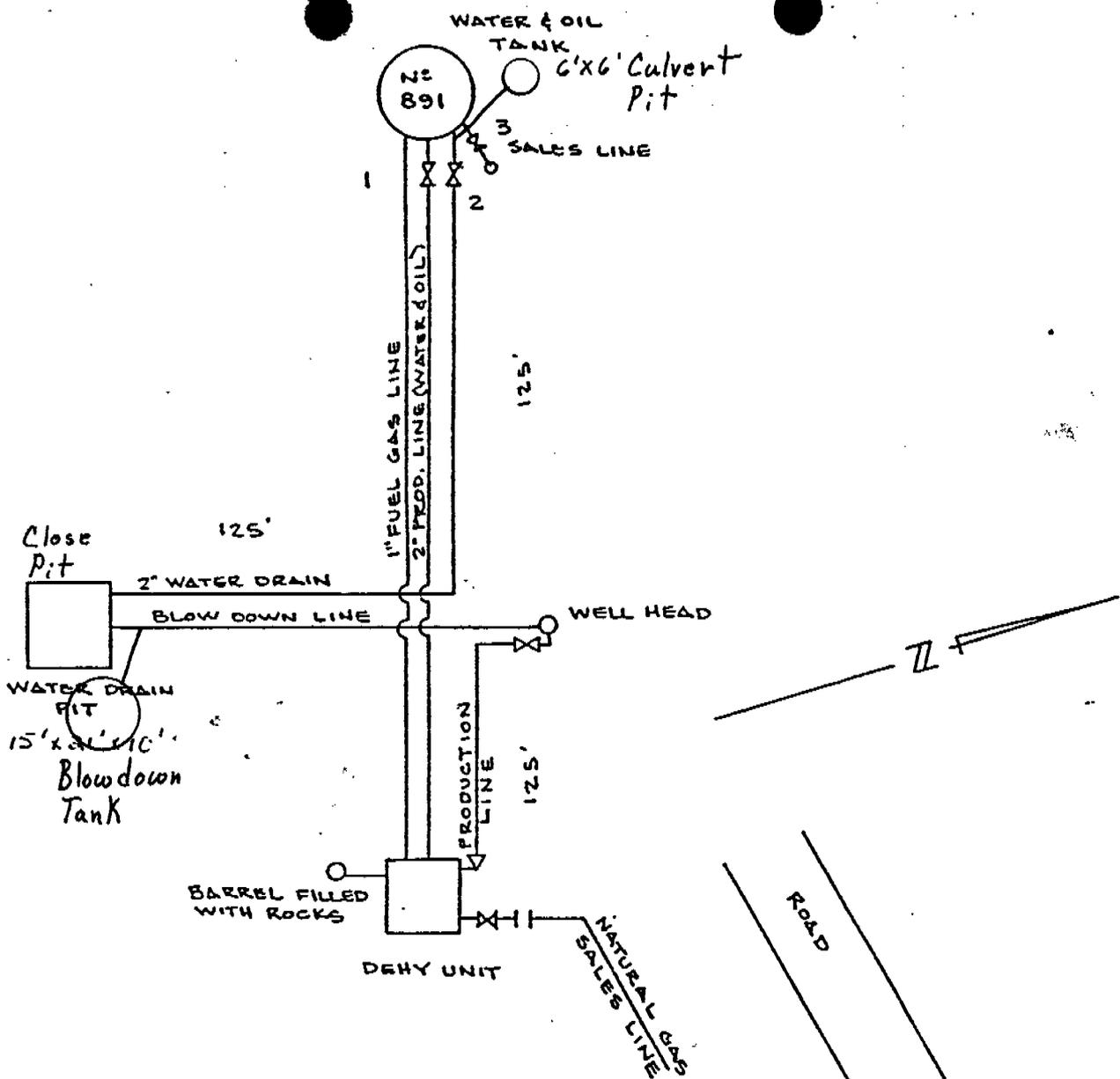
Approved by _____ Title _____ Date _____

Conditions of approval, if any:

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

FOR RECORD ONLY

Title 18 U.S. C. Section 1001, makes it unlawful for any person to 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



LEGEND

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

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

REV. 1/15/87

OPERATOR: MOUNTAIN FUEL RESOURCES, INC.
 LEASE NO.: U-3768 TYPE: FEDERAL
 NAME: ISLAND UNIT WELL NO. 27
 SEC. 9 NE NW T. 10 S. R. 20 E.
 COUNTY: UINTAH
 STATE: UTAH
 INITIAL PRODUCTION: JANUARY 1987

SITE SECURITY DIAGRAM

ISLAND UNIT WELL NO. 27

DRAWN: 1/2/87 CRW SCALE: NONE
 CHECKED: DRWG. NO. 25393
 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

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)

NE NW 9-10S-20E, 845' FNL, 1800' FWL

FORM APPROVED

Budget Bureau No. 1004-0135

Expires: March 31, 1993

5. LEASE DESIGNATION AND SERIAL NO.

U-013768

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

NA

7. IF UNIT OR CA, AGREEMENT DESIGNATION

ISLAND

8. WELL NAME AND NO.

ISLAND UNIT NO. 27

9. API WELL NO.

43-047-31703

10. FIELD AND POOL, OR EXPLORATORY AREA

ISLAND

11. COUNTY OR PARISH, STATE

UINTAH COUNTY, UTAH

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

TYPE OF SUBMISSION

- Notice of Intent
 Subsequent Report
 Final Abandonment Notice

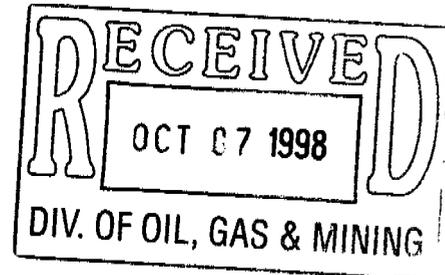
TYPE OF ACTION

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

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

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Wexpro Company proposes to install a 6' X 6' culvert pit as a tank drain on the production tank on the above location. Please refer to the attached schematic. The pit will have an earthen bottom and an expanded metal lid.



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

Signed

G. T. Nimmo

Title

G. T. Nimmo, Operations Manager

Date

October 5, 1998

(This space for Federal or State office use)

Approved by

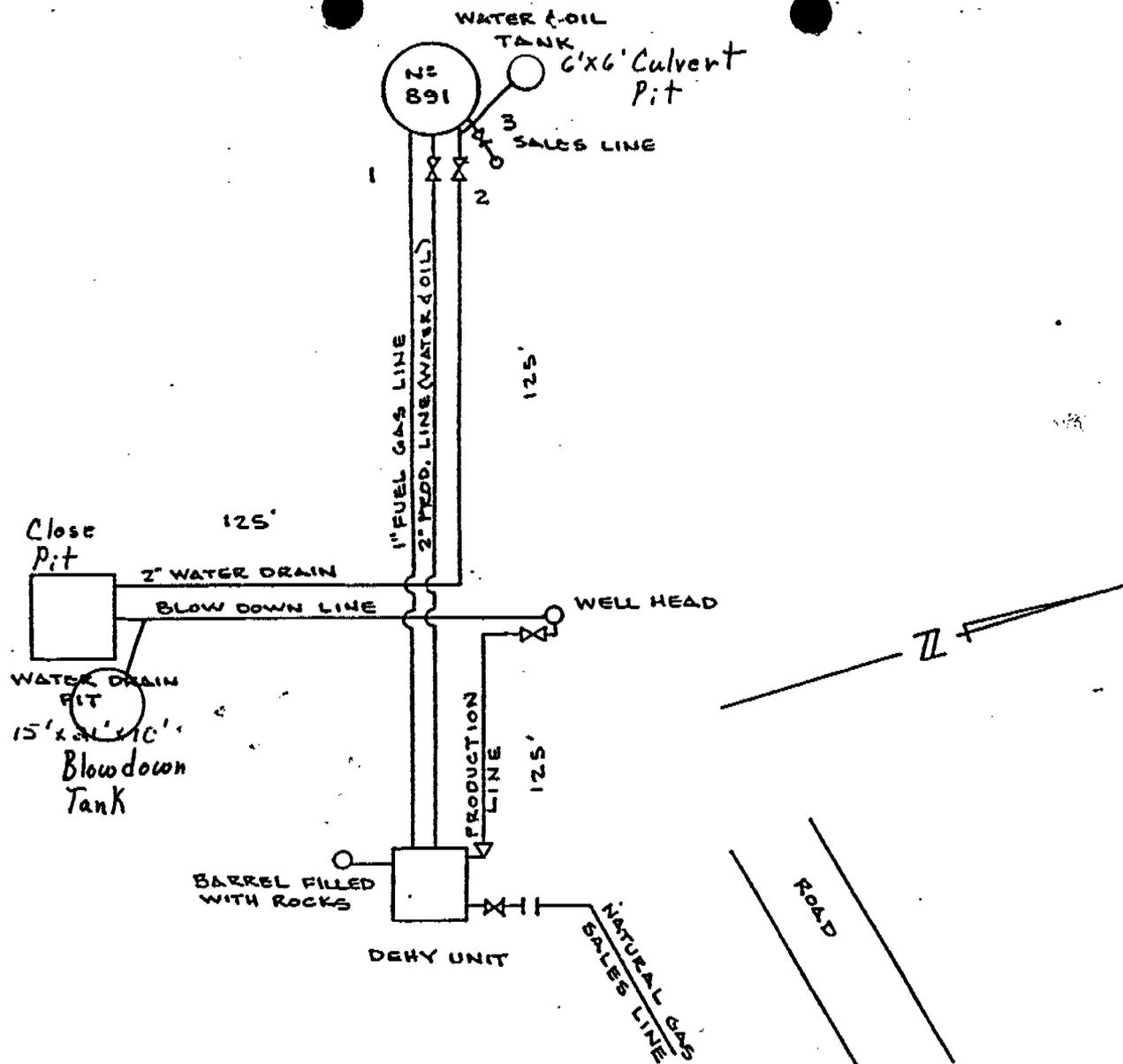
Title

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



- 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. 1/15/87

OPERATOR: MOUNTAIN FUEL RESOURCES, INC.
 LEASE NO.: U-3768 TYPE: FEDERAL
 NAME: ISLAND UNIT WELL NO. 27
 SEC. 9 NE NW T. 10 S. R. 20 E.
 COUNTY: Uintah
 STATE: UTAH
 INITIAL PRODUCTION: JANUARY 1987

SITE SECURITY DIAGRAM

ISLAND UNIT WELL NO. 27

DRAWN: 1/2/87 CRW SCALE: NONE
 CHECKED: DRWG. NO. 25393
 APPROVED:

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

SUNDRY NOTICES AND REPORTS ON WELLS

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

5. LEASE DESIGNATION AND SERIAL NO.
SEE 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

43.047.31703

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

TYPE OF SUBMISSION

- Notice of Intent
- Subsequent Report
- Final Abandonment Notice

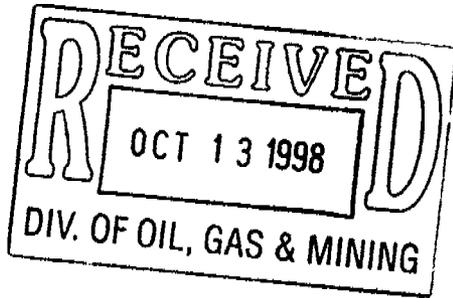
TYPE OF ACTION

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

(Note: Report results of multiple completion or 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-28 (CRITERIA)	PIT SIZE	NTL-28 SUBMITTED	NTL-28 APPROVED	DATE SECURITY REVISED
ISLAND UNIT					891008938A								
UNIT NO. 3	4304715043	WAG	NE SW 8-10S-20E	UINTAH, UT		U-4486	WASATCH	TRACE	4	24X25X4	6-18-84	7-27-84	04-27-95
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	8-10-90
								TRACE	4	BARREL	5-13-86	6-4-86	
UNIT NO. 11	4304731241	WAG	SE NW 11-10S-19E	UINTAH, UT		U-4481	WASATCH	0.02	4	16X20X8	6-18-84	7-27-84	8-10-90
								TRACE	4	BARREL	5-13-86	6-4-86	
UNIT NO. 12	4304731242	WAG	NE SE 11-10S-19E	UINTAH, UT		U-4481	WASATCH	4.00	4	16X20X5	6-18-84	7-27-84	8-10-90
								TRACE	4	BARREL	5-13-86	6-4-86	
UNIT NO. 13	4304731239	WAG	SE SE 12-10S-19E	UINTAH, UT		U-4484	WASATCH	4.50	4	16X19X8	6-18-84	7-27-84	12-1-87
								TRACE	4	BARREL	5-13-86	6-4-86	
UNIT NO. 14	4304731331	WAG	NE SE 8-10S-20E	UINTAH, UT		U-4486	WASATCH	TRACE	4	BARREL	5-13-86	6-4-86	05-27-86
UNIT NO. 15	4304731330	WAG	SW SE 7-10S-20E	UINTAH, UT		U-4482	WASATCH	0.57	4	12X12X4	6-18-84	7-27-84	8-10-90
								TRACE	4	BARREL	5-13-86	6-4-86	
UNIT NO. 16	4304731505	C/O	NE SW 11-10S-18E	UINTAH, UT		U-013618	GREEN RIVER	1.00	4	24X24X8	3-13-85	8-20-87	3-3-89
								0.25	4	8X10X3	3-13-85	8-20-87	
UNIT NO. 17	4304731503	WAG	SE SW 2-10S-19E	UINTAH, UT		ML-11004	WASATCH	EMRG		12X12X8	6-26-86**	NO ST. RESP.	8-20-90
UNIT NO. 18	4304731502	WAG	SE NW 2-10S-19E	UINTAH, UT		ML-11004	WASATCH	EMRG		12X12X4	6-26-86**	NO ST. RESP.	07-14-88
UNIT NO. 19	4304731633	WAG	SE SW 9-10S-20E	UINTAH, UT		U-013768	WASATCH	EMRG		10X10X8	5-8-86	8-8-86	7-28-88
								TRACE	4	7X26X4	7-14-86	8-8-86	
								TRACE	4	BARREL	7-14-86	8-8-86	
UNIT NO. 20	4304731629	WAG	SW NW 7-10S-20E	UINTAH, UT		U-4482	WASATCH	3.50	4	14X12X8	1-20-86	2-10-86	1-20-86
								TRACE	4	9X8X3	1-20-86	2-10-86	
								TRACE	4	BARREL	1-20-86	2-10-86	
UNIT NO. 21	4304731628	WAG	NW NW 12-10S-19E	UINTAH, UT		U-4484	WASATCH	EMRG		12X12X8	5-8-86	6-4-86	7-28-88
								TRACE	4	11X11X3	5-8-86	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	05-27-86
								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	16X8X5	7-14-86	8-8-86	1-20-86
								TRACE	4	6X8X4	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	07-14-96
								5.00	4	16X16X8	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	16X16X8	11-9-88	12-21-88	
UNIT NO. 34	4304732962	WAG	NE SE 8-10S-20E	UINTAH, UT		U-4486	WASATCH						05-27-86
UNIT NO. 35	4304732963	WAG	NE SE 8-10S-20E	UINTAH, UT		U-013768	WASATCH						05-27-86
UNIT NO. 36	4304732964	WAG	SE SE 9-10S-20E	UINTAH, UT		14-20-462-391	WASATCH						05-27-86
UNIT NO. 37	4304732966	WAG	NW NW 8-10S-20E	UINTAH, UT		U-4483	WASATCH						05-15-88
UNIT NO. 38	4304733107	WAG	SE SE 12-10S-19E	UINTAH, UT		U-4484	WASATCH						05-15-88
UNIT NO. 39	4304732967	WAG	NW NW 8-10S-20E	UINTAH, UT		U-4481	WASATCH						05-15-88
UNIT NO. 41	4304732968	WAG	NW NW 8-10S-20E	UINTAH, UT		U-4483	WASATCH						05-15-88
UNIT NO. 43	4304732965	WAG	SE SE 9-10S-20E	UINTAH, UT		U-013768	WASATCH						05-27-86
UNIT NO. 44	4304732959	WAG	SW SE 7-10S-20E	UINTAH, UT		U-4483	WASATCH						05-27-86
UNIT NO. 45	4304732960	WAG	SW SE 7-10S-20E	UINTAH, UT		U-4483	WASATCH						05-27-86
UNIT NO. 46	4304732961	WAG	SW SE 7-10S-20E	UINTAH, UT		U-4482	WASATCH						05-27-86
UNIT NO. 50	4304733108	WAG	SE SE 12-10S-19E	UINTAH, UT		U-4482	WASATCH						05-27-86
UNIT NO. 51	4304733109	WAG	SE SE 12-10S-19E	UINTAH, UT		U-4484	WASATCH						05-27-86
UNIT NO. 52	4304733110	WAG	SE SE 12-10S-19E	UINTAH, UT		U-4484	WASATCH						05-27-86
UNIT NO. 53	4304733111	WAG	NE SE 11-10S-19E	UINTAH, UT		U-4481	WASATCH						05-27-86
UNIT NO. 54	4304733112	WAG	NE SE 11-10S-19E	UINTAH, UT		U-4481	WASATCH						05-27-86
UNIT NO. 55	4304733113	WAG	NE SE 11-10S-19E	UINTAH, UT		U-4481	WASATCH						05-27-86

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	NTL-2B	SITE-SECRTY REVISED
UNT NO. 88	4304733114	WAG	NE SE 11-10S-19E	UINTAH, UT		U-4481	WASATCH			NO PIT				

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

SUNDRY NOTICES AND REPORTS ON WELLS

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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

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

43-047-31703

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

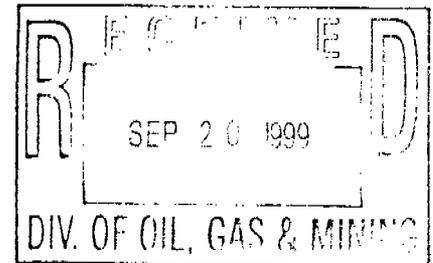
TYPE OF SUBMISSION	TYPE OF ACTION
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other <u>ELECTRONIC MEASUREMENT</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.)*

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 0444LMIU1A2E5.

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



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

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

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
 Conditions of approval, if any: _____

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*See instruction on Reverse Side

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

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.

U-013768

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

NA

7. IF UNIT OR CA, AGREEMENT DESIGNATION

ISLAND

8. WELL NAME AND NO.

ISLAND UNIT NO. 27

9. API WELL NO.

43-047-31703

10. FIELD AND POOL, OR EXPLORATORY AREA

ISLAND

11. COUNTY OR PARISH, STATE

UINTAH COUNTY, UTAH

SUBMIT IN TRIPLICATE

1. TYPE OF WELL

OR
 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)

NE NW 9-10S-20E, 845' FNL, 1800' FWL

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

TYPE OF SUBMISSION

Notice of Intent
 Subsequent Report
 Final Abandonment Notice

TYPE OF ACTION

Abandonment
 Recompletion
 Plugging Back
 Casing Repair
 Altering Casing
 Other Installation of Separator

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

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

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Wexpro Company proposes to install a separator on the above location.
Please refer to the attached schematic.

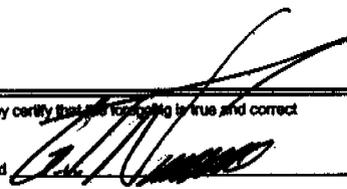
COPY SENT TO OPERATOR
Date: 12-17-03
Initials: CHD

RECEIVED

DEC 08 2003

DIV. OF OIL, GAS & MINING

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

Signed: 

Title

G. T. Nimmo, Operations Manager

Date

October 5, 1998

(This space for Federal or State office use)

Approved by

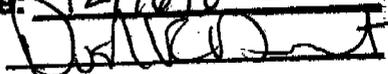
Title

Date

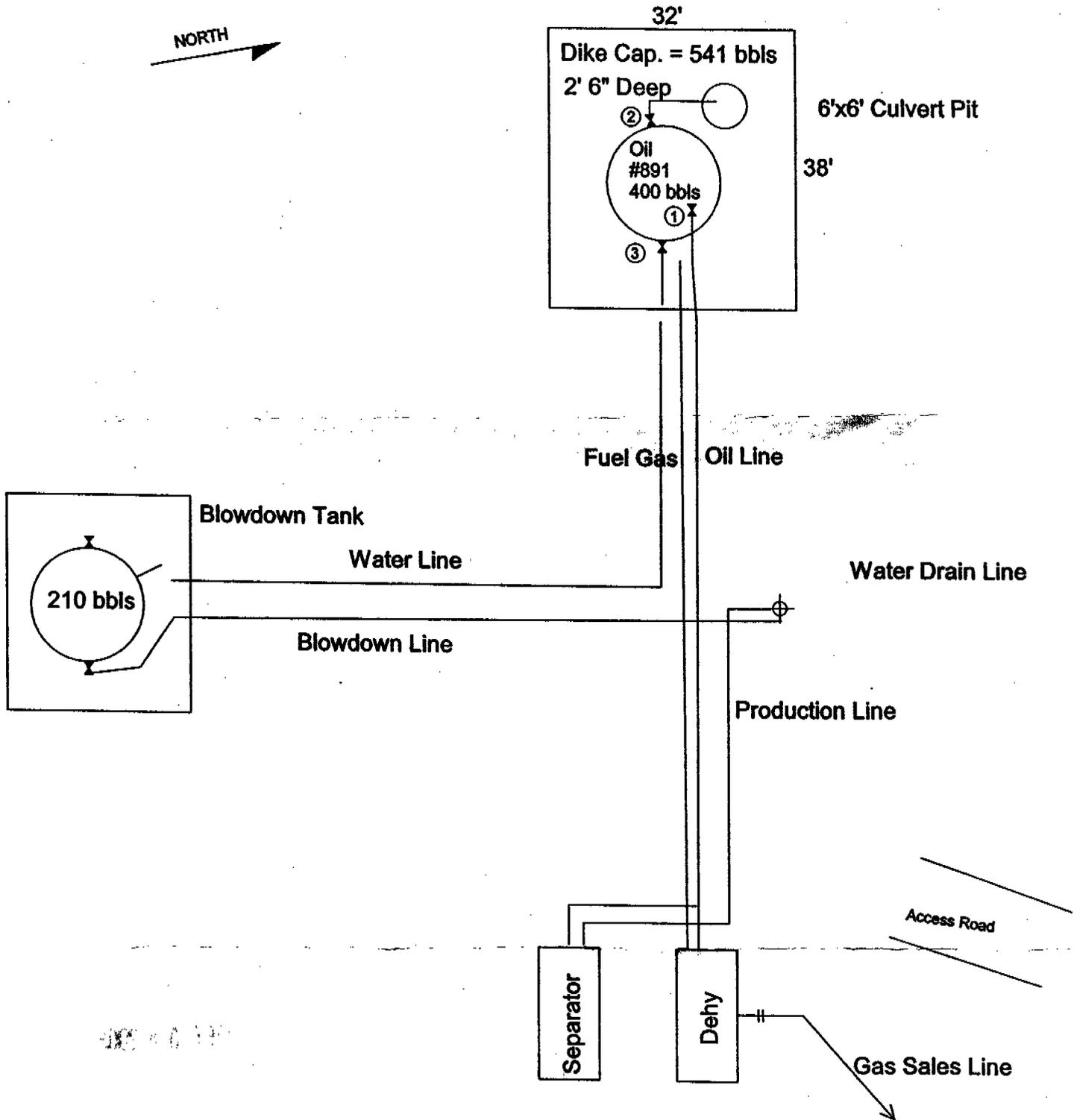
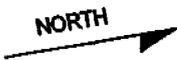
Conditions of approval, if any:

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.

Accepted by the
Utah Division of

Oil, Gas and Mining
Date: 12/16/03
By: 

Federal Approval Of This
Action Is Necessary



LEGEND

- ⊕ GAS METER
- ⋈ VALVE
- ⊕ WELLHEAD

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

SITE SECURITY DRAWING	
Well Name	Island Unit # 27
Lease No.	U - 013768
Unit ID.	891006935B
Location	NE NW SEC. 9 T10S R20E
County, ST.	Uintah, Utah
Operator	Wexpro

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. U013768
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) 845 FNL, 1800' FWL NE NW 9-10S-20E		8. Well Name and No. Island Unit 27
		9. API Well No. 43-047-31703
		10. Field and Pool, or Exploratory Area Wasatch
		11. County or Parish, State Uintah Utah

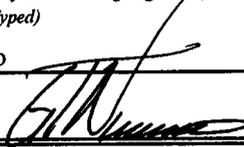
12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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 recomplate 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 October 19, 2007 at 11:15 A.M.

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

Name (Printed/ Typed) G.T. Nimmo	Title Operations Manager
Signature 	Date October 22, 2007

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

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

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

(Instructions on page 2)

RECEIVED

OCT 25 2007

DIV. OF OIL, GAS & MINING

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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

SUBMIT IN TRIPLICATE - Other Instructions on page 2.

1. Type of Well
 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)
845 FNL, 1800' FWL NE NW 9-10S-20E

5. Lease Serial No.
U013768

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

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

8. Well Name and No.
Island Unit 27

9. API Well No.
43-047-31703

10. Field and Pool, or Exploratory Area
Wasatch

11. County or Parish, State
Uintah Utah

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

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

13. Describe Proposed or Completed Operation (clearly state all pertinent details including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or 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.)

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

Accepted by the
 Utah Division of
 Oil, Gas and Mining

FOR RECORD ONLY

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

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

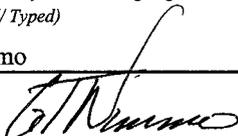
Name (Printed/ Typed)

G.T. Nimmo

Title

Operations Manager

Signature



Date

April 24, 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.

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.

(Instructions on page 2)

RECEIVED

APR 28 2008

DIV. OF OIL, GAS & MINING

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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

SUBMIT IN TRIPLICATE - Other Instructions on page 2.

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. U013768
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) 845 FNL, 1800' FWL NE NW 9-10S-20E		8. Well Name and No. Island Unit 27
		9. API Well No. 43-047-31703
		10. Field and Pool, or Exploratory Area Wasatch
		11. County or Parish, State Uintah Utah

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

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

Wexpro Company intends to relocate or replace the production equipment as shown on the attached diagram.
Oil Tank #891 will be replaced by a new tank and moved to the new location specified.
Blow/Water Tank #2156 will be relocated to the new location specified.
All related production lines will be rerouted as specified.
The existing culvert pit will be removed and reclaimed once soils are tested and the TPH levels are at an acceptable level.

Wexpro Company will then send in a new Sundry with the new Site-Security Drawing.

COPY SENT TO OPERATOR

Date: 10.3.2009
Initials: KS

Electronically Submitted on WIS 3/19/09

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

Name (Printed/ Typed) G.T. Nimmo	Title Operations Manager
Signature	Date March 19, 2009

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by <i>[Signature]</i>	Title Pet. Eng.	Date 5/19/09
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 <i>[Signature]</i>	Federal Approval Of This Action Is Necessary

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.

(Instructions on page 2)

RECEIVED

MAY 07 2009

DIV. OF OIL, GAS & MINING

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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

SUBMIT IN TRIPLICATE - Other Instructions on page 2.

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. U013768
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) 845 FNL, 1800' FWL NE NW 9-10S-20E		8. Well Name and No. Island Unit 27
		9. API Well No. 43-047-31703
		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 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 checked="" 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.)

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 Company intends to reclaim the existing pit area this fall using 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 prostrata*), 3lbs/acre, pure live seed
- Hycrest Crested Wheatgrass (*Agropyron cristatum/Agropyron desertorum* hybrid), 3lbs/acre, pure live seed

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

Electronically Submitted on WIS 6/16/09

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

Name (Printed/ Typed) G.T. Nimmo	Title Operations Manager
Signature	Date June 16, 2009

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.

(Instructions on page 2)

RECEIVED
JUN 22 2009
DIV. OF OIL, GAS & MINING

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

Report Date: 6/12/09
Request Number: RS-10924
Received Date: 06/03/09
Sample Matrix: Soil

REPORT OF ANALYSIS

Lab Number	Sample ID	Total Petroleum Hydrocarbons	Analysis Date	Method
E1427	Island 27 06/03/09	262 mg/kg	6/10/2009	EPA 418.1

Lori McCain

Digitally signed by Lori McCain
DN: cn=Lori McCain, o=WAL, ou=Branch
Manager, email=walrps@aol.com, c=US
Date: 2009.06.12 14:22:57 -0500

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

STATE OF UTAH DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS, AND MINING	FORM 9 5. LEASE DESIGNATION AND SERIAL NUMBER: U-013768
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.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME: 7. UNIT or CA AGREEMENT NAME: ISLAND
1. TYPE OF WELL Gas Well	8. WELL NAME and NUMBER: ISLAND UNIT 27
2. NAME OF OPERATOR: WEXPRO COMPANY	9. API NUMBER: 43047317030000
3. ADDRESS OF OPERATOR: P.O. Box 458 , Rock Springs, WY, 82902	PHONE NUMBER: 307 922-5612 Ext
4. LOCATION OF WELL FOOTAGES AT SURFACE: 0845 FNL 1800 FWL QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: Qtr/Qtr: NENW Section: 09 Township: 10.0S Range: 20.0E Meridian: S	9. FIELD and POOL or WILDCAT: NATURAL BUTTES COUNTY: UINTAH STATE: UTAH

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

TYPE OF SUBMISSION	TYPE OF ACTION		
<input type="checkbox"/> NOTICE OF INTENT Approximate date work will start:	<input type="checkbox"/> ACIDIZE	<input type="checkbox"/> ALTER CASING	<input type="checkbox"/> CASING REPAIR
<input checked="" type="checkbox"/> SUBSEQUENT REPORT Date of Work Completion: 8/13/2009	<input type="checkbox"/> CHANGE TO PREVIOUS PLANS	<input type="checkbox"/> CHANGE TUBING	<input type="checkbox"/> CHANGE WELL NAME
<input type="checkbox"/> SPUD REPORT Date of Spud:	<input type="checkbox"/> CHANGE WELL STATUS	<input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS	<input type="checkbox"/> CONVERT WELL TYPE
<input type="checkbox"/> DRILLING REPORT Report Date:	<input type="checkbox"/> DEEPEN	<input type="checkbox"/> FRACTURE TREAT	<input type="checkbox"/> NEW CONSTRUCTION
	<input type="checkbox"/> OPERATOR CHANGE	<input type="checkbox"/> PLUG AND ABANDON	<input type="checkbox"/> PLUG BACK
	<input checked="" type="checkbox"/> PRODUCTION START OR RESUME	<input type="checkbox"/> RECLAMATION OF WELL SITE	<input type="checkbox"/> RECOMPLETE DIFFERENT FORMATION
	<input type="checkbox"/> REPERFORATE CURRENT FORMATION	<input type="checkbox"/> SIDETRACK TO REPAIR WELL	<input type="checkbox"/> TEMPORARY ABANDON
	<input type="checkbox"/> TUBING REPAIR	<input type="checkbox"/> VENT OR FLARE	<input type="checkbox"/> WATER DISPOSAL
	<input type="checkbox"/> WATER SHUTOFF	<input type="checkbox"/> SI TA STATUS EXTENSION	<input type="checkbox"/> APD EXTENSION
	<input type="checkbox"/> WILDCAT WELL DETERMINATION	<input type="checkbox"/> OTHER	OTHER: _____

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

The above well resumed production on 8/13/09, at 1500 hours, after being off for more than 90 days.

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

FOR RECORD ONLY
August 17, 2009

NAME (PLEASE PRINT) Paul Jibson	PHONE NUMBER 307 922-5647	TITLE Associate Permit Agent
SIGNATURE N/A		DATE 8/13/2009

STATE OF UTAH DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS, AND MINING	FORM 9 5.LEASE DESIGNATION AND SERIAL NUMBER: UTU-013768
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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.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME: 7.UNIT or CA AGREEMENT NAME: ISLAND
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1. TYPE OF WELL Gas Well	8. WELL NAME and NUMBER: ISLAND UNIT 27
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2. NAME OF OPERATOR: WEXPRO COMPANY	9. API NUMBER: 43047317030000
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3. ADDRESS OF OPERATOR: P.O. Box 458 , Rock Springs, WY, 82902	PHONE NUMBER: 307 922-5612 Ext	9. FIELD and POOL or WILDCAT: NATURAL BUTTES
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4. LOCATION OF WELL FOOTAGES AT SURFACE: 0845 FNL 1800 FWL QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: Qtr/Qtr: NENW Section: 09 Township: 10.0S Range: 20.0E Meridian: S	COUNTY: UINTAH STATE: UTAH
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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 Approximate date work will start: 5/1/2014 <input type="checkbox"/> SUBSEQUENT REPORT Date of Work Completion: <input type="checkbox"/> SPUD REPORT Date of Spud: <input type="checkbox"/> DRILLING REPORT Report Date:	<input type="checkbox"/> ACIDIZE <input type="checkbox"/> CHANGE TO PREVIOUS PLANS <input type="checkbox"/> CHANGE WELL STATUS <input type="checkbox"/> DEEPEN <input type="checkbox"/> OPERATOR CHANGE <input type="checkbox"/> PRODUCTION START OR RESUME <input type="checkbox"/> REPERFORATE CURRENT FORMATION <input type="checkbox"/> TUBING REPAIR <input type="checkbox"/> WATER SHUTOFF <input type="checkbox"/> WILDCAT WELL DETERMINATION	<input type="checkbox"/> ALTER CASING <input type="checkbox"/> CHANGE TUBING <input type="checkbox"/> COMMINGLE PRODUCING FORMATIONS <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> RECLAMATION OF WELL SITE <input type="checkbox"/> SIDETRACK TO REPAIR WELL <input type="checkbox"/> VENT OR FLARE <input type="checkbox"/> SI TA STATUS EXTENSION <input checked="" type="checkbox"/> OTHER	<input type="checkbox"/> CASING REPAIR <input type="checkbox"/> CHANGE WELL NAME <input type="checkbox"/> CONVERT WELL TYPE <input type="checkbox"/> NEW CONSTRUCTION <input type="checkbox"/> PLUG BACK <input type="checkbox"/> RECOMPLETE DIFFERENT FORMATION <input type="checkbox"/> TEMPORARY ABANDON <input type="checkbox"/> WATER DISPOSAL <input type="checkbox"/> APD EXTENSION OTHER: <input style="width: 100px;" type="text"/>

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

Wexpro Company requests permission to alter the calibration scheduling requirements in Onshore Order 5 for wells producing less than 100 MCF/d on a monthly basis. Current schedule is quarterly per OO 5, Due to the low volume of saleable product, Wexpro requests to change calibration scheduling on these wells to every 4 months or three times a year.

**Accepted by the
 Utah Division of
 Oil, Gas and Mining
 May 13, 2014**

Date: _____
By: Dark Quist

NAME (PLEASE PRINT) Paul Jibson	PHONE NUMBER 307 352-7561	TITLE Permit Agent
SIGNATURE N/A	DATE 5/8/2014	

Well Name	API #	Meter ID #	Qtr/Qtr	Sec	Twn	Rng	County	Dec 2013	Nov 2013	Oct 2013	Sep 2013	Aug 2013	Jul 2013
								Avg per Day					
Island Pad 8 (10, 67 & 68)		005484	SW SW	12	10S	19E	Uintah	45	56	54	69	70	86
Island 30	43-047-31749	002988	NW NE	12	10S	19E	Uintah	23	64	58	63	72	83
Island 33	43-047-33929	005659	SW SW	8	10S	20E	Uintah	30	40	46	55	57	59
Island 27	43-047-31703	002934	NE NW	9	10S	20E	Uintah	75	77	81	86	80	82
Island 32	43-047-31751	002987	SW NE	8	10S	20E	Uintah	82	70	87	88	92	95
Island 83	43-047-33930	005660	SW SW	11	10S	19E	Uintah	50	31	45	42	36	48