

FILE NOTATIONS

Entered in NI file
Location Map Pinned
Card Indexed

Checked by Chief
Approval Letter 7-2-69
Disapproval Letter

COMPLETION DATA:

Date Well Completed 1-16-70

OW..... WW..... TA.....
GW..... OS..... PA.....

Location Inspected
Bond released
State or Fee Land

LOGS FILED

Driller's Log 1-21-70

Electric Logs (No.)

E..... I..... Dual I Lat..... GR-N..... Micro.....

BHC Sonic GR..... Lat..... Mi-L..... Sonic.....

CBLog..... CCLog..... Others.....

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK
 DRILL DEEPEN PLUG BACK

b. TYPE OF WELL
 OIL WELL GAS WELL OTHER Wildcat SINGLE ZONE MULTIPLE ZONE

2. NAME OF OPERATOR
 Mountain Fuel Supply Company

3. ADDRESS OF OPERATOR
 P. O. Box 1129, Rock Springs, Wyoming 82901

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*)
 At surface 660' FNL, 510' FEL NE NE ✓
 At proposed prod. zone Same

5. LEASE DESIGNATION AND SERIAL NO.
 U - 069322

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
 Mt. Fuel-Skyline Govt

9. WELL NO.
 1

10. FIELD AND POOL, OR WILDCAT
 Wildcat

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

12. COUNTY OR PARISH
 Utah

13. STATE
 Utah

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*
 18 miles northwest of Castlegate, Utah

15. DISTANCE FROM PROPOSED* LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT. (Also to nearest drlg. unit line, if any) - 810'

16. NO. OF ACRES IN LEASE
 640.00

17. NO. OF ACRES ASSIGNED TO THIS WELL
 -

18. DISTANCE FROM PROPOSED LOCATION* TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT. -

19. PROPOSED DEPTH
 11,300 ✓

20. ROTARY OR CABLE TOOLS
 Rotary

21. ELEVATIONS (Show whether DF, RT, GR, etc.)
 GR 8181'

22. APPROX. DATE WORK WILL START*
 July 20, 1969 ✓

23. PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
17-1/2	13-3/8 ✓	48 ✓	750 ✓	778 ✓
8-3/4	5-1/2 ✓	17 & 20	To be determined	

We would like your permission to drill the subject well to an estimated depth of 11,300'. Anticipated formation tops are as follows: North Horn at the surface; Price River at 1050', Castlegate at 2450', Mesaverde (undifferentiated) at 2700', Mancos at 8300', Ferron at 9850', Tununk at 10,600', Dakota at 10,900' and Morrison at 11,100'.

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 BW Craft TITLE Vice President, Gas Supply Operations DATE July 2, 1969

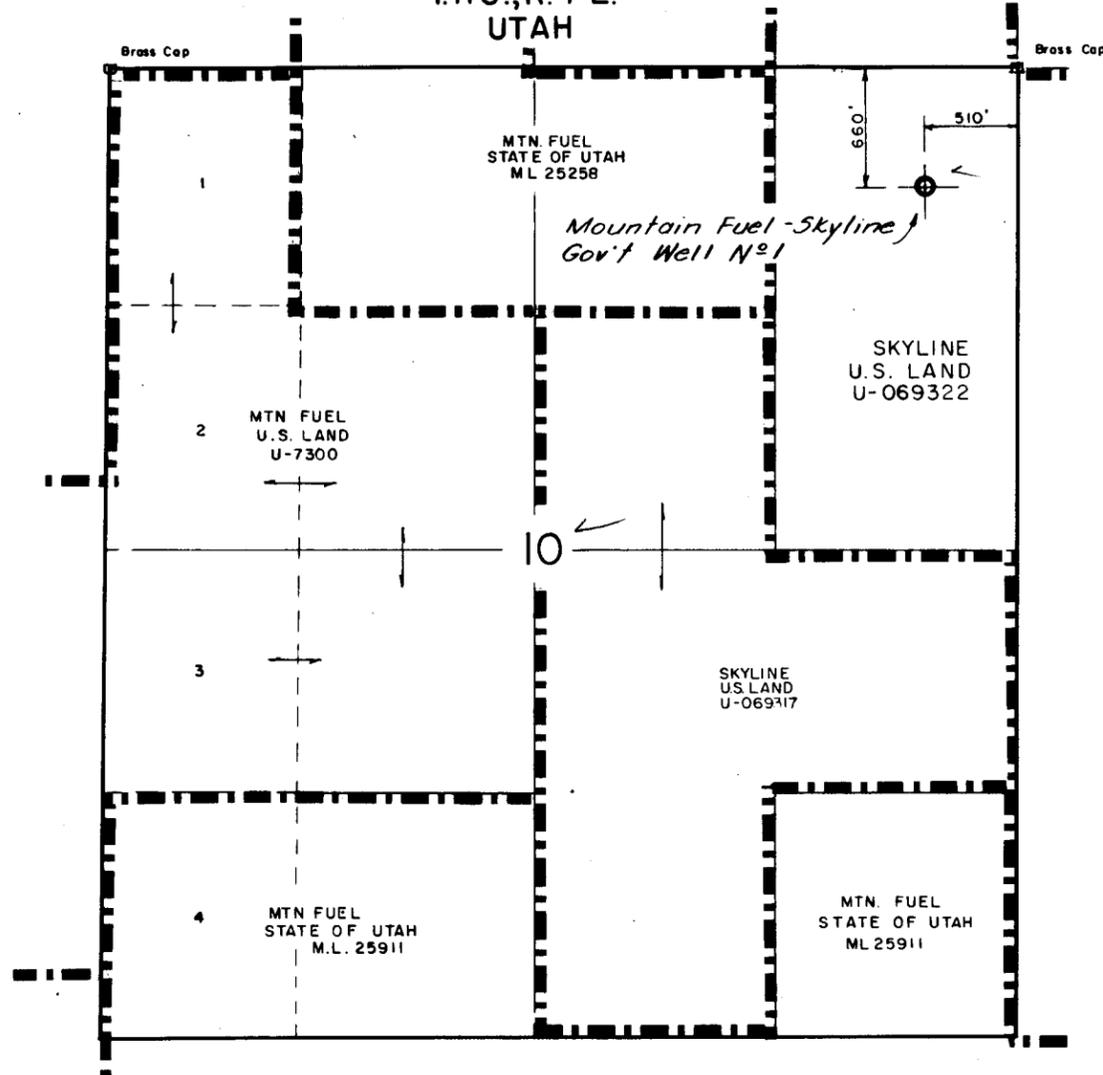
(This space for Federal or State office use)

PERMIT NO. 13-049-30003 APPROVAL DATE _____

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

T.11S., R. 7 E.
UTAH



LOCATION DATA

WELL - *Mtn Fuel - Skyline Gov't No 1* FIELD - *Spring Canyon Area*

LOCATION

*660' From North Line
510' From East Line
NE NE Sec. 10, T.11S., R.7E. S.L.B.&M.
Utah County, Utah*

ELEVATION

8181' ground

SURVEYED BY

Uintah Engineering & Land Surveying Vernal, Utah.

DATE OF REPORT

June 19, 1969.

REMARKS

*Well elevation natural ground.
Weather - Rainy*

ENGINEER'S AFFIDAVIT

STATE OF WYOMING }
COUNTY OF SWEETWATER } s.s.

I, K.A. Loya of Rock Springs Wyoming, hereby certify that this map was made from notes taken during an actual survey made under my direction by Uintah Engineering and Land Surveying, Vernal, Utah on June 16, 1969; and that it correctly represents the location thereon with section measurements based on the official Township Plot of 11S., R.7E S.L.B.&M. Utah.

K.A. Loya
Engineer

Utah Registration No 2707

REVISIONS				 MOUNTAIN FUEL SUPPLY COMPANY ROCK SPRINGS, WYOMING
NO.	DESCRIPTION	DATE	BY	
				WELL LOCATION MTN. FUEL-SKYLINE GOV'T. WELL No 1 NE NE SEC. 10, T.11S., R.7E. S.L.B.&M UTAH COUNTY, UTAH DRAWN: 6-19-69 D.G.H. SCALE: 1"=1000' CHECKED: <i>Rum</i> CK DRWG. NO. M-9567 APPROVED: <i>KAL</i>

July 8, 1969

Mountain Fuel Supply Company
P.O. Box 1129
Rock Springs, Wyoming 82901

Re: Mt. Fuel - Skyline Gov't. #1
Sec. 10, T. 11 S, R. 7 E,
Utah County, Utah

Gentlemen:

Insofar as this office is concerned, approval to drill the above mentioned well is hereby granted.

Should you determine that it will be necessary to plug and abandon this well, you are hereby requested to immediately notify the following:

PAUL W. BURCHELL - Chief Petroleum Engineer
HOME: 277-2890 - Salt Lake City
OFFICE: 328-5771

This approval terminates within 90 days if the well has not been spudded-in within said period.

Enclosed please find Form OGC-8-X, which is to be completed whether or not water sands (aquifers) are encountered while drilling. Your co-operation with respect to completing this form will be greatly appreciated.

Mountain Fuel Supply Company

July 8, 1969

Page 2

The API number assigned to this well is 43-049-30003 (see Bulletin D-12 published by the American Petroleum Institute).

Very truly yours,

DIVISION OF OIL & GAS CONSERVATION

CLEON B. FEIGHT
DIRECTOR

CBF:sd
Enclosure

cc: U.S. Geological Survey
Rod Smith, Dist. Engineer
8416 Federal Building
Salt Lake City, Utah 84111

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R142

5. LEASE DESIGNATION AND SERIAL NO.

U - 069322

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Mt. Fuel-Skyline Govt

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat

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

NE NE 10-11S-7E., SLB&M

12. COUNTY OR PARISH

Utah

13. STATE

Utah

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL GAS WELL OTHER Wildcat

2. NAME OF OPERATOR
Mountain Fuel Supply Company

3. ADDRESS OF OPERATOR
P. O. Box 1129, Rock Springs, Wyoming 82901

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
660' FNL, 510' FEL NE NE

14. PERMIT NO. - 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
GR 8181'

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

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

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

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

Depth 804' of 12 $\frac{1}{4}$ " hole, reaming to 17 $\frac{1}{2}$ " at 361'.
Spudded August 20, 1969.
Set 20" conductor pipe at 49' KBM with 30 sacks regular cement and 6 yards of construction cement.

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

SIGNED B. H. Croft TITLE Vice President, Gas Supply Operations DATE Aug. 26, 1969

(This space for Federal or State office use)

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

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

LAND OFFICE _____
LEASE NUMBER _____
UNIT _____

LESSEE'S MONTHLY REPORT OF OPERATIONS

Shyline Co. #1

State Utah County Utah Field Clear Creek

The following is a correct report of operations and production (including drilling and producing wells) for the month of AUG 1969, 19 ,

Agent's address P.O. Box 11368 Company MOUNTAIN FUEL SUPPLY COMPANY
Salt Lake City, Utah 84111 Signed J. Murphy

Phone 328-8315 Agent's title DIVISIONAL CHIEF ACCOUNTANT

SEC. AND 1/4 OF 1/4	TWP.	RANGE	WELL NO.	DAYS PRODUCED	BARRELS OF OIL	GRAVITY	CU. FT. OF GAS (In thousands)	GALLONS OF GASOLINE RECOVERED	BARRELS OF WATER (If none, so state)	REMARKS (If drilling, depth; if shut down, cause; date and result of test for gasoline content of gas)
					<u>H. M. Robertson Utah 069322</u>					
NE NE 10	11S	7E	1							Spudded 8-20-69 Drilling 1,420' 8-31-69

NOTE.—There were _____ runs or sales of oil; _____ M cu. ft. of gas sold;

_____ runs or sales of gasoline during the month. (Write "no" where applicable.)

NOTE.—Report on this form is required for each calendar month, regardless of the status of operations, and must be filed in duplicate with the supervisor by the 6th of the succeeding month, unless otherwise directed by the supervisor.

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPlicate
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

U - 069322

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Mt. Fuel-Skyline Goyt

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat

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

NE NE 10-11S-7E., SLB&M

12. COUNTY OR PARISH

Utah

13. STATE

Utah

OIL WELL GAS WELL OTHER

Wildcat

2. NAME OF OPERATOR

Mountain Fuel Supply Company

3. ADDRESS OF OPERATOR

P. O. Box 1129, Rock Springs, Wyoming 82901

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

660' FNL, 510' FEL NE NE

14. PERMIT NO.

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

KB

GR 8181'

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 PLANS

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Supplementary history

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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

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

Depth 1660', making survey.

Landed 13-3/8", 48#, H-40 casing at 785.27' and set with 735 sacks of cement.

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

SIGNED

BW Craft

TITLE

Vice President,
Gas Supply Operations

DATE

Sept. 2, 1969

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

DATE

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

U - 069322

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 Wildcat

2. NAME OF OPERATOR
Mountain Fuel Supply Company

3. ADDRESS OF OPERATOR
P. O. Box 1129, Rock Springs, Wyoming 82901

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
660' FNL, 510' FEL NE NE

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Mt. Fuel-Skyline Govt

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT
Wildcat

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

NE NE 10-11S-7E., SLB&M

14. PERMIT NO.

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

KB 8197.60' GR 8181'

12. COUNTY OR PARISH

Utah

13. STATE

Utah

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

Supplementary history

(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 3159', drilling.

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

SIGNED

BW Craft

TITLE

Vice President,
Gas Supply Operations

DATE

Sept. 9, 1969

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPlicate
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

U - 069322

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Mt. Fuel-Skyline Govt

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat

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

NE NE 10-11S-7E., SLB&M

12. COUNTY OR PARISH 13. STATE

Utah

Utah

SUNDRY NOTICES AND REPORTS ON WELLS

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

1.

OIL WELL GAS WELL OTHER

Wildcat

2. NAME OF OPERATOR

Mountain Fuel Supply Company

3. ADDRESS OF OPERATOR

P. O. Box 1129, Rock Springs, Wyoming 82901

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

At surface
660' FNL, 510' FEL NE NE

14. PERMIT NO.

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

KB 8197.60' GR 8181'

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other) Supplementary history

(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 4165', made DST #2.

DST #1: 3107-3164', Mesaverde, IO 1/2 hour, ISI 1 hour, FO 1 hour, FSI 1 1/2 hours, opened with medium blow increasing to strong, reopened strong, no gas to surface, recovered 2021' fresh water.

IHP 1437, IOFP's 40-473, ISIP 1075, FOFP's 486-887, FSIP 1061, FHP 1410.

DST #2: 4140-4165', Mesaverde, IO 1/2 hour, ISI 1 hour, FO 1 hour, FSI 1 1/2 hours, opened with weak blow on both openings, no gas to surface, recovered 384' fresh water. IHP 1948, IOFP's 27-108, ISIP 1504, FOFP's 108-202, FSIP 1504, FHP 1935

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

SIGNED

B. W. Craft

TITLE

Vice President,
Gas Supply Operations

DATE

Sept. 15, 1969

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R152

5. LEASE DESIGNATION AND SERIAL NO.

U - 069322

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Mt. Fuel-Skyline Govt

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat

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

NE NE 10-11S-7E., SLB&M

1. OIL WELL GAS WELL OTHER Wildcat

2. NAME OF OPERATOR
Mountain Fuel Supply Company

3. ADDRESS OF OPERATOR
P. O. Box 1129, Rock Springs, Wyoming 82901

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
660' FNL, 510' FEL NE NE

14. PERMIT NO. - 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
KB 8197.60' GR 8181'

12. COUNTY OR PARISH Utah 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

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 PLANS

(Other) Supplementary history

(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 5334', drilling.

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

SIGNED

BW Galt

TITLE

Vice President,
Gas Supply Operations

DATE

Sept. 23, 1969

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPlicate*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Wildcat		5. LEASE DESIGNATION AND SERIAL NO. U - 069322
2. NAME OF OPERATOR Mountain Fuel Supply Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 1129, Rock Springs, Wyoming 82901		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FNL, 510' FEL NE NE		8. FARM OR LEASE NAME Mt. Fuel-Skyline Govt
14. PERMIT NO. -		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) KB 8197.60' GR 8181'		10. FIELD AND POOL, OR WILDCAT Wildcat
		11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA NE NE 10-11S-7E., SLB&M
		12. COUNTY OR PARISH Utah 13. STATE Utah

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

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

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

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

Depth 6025', drilling.
DST #3: 5597-5628', Mesaverde, IO 1/2 hour, ISI 1 hour, FO 1 hour, FSI 1 1/2 hours, opened with weak blow, reopened dead, no gas to surface, recovered 20' water cut mud.
IHP 2568, IOFP's 13-21, ISIP 2056, FOFP's 13-24, FSIP 2016, FHP 2568.

DST #4: 5701-5723', Mesaverde, IO 1/2 hour, ISI 1 hour, FO 2 hours, FSI 2 1/2 hours, opened with moderate blow, reopened with moderate blow decreasing to end of test, no gas to surface, recovered 70' drilling mud.
IHP 2601, IOFP's 29-37, ISIP 142, FOFP's 33-37, FSIP 188, FHP 2601.

DST #5: 5762-5816', Mesaverde, IO 1/2 hour, ISI 1 hour, FO 1 hour, FSI 2 hours, opened with moderate blow continuing, reopened weak, dead in 59 minutes, no gas to surface, recovered 30' drilling mud.
IHP 2622, IOFP's 20-37, ISIP 146, FOFP's 33-37, FSIP 104, FHP 2622.

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

SIGNED BW Craft TITLE Vice President, Gas Supply Operations DATE Sept. 29, 1969

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

Schmitt

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

LAND OFFICE
LEASE NUMBER
UNIT

LESSEE'S MONTHLY REPORT OF OPERATIONS

Skyline Court #1
Clegg Creek

State Utah County Utah Field Clegg Creek

The following is a correct report of operations and production (including drilling and producing wells) for the month of SEP 1969, 19.....

Agent's address P.O. Box 11368 Company MOUNTAIN FUEL SUPPLY COMPANY

Salt Lake City, Utah 84111

Signed *D. Murphy*

Phone 328-8315

Agent's title DIVISIONAL CHIEF ACCOUNTANT

SEC. AND 1/4 OF 1/4	TWP.	RANGE	WELL NO.	DAYS PRODUCED	BARRELS OF OIL	GRAVITY	CU. FT. OF GAS (In thousands)	GALLONS OF GASOLINE RECOVERED	BARRELS OF WATER (If none, so state)	REMARKS (If drilling, depth; if shut down, cause; date and result of test for gasoline content of gas)
NE NE 10	11S	7E	1		<u>H. M. Robertson - Utah 069322</u>					Spudded 8-20-69 Drilling 6,181' 9-30-69

NOTE.—There were runs or sales of oil; M cu. ft. of gas sold;

..... runs or sales of gasoline during the month. (Write "no" where applicable.)

NOTE.—Report on this form is required for each calendar month, regardless of the status of operations, and must be filed in duplicate with the supervisor by the 6th of the succeeding month, unless otherwise directed by the supervisor.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R

5. LEASE DESIGNATION AND SERIAL

U - 069322

6. IF INDIAN, ALLOTTEE OR TRIBE

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Mt. Fuel-Skyline Co

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

Wildcat

11. SEC. T. R. M. OR BLK. AND SURVEY OR ABBA

NE NE 10-11S-7E., S

12. COUNTY OR PARISH 13. STATE

Utah Utah

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL GAS WELL OTHER Wildcat

2. NAME OF OPERATOR
Mountain Fuel Supply Company

3. ADDRESS OF OPERATOR
P. O. Box 1129, Rock Springs, Wyoming 82901

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
660' FNL, 510' FEL NE NE

14. PERMIT NO.
-

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
KB 8197.60' GR 8181'

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 PLANS

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other) Supplementary history

REPAIRING WELL
ALTERING CASING
ABANDONMENT*

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

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting 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 6880', drilling.

DST #6: 6158-6181', Mesaverde, IO 1/2 hour, ISI 1 hour, FO 2 hours, FSI 1 hour, opened with very weak blow, reopened very weak, dead in 1 1/2 hours, no gas to surface recovered 30' drilling mud.
IHP 2809, IOFP's 21-21, ISIP 146, FOFP's 37-37, FSIP 149, FHP 2809 psi

DST #7: 6799-6831', Mesaverde, IO 1/2 hour, ISI 122 minutes, FO 2 hours, FSI 4 hours, opened weak continued, reopened weak decreasing to nearly dead at end of test, no gas to surface, recovered 40' drilling mud.
IHP 3078, IOFP's 8-8, ISIP 251, FOFP's 13-13, FSIP 230, FHP 3070 psi

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

SIGNED B. N. Croft

Vice President,
Gas Supply Operations

DATE Oct. 8, 196

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN 1 APPLICATION
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

U - 069322

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Mt. Fuel-Skyline Govt

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

Wildcat

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

NE NE 10-11S-7E., SLB&M

12. COUNTY OR PARISH

Utah

13. STATE

Utah

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL GAS WELL OTHER Wildcat

2. NAME OF OPERATOR
Mountain Fuel Supply Company

3. ADDRESS OF OPERATOR
P. O. Box 1129, Rock Springs, Wyoming 82901

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
660' FNL, 510' FEL NE NE

14. PERMIT NO. - 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
KB 8197.60' GR 8181'

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) Supplementary 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 7642', recovered fish, drilling.

18. I hereby certify that the foregoing is true and correct
SIGNED B. H. Crofters TITLE Vice President, Gas Supply Operations DATE Oct. 21, 1969

(This space for Federal or State office use)

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

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN THIS MANNER
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

U - 069322

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Mt. Fuel-Skyline Govt

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat

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

NE NE 10-11S-7E., SLB&M

12. COUNTY OR PARISH

Utah

13. STATE

Utah

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL GAS WELL OTHER Wildcat

2. NAME OF OPERATOR
Mountain Fuel Supply Company

3. ADDRESS OF OPERATOR
P. O. Box 1129, Rock Springs, Wyoming 82901

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface
660' FNL, 510' FEL NE NE

14. PERMIT NO.

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

KB 8197.60' GR 8181'

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

Supplementary history

(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 7939', fishing, top of fish at 7428'.

DST #8: 7685-7721', Mesaverde, IO 1/2 hour, ISI 1 hour, FO 1 1/2 hours FSIP 21 hours, opened strong, reopened strong decreasing, no gas to surface, recovered 35' drilling mud.

IHP 3637, IOFP's 21-25, ISIP 314, FOFP's 29-42, FSIP 397, FHP 3637.

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

SIGNED

B. H. Croft

TITLE

Vice President,
Gas Supply Operations

DATE

Oct 27, 1969

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

LAND OFFICE
LEASE NUMBER
UNIT

LESSEE'S MONTHLY REPORT OF OPERATIONS

State Utah County Utah Field Clear Creek

The following is a correct report of operations and production (including drilling and producing wells) for the month of OCT - 1969, 1969,

Agent's address P.O. Box 11368 Company MOUNTAIN FUEL SUPPLY COMPANY

Salt Lake City, Utah 84111 Signed J. Murphy

Phone 328-8315 Agent's title DIVISIONAL CHIEF ACCOUNTANT

SEC. AND 1/4 OF 1/4	TWP.	RANGE	WELL NO.	DAYS PRODUCED	BARRELS OF OIL	GRAVITY	CU. FT. OF GAS (In thousands)	GALLONS OF GASOLINE RECOVERED	BARRELS OF WATER (If none, so state)	REMARKS (If drilling, depth; if shut down, cause; date and result of test for gasoline content of gas)
NE NE 10	11S	7E	1		H. M. Robertson Utah 069322					Spudded 8-20-69 Drilling 8275' 10-31-69

NOTE.—There were runs or sales of oil; M cu. ft. of gas sold;

..... runs or sales of gasoline during the month. (Write "no" where applicable.)

NOTE.—Report on this form is required for each calendar month, regardless of the status of operations, and must be filed in duplicate with the supervisor by the 6th of the succeeding month, unless otherwise directed by the supervisor.

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

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

6. LEASE DESIGNATION AND SERIAL NO.

U - 069322

8. 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.)

<p>1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Wildcat</p> <p>2. NAME OF OPERATOR Mountain Fuel Supply Company</p> <p>3. ADDRESS OF OPERATOR P. O. Box 1129, Rock Springs, Wyoming 82901</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FNL, 510' FEL NE NE</p>	<p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME Mt. Fuel-Skyline Govt</p> <p>9. WELL NO. 1</p> <p>10. FIELD AND POOL, OR WILDCAT Wildcat</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NE NE 10-11S-7E., SLB&M</p>	<p>12. COUNTY OR PARISH 13. STATE Utah Utah</p>
<p>14. PERMIT NO. -</p>	<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) KB 8197.60' GR 8181'</p>	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Supplementary 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 8347', drilling.

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

SIGNED B. W. Crofton TITLE Vice President, Gas Supply Operations DATE Nov. 3, 1969

(This space for Federal or State office use)

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

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Wildcat		5. LEASE DESIGNATION AND SERIAL NO. U - 069322
2. NAME OF OPERATOR Mountain Fuel Supply Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 1129, Rock Springs, Wyoming 82901		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FNL, 510' FEL NE NE		8. FARM OR LEASE NAME Mt. Fuel-Skyline Govt
14. PERMIT NO. -	15. ELEVATIONS (Show whether DF, RT, GR, etc.) KB 8197.60' GR 8181'	9. WELL NO. 1
		10. FIELD AND POOL, OR WILDCAT Wildcat
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NE NE 10-11S-7E., SLB&M
		12. COUNTY OR PARISH 13. STATE Utah 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) Supplementary 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 9786', drilling.

DST #9: 9385-9425', Mancos, IO 1/2 hour, ISI 1 1/2 hours, FO 2 hours, FSI 3 1/2 hours, opened strong, gas in 6 minutes, 1/2 hour 17 Mcf, reopened, 1/4 hour 5 Mcf, 3/4 hour 4 Mcf, 1 hour 3 Mcf, 2 hours 3 Mcf, recovered 30' slightly gas cut mud. IHP 4382, IOFP's 42-42, ISIP 648, FOFP's 21-25, FSIP 732, FHP 4362 psi

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

SIGNED B. H. Craft Jr TITLE Vice President, Gas Supply Operations DATE Nov. 18, 1969

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

U - 069322

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Mt. Fuel-Skyline Govt

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT
Wildcat

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

NE NE 10-11S-7E., SLB&M

12. COUNTY OR PARISH

Utah

13. STATE

Utah

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL GAS WELL OTHER Wildcat

2. NAME OF OPERATOR
Mountain Fuel Supply Company

3. ADDRESS OF OPERATOR
P. O. Box 1129, Rock Springs, Wyoming 82901

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
660' FNL, 510' FEL NE NE

14. PERMIT NO. - 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
KB 8197.60' GR 8181'

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 checked="" type="checkbox"/> Supplementary history	
(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 10,266', drilling.

DST #10: 9933-9980', Mancos, IO 1/2 hour, ISI 1 1/2 hours, FO 4 hours, FSI 1 hour, opened with strong blow, no gas to surface, reopened, gas to surface in 1 minute, 1/2 hour 44 Mcf, 1 hour 41 Mcf, 1 1/2 hours 39 Mcf, 2 hours 39 Mcf, recovered 65' gas cut mud. IHP 4202, IOFP's 38-45, ISIP 2163, FOFP's 45-94, FSIP 3794-4183

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

SIGNED B. W. Cropper TITLE Vice President, Gas Supply Operations DATE Nov 24 1969

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

Schmitt

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

LAND OFFICE _____
LEASE NUMBER _____
UNIT _____

LESSEE'S MONTHLY REPORT OF OPERATIONS

State Utah County Utah Field Clear Creek

The following is a correct report of operations and production (including drilling and producing wells) for the month of NOV - 1969, 19____, _____

Agent's address P.O. Box 11368 Company MOUNTAIN FUEL SUPPLY COMPANY
Salt Lake City, Utah 84111 Signed E. Murphy

Phone 328-8315 Agent's title DIVISIONAL CHIEF ACCOUNTANT

SEC. AND 1/4 OF 1/4	TWP.	RANGE	WELL No.	DATE PRODUCED	BARRELS OF OIL	GRAVITY	CU. FT. OF GAS (In thousands)	GALLONS OF GASOLINE RECOVERED	BARRELS OF WATER (If none, so state)	REMARKS (If drilling, depth; if shut down, cause; date and result of test for gasoline content of gas)
					<u>H. M. Robertson Utah 069322</u>					
NE NE 10	11S	7E	1							Spudded 8-20-69 Drilling 10,593' 11-30-69

NOTE.—There were _____ runs or sales of oil; _____ M cu. ft. of gas sold;

_____ runs or sales of gasoline during the month. (Write "no" where applicable.)

NOTE.—Report on this form is required for each calendar month, regardless of the status of operations, and must be filed in duplicate with the supervisor by the 6th of the succeeding month, unless otherwise directed by the supervisor.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

6. LEASE DESIGNATION AND SERIAL NO.

U - 069322

8. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Mt. Fuel-Skyline Govt

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

Wildcat

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

NE NE 10-11S-7E., SLB&M

14. PERMIT NO.

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

KB 8197.60'

GR 8181'

12. COUNTY OR PARISH

Utah

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

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 PLANS

(Other) Supplementary 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.)*

Depth 10,593', drilling.

DST #12: 10,471-10,519', Ferron, IO 1/2 hour, ISI 1 hour, FO 2 hours, FSI 3 hours, opened with medium blow increased to strong, no gas, reopened strong, no gas, recovered 220' drilling mud. IHP 5025, IOFP's 105-105, ISIP 649, FOFP's 126-126, FSIP 1232, FHP no reading.

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

SIGNED

B. H. Cropper

TITLE

Vice President,
Gas Supply Operations

DATE

Dec. 1, 1969

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

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

SUBMIT IN TRIPlicate
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.

U - 069322

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Mt. Fuel-Skyline Govt

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

Wildcat

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

NE NE 10-11S-7E., SLB&M

12. COUNTY OR PARISH

Utah

18. STATE

Utah

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

1. OIL WELL GAS WELL OTHER Wildcat

2. NAME OF OPERATOR
Mountain Fuel Supply Company

3. ADDRESS OF OPERATOR
P. O. Box 1129, Rock Springs, Wyoming 82901

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
660' FNL, 510' FEL, NE NE

14. PERMIT NO. -

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
KB 8197.60' GR 8181'

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 checked="" type="checkbox"/> Supplementary 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 10,853', drilling.

DST #13: 10750-10795', Ferron, IO 1/2 hour, ISI 1 hour, FO 2 hours, PSI 2 hours, opened with weak blow increasing to strong, reopened strong, no gas to surface, recovered 90' mud and 513' muddy water.

IHP 5128, IOFP's 41-125, ISIP 3658, FOFP's 125-881, FSIP 3658, FHP 5128 psi.

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

SIGNED BW Craft TITLE Vice President, Gas Supply Operations DATE Dec. 10, 1969

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPlicate*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

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 - 069322

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Mt. Fuel-Skyline Govt.

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Wildcat

11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA
NE NE 10-11S-7E, SLB&M

12. COUNTY OR PARISH
Utah

13. STATE
Utah

OIL WELL GAS WELL OTHER Wildcat

2. NAME OF OPERATOR
Mountain Fuel Supply Company

3. ADDRESS OF OPERATOR
P. O. Box 1129, Rock Springs, Wyoming 82901

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

660' FNL, 510' FEL NE NE

14. PERMIT NO. - - - 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
KB 8197.60' GR 8181'

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 checked="" type="checkbox"/> Supplementary history	
(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 11,040', drilling.

DST #14: Misrun
DST #15: Misrun
DST #16: Misrun
DST #17: 10,950'-10,980', Ferron, IO 1/2 hr., ISI 1 1/2 hrs., FO 2 1/2 hrs., FSI 3 hrs., opened with strong blow, gas in 15 min., not enough to gauge, reopen weak, dead in 60 min., not enough to gauge. Recovered 115' drilling mud. During second opening, 4 Mcf in 15 min., 4 Mcf in 30 min., 4 Mcf in 45 min., dead in 60 min. IHP 5252, IOFP's 63-84, ISIP 314, FOFP's 84-84, FSIP 146, FHP 5190 psi.

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

SIGNED B. O. Craft TITLE Vice President
Gas Supply Operations DATE Dec. 17, 1969.

(This space for Federal or State office use)

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

Schult

Form 9-331
May 1963

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLI
(Other instructions on re-verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

U-069322

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

- - -

7. UNIT AGREEMENT NAME

- - -

8. FARM OR LEASE NAME

Mt. Fuel-Skyline Govt.

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat

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

NE NE 10-11S-7E, SLB&M

12. COUNTY OR PARISH

Utah

13. STATE

Utah

1. OIL WELL GAS WELL OTHER Wildcat

2. NAME OF OPERATOR
Mountain Fuel Supply Company

3. ADDRESS OF OPERATOR
P. O. Box 1129, Rock Springs, Wyoming 82901

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
660' FNL, 510' FEL NE NE

14. PERMIT NO.

- - -

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

KB 8197.60' GR 8181'

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

Supplementary history

(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 11,182', drilling.

DST #18: 11,020'-11,078', Ferron, IO 1/2 hr., FO 2 hrs., ISI 1 hr., FSI 3 hrs. 45 min., opened with strong blow, decreased to very weak, no gas, reopened strong, decreased to very weak, no gas, recovered 95' drilling mud, IHP 5349, IOFP's 61-61, ISIP 531, FOFP's 61-61, FSIP 959, FHP 5308 psi.

DST #19: Misrun

DST #20: Misrun

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

SIGNED

B. H. Craft

TITLE

Vice President
Gas Supply Operations

DATE

Dec. 24, 1969

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

Schwarz

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

LAND OFFICE
LEASE NUMBER
UNIT

LESSEE'S MONTHLY REPORT OF OPERATIONS

State Utah County Utah Field Clear Creek

The following is a correct report of operations and production (including drilling and producing wells) for the month of DEC - 1969, 19.....

Agent's address P.O. Box 11368 Company MOUNTAIN FUEL SUPPLY COMPANY

Salt Lake City, Utah 84111 Signed E. Murphy

Phone 328-8315 Agent's title DIVISIONAL CHIEF ACCOUNTANT

SEC. AND 1/4 OF 1/4	TWP.	RANGE	WELL NO.	DATE PRODUCED	BARRELS OF OIL	GRAVITY	CU. FT. OF GAS (In thousands)	GALLONS OF GASOLINE RECOVERED	BARRELS OF WATER (If none, so state)	REMARKS (If drilling, depth; if shut down, cause; date and result of test for gasoline content of gas)
					Utah 069322 H. M. Robertson					
NE NE 10	11S	7E	1							Spudded 8-20-69 Drilling 11,505' 12-31-69

NOTE.—There were runs or sales of oil; M cu. ft. of gas sold;

..... runs or sales of gasoline during the month. (Write "no" where applicable.)

NOTE.—Report on this form is required for each calendar month, regardless of the status of operations, and must be filed in duplicate with the supervisor by the 6th of the succeeding month, unless otherwise directed by the supervisor.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE-DESIGNATION AND SERIAL NO.

U - 069322

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.)

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Mt. Fuel-Skyline Govt

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat

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

NE NE 10-11S-7E., SLB&M

12. COUNTY OR PARISH

UTAH

13. STATE

Utah

1. OIL WELL GAS WELL OTHER Wildcat

2. NAME OF OPERATOR
Mountain Fuel Supply Company

3. ADDRESS OF OPERATOR
P. O. Box 1129, Rock Springs, Wyoming 82901

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
660' FNL, 510' FEL NE NE

14. PERMIT NO.

-

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

KB 8197.60'

GR 8181'

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other) Supplementary 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.)*

Depth 11,750', circulating to log.

DST #21: Misrun, could not get tool to bottom.

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

SIGNED

B. W. Croft, Jr.

TITLE

Vice President,
Gas Supply Operations

DATE

Jan. 7, 1970

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

Schmitt

Joe Lanta - Mtn Fuel
Dayline Gmt #1

13 3/8" casing 785' - 8 3/4" hole to 11,750 T.P. ^{Murson.}

21 DST and lobby
Elev. Top Tops

North Horn	- surf	} small coal streak no constant coal coal
Pine Pine	- 11,70	
Collegat	- 22,20	
Montado	- 24,70	
Morcan	- 8,500	
Ferron	- 10,450	
Jarick	- 11,030	} all tight on logs, don't plug any but tools get stuck in Ferron
Dobota	- 11,295	
Morcan	- 11,440	

- DST #1 - 3107-3164 NG - 202' fresh water - No R lot fresh
- DST #2 - 4140-4165 - NG - 384' fresh water - R=2,3
- DST #3 - 5597-5628 - Dead - 20' VCM
- DST #4 - 5701-5723 - Dead - mud
- DST #5 - 5762-5816 - NG - dead - mud
- DST #6 - 6158-6181 - VD - mud
- DST #7 - 6799-6831 - VW - NG - mud
- DST #8 - 7685-7721 - GB - NG - mud
- DST #9 - 9385-9425 - 5 MCF, 3 MCF - that's it - 30' Mud
- DST #10 - 9933-9980 - 44 MCF, 39 MCF - 65' Mud
- DST #11 = Murson DST #12 - 10471-10519 - MB - NG - 221' DM
- DST #13 - 10750-10795 - NG - 513' MW ✓
- DST #14 = Misrun #15 murson #16 murson
- DST #17 - 10950-10980 - 4 MCF - 150' DM
- DST #18 - 11,020-11078 - NG - 85' Mud
- DST #19 & 20 murson - DST #21 - Misrun
- DST #22 - 10878-10938 - ~~Dead~~ Ferron (3)

- * ① 11,200 to 11,300 = 3+th seen by Dobota
- ② 10,400 to 10,600 = 68th

- (3) 8450 - 8550 - 34 st - ^{corn top of} Moncos
- (4) 4500 - 4600 - 34 st - ^{equilizer and} below ^{fresh} heater shov
- (5) 3500 - 3600 - 34 st separate two water ponds
- (6) 2400 - 2500 - 34 st top in water and top of Mass Vork
- (7) ~~2200 to 2300 - 34 st - top of Castlept~~
2000 to 2100 - Equilizer and top of Castlept base of Pric burner
- (8) 710 to 810 = 74 st $\frac{1}{2}$ in & $\frac{1}{2}$ out rope pits
- (9) 10 st / marker / mud = 9.3 ft between all piers.

1/11/70

PMB

USGS

John Finnegan out of town.

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

SUBMIT IN TRIP DATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Wildcat		5. LEASE DESIGNATION AND SERIAL NO. U - 069322			
2. NAME OF OPERATOR Mountain Fuel Supply Company.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME -			
3. ADDRESS OF OPERATOR P. O. Box 1129, Rock Springs, Wyoming 82901		7. UNIT AGREEMENT NAME -			
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FNL, 510' FEL NE NE		8. FARM OR LEASE NAME Mt. Fuel-Skyline Govt.			
14. PERMIT NO. -		9. WELL NO. 1			
15. ELEVATIONS (Show whether DF, RT, GR, etc.) KB 8197.60' GR 8181'		10. FIELD AND POOL, OR WILDCAT Wildcat			
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NE NE 10-11S-7E., SLB&M			
<table border="0" style="width:100%;"> <tr> <td style="width:50%; vertical-align: top;"> NOTICE OF INTENTION TO: TEST WATER SHUT-OFF <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> SHOOT OR ACIDIZE <input type="checkbox"/> REPAIR WELL <input type="checkbox"/> (Other) <input type="checkbox"/> </td> <td style="width:50%; vertical-align: top;"> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETE <input type="checkbox"/> ABANDON* <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> </td> </tr> </table>		NOTICE OF INTENTION TO: TEST WATER SHUT-OFF <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> SHOOT OR ACIDIZE <input type="checkbox"/> REPAIR WELL <input type="checkbox"/> (Other) <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETE <input type="checkbox"/> ABANDON* <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>	12. COUNTY OR PARISH Utah 13. STATE Utah	
NOTICE OF INTENTION TO: TEST WATER SHUT-OFF <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> SHOOT OR ACIDIZE <input type="checkbox"/> REPAIR WELL <input type="checkbox"/> (Other) <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETE <input type="checkbox"/> ABANDON* <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>				
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*		16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data (continued)			

Depth 11,750', tripping.
 DST #22: 10,878-10,942', Ferron, straddle test, mis-run, packers failed to hold.
 DST #23: 10,938-10,878', Ferron, straddle test, mis-run, packers failed to hold.
 DST #24: 10,804-10,938', Ferron, straddle test, mis-run, packers failed after 1 1/2 hours initial open. Opened with strong blow decreasing to weak in 90 minutes, no gas, recovered 100' drilling mud. IHP 5447, IOFP's 64-96, FHP 5379.
 DST #25: 10,678-10,756', Ferron, straddle test, mis-run, tool would not go below 9150'.

18. I hereby certify that the foregoing is true and correct
 SIGNED B. H. Crofton TITLE Vice President, Gas Supply Operations DATE Jan. 13, 1970

(This space for Federal or State office use)

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

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other In-
structions on
reverse side)

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

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

5. LEASE DESIGNATION AND SERIAL NO.
U - 069322

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
-

7. UNIT AGREEMENT NAME
-

8. FARM OR LEASE NAME
Mt. Fuel-Skyline Govt

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Wildcat

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

12. COUNTY OR PARISH
Utah

13. STATE
Utah

14. PERMIT NO. _____ DATE ISSUED _____

15. DATE SPUDDED 8-20-69

16. DATE T.D. REACHED 1-7-70

17. DATE COMPL. (Ready to prod.) 1-16-70

18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* KB 8197.60' GR 8181'

19. ELEV. CASINGHEAD -

20. TOTAL DEPTH, MD & TVD 11,750

21. PLUG, BACK T.D., MD & TVD 0

22. IF MULTIPLE COMPL., HOW MANY* -

23. INTERVALS DRILLED BY - ROTARY TOOLS 10-11,750 CABLE TOOLS -

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*
Dry and Abandoned

25. WAS DIRECTIONAL SURVEY MADE
No

26. TYPE ELECTRIC AND OTHER LOGS RUN
Dual Induction Laterolog, Formation Density, Gamma Ray Sonic

27. WAS WELL CORED
No

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

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
20	-	49	26	30 sx & 6 yds const. con.	0
13-3/8	48	785.27	17-1/2	735	0

29. LINER RECORD

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

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)

31. PERFORATION RECORD (Interval, size and number)

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED

33.* PRODUCTION

DATE FIRST PRODUCTION D & A

PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)

WELL STATUS (Producing or shut-in)

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO

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

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

TEST WITNESSED BY

35. LIST OF ATTACHMENTS
Dual Induction Laterolog, Gamma Ray Sonic, Form. Density, Well Completion, Well Lithology

Attachments will be sent at a later date.

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED B. H. Croft TITLE Vice President, Gas Supply Operations DATE Jan. 21, 1970

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

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPlicate
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

U - 069322

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

MF-Skyline Govt

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat

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

NE NE 10-11S-7E., SLB&M

1. OIL WELL GAS WELL OTHER Wildcat

2. NAME OF OPERATOR
Mountain Fuel Supply Company

3. ADDRESS OF OPERATOR
P. O. Box 1129, Rock Springs, Wyoming 82901

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
660' FNL, 510' FEL NE NE

14. PERMIT NO.

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

KB 8197.60' GR 8181'

12. COUNTY OR PARISH

Utah

13. STATE

Utah

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

Supplementary history

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

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

TD 11,750', rig released January 16, 1970.

Verbal approval was granted during a telephone conversation on January 15, 1970 by Mr. John Duletsky with the U.S.G.S. and Mr. Paul Burchell with the Utah Oil and Gas Conservation Commission to Mr. Sanna with Mountain Fuel to plug and abandon the subject well by laying the following plugs:

- Plug No. 1: 9200-9000', 68 sacks
- Plug No. 2: 8550-8450', 34 sacks
- Plug No. 3: 4600-4500', 34 sacks
- Plug No. 4: 3600-3500', 34 sacks
- Plug No. 5: 2500-2400', 34 sacks
- Plug No. 6: 2100-2000', 34 sacks
- Plug No. 7: 810-710', 74 sacks
- Plug No. 8: 13' in surface casing, 10 sacks

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

SIGNED

B. N. Croft

TITLE

Vice President,
Gas Supply Operations

DATE

Jan. 21, 1970

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLE COPY
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

U - 069322

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Mt. Fuel-Skyline Govt

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat

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

NE NE 10-11S-7E., SLB&M

12. COUNTY OR PARISH 13. STATE

Utah

Utah

1. OIL WELL GAS WELL OTHER Wildcat

2. NAME OF OPERATOR
Mountain Fuel Supply Company

3. ADDRESS OF OPERATOR
P. O. Box 1129, Rock Springs, Wyoming 82901

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

660' FNL, 510' FEL NE NE

14. PERMIT NO.

-

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

KB 8197.60'

GR 8181'

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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

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

TD 11,750', rig released January 16, 1970, well plugged and abandoned as follows:

- Plug No. 1: 9200-9000', 68 sacks
- Plug No. 2: 8550-8450', 34 sacks
- Plug No. 3: 4600-4500', 34 sacks
- Plug No. 4: 3600-3500', 34 sacks
- Plug No. 5: 2500-2400', 34 sacks
- Plug No. 6: 2100-2000', 34 sacks
- Plug No. 7: 810-710', 74 sacks
- Plug No. 8: 13' in surface casing, 10 sacks

A regulation abandonment marker will be installed and the location cleaned at a later date.

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

SIGNED

B. N. Craft

TITLE

Vice President,
Gas Supply Operations

DATE

Jan. 21, 1970

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

Schmitt

PM

FORM OGC-8-X
FILE IN QUADRUPLICATE

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL & GAS CONSERVATION
1588 West North Temple
Salt Lake City, Utah 84116

REPORT OF WATER ENCOUNTERED DURING DRILLING

Well Name & Number Mountain Fuel-Skyline Gov't No. 1
Operator Mountain Fuel Supply Co. Address SLC, Utah Phone 328-8315
Contractor Loffland Bros. Address Casper, Wyo. Phone _____
Location NE 1/2 NE 1/2 Sec. 10 T. 11 S. R. 7 E. Utah County, Utah

Water Sands:

<u>Depth</u>		<u>Volume</u>	<u>Quality</u>
From:	To:	Flow Rate or Head:	Fresh or Salty:
1. DST	3107'-3164'	Recovered 1931' water	Fresh
2. DST	4140'-4165'	Recovered 384' water	"
3. DST	10750'-10795'	Recovered 423' water	?
4.			
5.			

(Continue on Reverse Side if Necessary)

<u>Formation Tops:</u>	
North Horn	Surface
Price River	1170'
Castlegate	2219'
Mesa Verde	2468'
Mancos	8497'
Ferron	10453'
Tanank	11023'
Dakota	11296'
Morrison	11435'

Remarks:

NOTE:

- (a) Upon diminishing supply of forms, please inform this office.
- (b) Report on this form as provided for in Rule C-20, General Rules and Regulations and Rules of Practice and Procedure, (See Back of Form).
- (c) If a water analysis has been made of the above reported zone, please forward a copy along with this form.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

LAND OFFICE
LEASE NUMBER
UNIT

LESSEE'S MONTHLY REPORT OF OPERATIONS

State Utah County Utah Field Clear Creek

The following is a correct report of operations and production (including drilling and producing wells) for the month of JAN - 1970, 19.....

Agent's address P.O. Box 11368 Company MOUNTAIN FUEL SUPPLY COMPANY

Salt Lake City, Utah 84111

Signed D. Murphy

Phone 328-8315

Agent's title DIVISIONAL CHIEF ACCOUNTANT

SEC. AND 1/4 OF 1/4	TWP.	RANGE	WELL NO.	DAYS PRODUCED	BARRELS OF OIL	GRAVITY	CU. FT. OF GAS (In thousands)	GALLONS OF GASOLINE RECOVERED	BARRELS OF WATER (If none, so state)	REMARKS (If drilling, depth; if shut down, cause; date and result of test for gasoline content of gas)
NE NE 10	11S	7E	1		Utah 069322 H. M. Robertson:					Spudded 8-20-69 TD 11,750' P & A 1-16-70

NOTE.—There were runs or sales of oil; M cu. ft. of gas sold;

..... runs or sales of gasoline during the month. (Write "no" where applicable.)

NOTE.—Report on this form is required for each calendar month, regardless of the status of operations, and must be filed in duplicate with the supervisor by the 6th of the succeeding month, unless otherwise directed by the supervisor.