

41 S 12W 13

43-053-30039

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

SUBMIT IN ~~TRIPPLICATE~~*
(Other instructions on
reverse side)

Fee

5. Lease Designation and Serial No.

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: Black Gold Enterprises⁵⁰¹ - 635-2551

3. Address of Operator: Box # 178 Hurricane Ut. 84737

4. Location of Well (Report location clearly and in accordance with any State requirements.)*
 At surface: 880' EWL # 1687.26 SNL Sec. 13 T41S R 12W
 At proposed prod. zone: SLM Washington Co. Utah SW NW 13-41S-12W

6. If Indian, Allottee or Tribe Name: _____

7. Unit Agreement Name: _____

8. Farm or Lease Name: Cornelius

9. Well No.: #1

10. Field and Pool, or Wildcat: Virgin

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

12. County or Parrish: Washington Ut. 13. State: _____

14. Distance in miles and direction from nearest town or post office*: 2 miles from Virgin Ut.

15. Distance from proposed* location to nearest property or lease line, ft. (Also to nearest drlg. line, if any): 12"

16. No. of acres in lease: 27

17. No. of acres assigned to this well: 1

18. Distance from proposed location* to nearest well, drilling, completed, or applied for, on this lease, ft.: None

19. Proposed depth: 700' Menkopi

20. Rotary or cable tools: CT

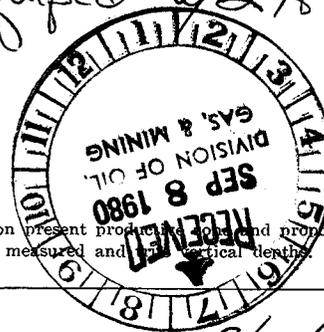
21. Elevations (Show whether DF, RT, GR, etc.): 3640

22. Approx. date work will start*: Sept. 15 1980

PROPOSED CASING AND CEMENTING PROGRAM

Size of Hole	Size of Casing	Weight per Foot	Setting Depth	Quantity of Cement
9"	7"	17 #1H	60' 60'	Sax cement to surf.
6"	2 1/2"	6.5 #1H	At pay Zone	None

Plan to use cable tools to drill to approx. 700' testing any sands or shows as encountered. Well, if commercial, will be equiped w/ 2 7/8" tbg for casing & pumping equipment.



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

24. Signed: Duane Stout Title: Owner Date: 8/30/80

(This space for Federal or State office use)

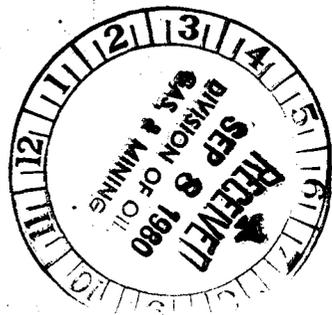
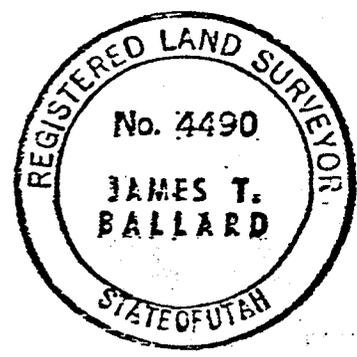
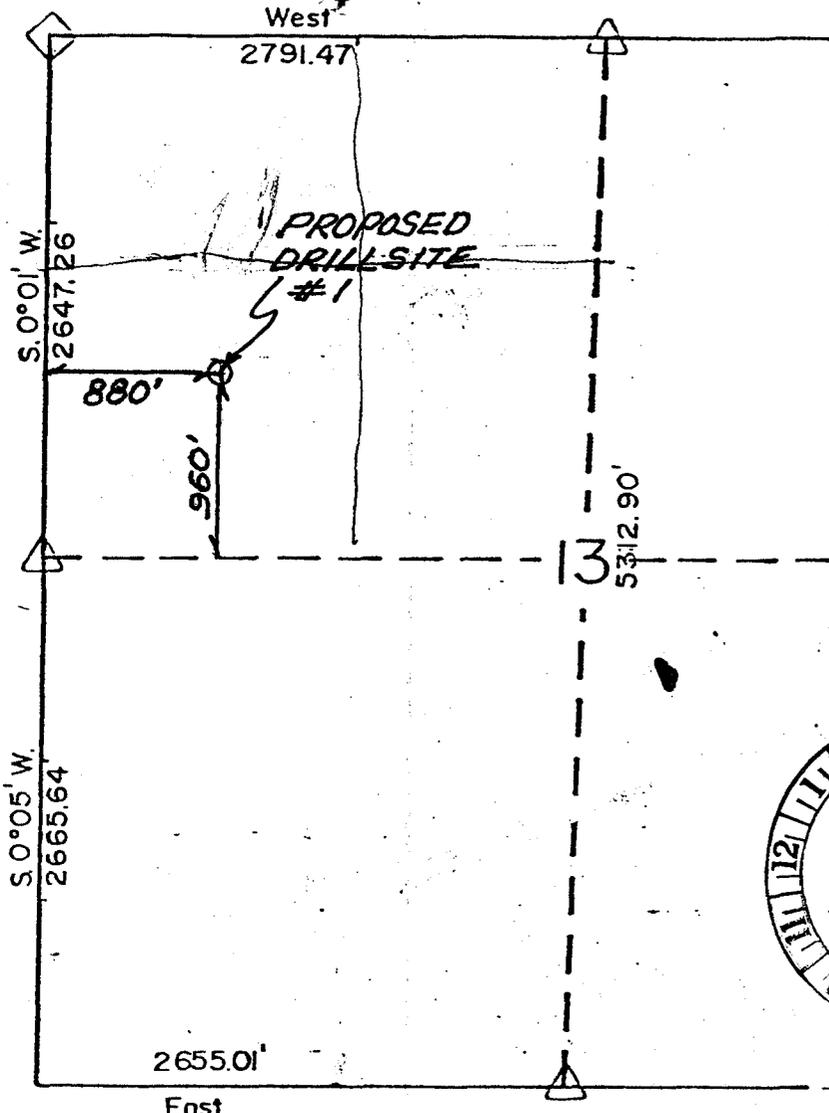
Permit No. Approval Date

Approved by Title Date

Conditions of approval, if any:

*See Instructions On Reverse Side

APPROVED BY THE DIVISION
 OF OIL, GAS, AND MINING
 DATE: 10/16/80
 BY: M. J. Munder



Witness

 Corner

-  Section corner located. (Brass Cap).
-  1/4 corner located (Brass Cap).

Well location as shown in the SW 1/4 NW 1/4 of Sec. 13, T. 41 S., R. 12 W., SLM. Washington County, Utah.

This is to certify that this plat was prepared from field notes of actual survey made 28 November 1979 and 22 Jan. 1980 and that the same is true and correct to the best of my knowledge and belief.

James T. Ballard
 Registered Land Surveyor

BLACK GOLD ENTERPRISES	
TONY AGUIRE & DUANE	
STOUT - BOX 178 - 84737	
HURRICANE, UTAH	
Scale: 1" = 1000'	Date: Jan. 24, 1980
Revised:	Approved:

** FILE NOTATIONS **

DATE: September 16, 1980

OPERATOR: Black Hold Enterprises

WELL NO: Cornelius #1

Location: Sec. 13 T. 41S R. 12W County: Washington

File Prepared:

Entered on N.I.D:

Card Indexed:

Completion Sheet:

API Number 43-053-30039

CHECKED BY:

Petroleum Engineer: M.Y. Minder 10/16/80

Director: _____

Administrative Aide: OK per spacing rules - bond being filed - 8/16/80

APPROVAL LETTER:

Bond Required:

Survey Plat Required:

Order No. 177-3 3/26/80

O.K. Rule C-3

Rule C-3(c), Topographic Exception - company owns or controls acreage within a 660' radius of proposed site

Lease Designation 3U

Plotted on Map

Approval Letter Written

Hot Line

P.I.

October 17, 1980

Black Gold Enterprises
Box 178
Hurricane, Utah 84737

Re: Well No. Cornelius #1
Sec. 13, T. 41S, R. 12W,
Washington County, Utah

Insofar as this office is concerned, approval to drill the above referred to oil well is hereby granted in accordance with the Order issued in Cause No. 177-3 dated March 26, 1980.

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

MICHAEL T. MINDER - Petroleum Engineer
Office: 533-5771
Home: 876-3001

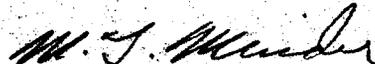
Enclosed please find Form OGC-8-X, which is to be completed whether or not water sands (aquifers) are encountered during drilling. Your cooperation in completing this form will be appreciated.

Further, it is requested that this Division be notified within 24 hours after drilling operations commence, and that the drilling contractor and rig number be identified.

The API number assigned to this well is 43-053-30039.

Sincerely,

DIVISION OF OIL, GAS, AND MINING



Michael T. Minder,
Petroleum Engineer

/ka
cc:

April 6, 1981

Black Gold Enterprises
Box 178
Hurricane, Utah 84737

Re: Well No. Cornelius #1
Sec. 13, T. 41S. R. 12W.
Washington County, Utah

Gentlemen:

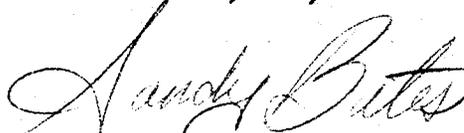
In reference to above mentioned well, considerable time has gone by since approval was obtained from this office.

This office has not recieved any notification of spudding. If you do not intend to drill this well, plesae notify this Division. If spudding or any other activity has taken place, please send necessary forms. (If we do not hear from your company within fifteen (15) days, we assume you do not intend to drill this well and action will be taken to terminate the applica- tion.) If you plan on drilling this location at a later date, please notify as such.

Your prompt attention to the above will be greatly appreciated.

Very truly yours,

DIVISION OF OIL, GAS, AND MINING



SANDY BATES
CLERK-TYPIST

December 16, 1981

Black Gold Enterprises
Box 178
Hurricane, Utah 84737

Re: Well No. Cornelius #1
Sec. 13, T. 41S, R. 12W
Washington County, Utah

Gentlemen:

In reference to the above mentioned well, considerable time has gone by since approval was obtained from this office.

This office has not received any notification of spudding. If you do not intend to drill this well, please notify this Division. If spudding or any other activity has taken place, please send necessary forms. If we do not hear from your company within fifteen (15) days, we will assume you do not intend to drill this well and action will be taken to terminate the application. If you plan to drill this location at a later date, please notify as such.

Your prompt attention to the above will be greatly appreciated.

Very truly yours,

DIVISION OF OIL, GAS AND MINING



CARI FURSE
CLERK TYPIST

UNITED STATES POSTAL SERVICE

OFFICIAL BUSINESS

SENDER INSTRUCTIONS

Print your name, address, and ZIP Code in the space below.

- Complete items 1, 2, and 3 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.

PENALTY FOR PRIVATE
USE TO AVOID PAYMENT
OF POSTAGE, \$300



**RETURN
TO**



Division of Oil, Gas & Mining
(Name of Sender)

4241 State Office Bldg
(Street or P.O. Box)

Salt Lake City, Utah 84114
(City, State, and ZIP Code)

SENDER: Complete items 1, 2, and 3.
Add your address in the "RETURN TO" space
reverse.

1. The following service is requested (check one.)
- Show to whom and date delivered.
 - Show to whom, date and address of delivery.
 - RESTRICTED DELIVERY
Show to whom and date delivered.
 - RESTRICTED DELIVERY.
Show to whom, date, and address of delivery. \$ _____

(CONSULT POSTMASTER FOR FEES)

2. ARTICLE ADDRESSED TO:

Black Gold Enterprises
Box 178
Hurricane, Ut 84737

CF

3. ARTICLE DESCRIPTION:

REGISTERED NO.	CERTIFIED NO.	INSURED NO.
P 20	0367242	

(Always obtain signature of addressee or agent)

I have received the article described above.

SIGNATURE Addressee Authorized agent

4. SIGNATURE: *[Handwritten signatures]*

DATE OF DELIVERY

2-5-82

POSTMARK
MAR 5 1982
USPO

5. ADDRESS (Complete only if requested)

6. UNABLE TO DELIVER BECAUSE:

CLERK'S INITIALS

KO

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

P20 0367242

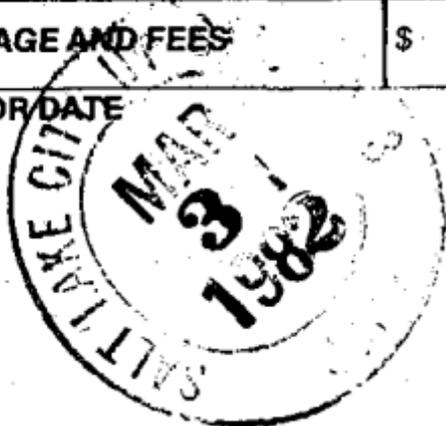
RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL

(See Reverse)

CF

SENT TO		Black Gold Enterprises		
STREET AND NO.		Box 178		
P.O., STATE AND ZIP CODE		Hurricane, UT 84737		
POSTAGE		\$		
CONSULT POSTMASTER FOR FEES	CERTIFIED FEE		c	
	OPTIONAL SERVICES	SPECIAL DELIVERY	c	
		RESTRICTED DELIVERY	c	
		RETURN RECEIPT SERVICE	SHOW TO WHOM AND DATE DELIVERED	c
			SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY ✓	c
			SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY	c
			SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY	c
TOTAL POSTAGE AND FEES		\$		
POSTMARK OR DATE				



415, 12 W, Sec. 13 Cornelius #1

STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST CLASS POSTAGE,
CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES. (see front)

1. If you want this receipt postmarked, stick the gummed stub on the left portion of the address side of the article, **leaving the receipt attached**, and present the article at a post office service window or hand it to your rural carrier. (no extra charge)
2. If you do not want this receipt postmarked, stick the gummed stub on the left portion of the address side of the article, date, detach and retain the receipt, and mail the article.
3. If you want a return receipt, write the certified-mail number and your name and address on a return receipt card, Form 3811, and attach it to the front of the article by means of the gummed ends if space permits. Otherwise, affix to back of article. Endorse front of article **RETURN RECEIPT REQUESTED** adjacent to the number.
4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article.
5. Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in Item 1 of Form 3811.
6. Save this receipt and present it if you make inquiry.

Drilling Log

Cornelius # 1

Black Gold

0 - 15	Clay
15 - 40	Boulders
120 - 124	Grey shale Hard
124 - 145	Brown shale
145 - 165	Grey shale Hard
165 - 180	Brown shale
180 - 195	Grey shale Hard
195 - 225	Brown shale
225 - 240	Grey shale
240 - 390	Red shale
390 - 395	Grey shale
395 - 535	Red shale
535 - 540	Grey shale
540 - 557	oil shale
557 - 575	Grey shale
575 - 620	Grey Limestone

620' T.D.



STATE OF UTAH
NATURAL RESOURCES & ENERGY
Oil, Gas & Mining

Scott M. Matheson, Governor
Temple A. Reynolds, Executive Director
Cleon B. Feight, Division Director

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

March 3, 1982

Black Gold Enterprises
Box 178
Hurricane, Utah 84737

Re: Well No. Cornelius #1
Sec. 13, T. 41S, R. 12W.
Washington County, Utah

Gentlemen:

Approval to drill the above mentioned well, which was granted in our letter of October 17, 1980, is hereby terminated for failure to spud it within a reasonable period of time.

If and when you should decide to drill this well, it will be necessary for you to again obtain the approval of this Division.

Very truly yours,

DIVISION OF OIL, GAS AND MINING

Cleon B. Feight

Cleon B. Feight
Director

*6-3-82
talked Duane Stout &
will send w/ me
sundry's & WC by
June 17th (paid)
L*

801-635-2551

*Talked w/ me
June 18th &
sent forms
today!*

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

SUBMIT IN TRIPLICATE*
(Refer instructions on reverse side)

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO.
2. NAME OF OPERATOR <i>Black Gold Enterprises</i>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <i>Box 178 Hurricane Utah 84737</i>		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 <i>Sec 13 T415 R12W SLM Washington Co. Utah</i> <i>880' EWL Y 1687.26' SNL</i>		8. FARM OR LEASE NAME <i>Cornelius</i>
14. PERMIT NO.	15. ELEVATIONS (Show whether OF, RT, GR, etc.) <i>Gr 3640</i>	9. WELL NO. <i>#1</i>
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		10. FIELD AND POOL, OR WILDCAT <i>Virgin</i>
NOTICE OF INTENTION TO: TEST WATER SHUT-OFF <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> MULTIPLE COMPLETE <input type="checkbox"/> SHOOT OR ACIDIZE <input type="checkbox"/> ABANDON* <input type="checkbox"/> REPAIR WELL <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> (Other) <input type="checkbox"/>		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>Sec 13 T415 R12W</i>
		12. COUNTY OR PARISH <i>Washington</i>
		13. STATE <i>Utah</i>

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data	
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"/>	SUBSEQUENT REPORT OF: WATER SHUT-OFF <input type="checkbox"/> FRACTURE TREATMENT <input type="checkbox"/> SHOOTING OR ACIDIZING <input type="checkbox"/> (Other) <input type="checkbox"/> (NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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

0-60' 9" hole cemented 7" casing to top
60-620' 6" hole with cable tools
Show 540-600'
2 7/8 tubing in open hole to 600' no packer
test pumped 2 days
Dry

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

SIGNED *Duane Stout* TITLE *Owner* DATE *6-14-82*

(This space for Federal or State office use)

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

STATE OF UTAH

SUBMIT IN DUPLICATE*

(See other instructions on reverse side)

OIL & GAS CONSERVATION COMMISSION

5. LEASE DESIGNATION AND SERIAL NO.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

REMOVED
JUN 21 1982

IF INDIAN, ALLOTTEE OR TRIBE NAME

UNIT AGREEMENT NAME

1a. TYPE OF WELL: OIL WELL GAS WELL DRY OTHER

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

2. NAME OF OPERATOR
Black Gold Enterprises

3. ADDRESS OF OPERATOR
Box 178 Hurricane Utah 84737

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface *880' EWL + 1687.2L SNL Sec. 13 T41S R12W SLM Wash. Co. Utah*

At top prod. interval reported below

At total depth

5. FARM OR LEASE NAME
Cornelius

9. WELL NO.
#1

10. FIELD AND POOL, OR WILDCAT
Virgin

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA
Sec. 13 T41S R12W

14. PERMIT NO. *43-053-30039* DATE ISSUED *9-30-80*

12. COUNTY OR PARISH
Washington

13. STATE
Utah

15. DATE SPUDDED *11-3-80* 16. DATE T.D. REACHED *11-17-80* 17. DATE COMPL. (Ready to prod.) *12-20-80* 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* *Dr. 3640'* 19. ELEV. CASINGHEAD *3642'*

20. TOTAL DEPTH, MD & TVD *640'* 21. PLUG, BACK T.D., MD & TVD _____ 22. IF MULTIPLE COMPL., HOW MANY* *None* 23. INTERVALS DRILLED BY _____ ROTARY TOOLS _____ CABLE TOOLS *0-620'*

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*
540'-600'

25. WAS DIRECTIONAL SURVEY MADE
None

26. TYPE ELECTRIC AND OTHER LOGS RUN
None

27. WAS WELL CORED
None

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

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
<i>7"</i>	<i>17#</i>	<i>60'</i>	<i>9"</i>	<i>Cemented to top</i>	<i>None</i>

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)
		<i>None</i>		

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
<i>2 7/8</i>	<i>600'</i>	<i>None</i>

31. PERFORATION RECORD (Interval, size and number)
None

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

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
<i>540'-600'</i>	<i>600 gal HCl</i>

33.* PRODUCTION

DATE FIRST PRODUCTION *None* PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) *#3 Cook pumping unit* WELL STATUS (Producing or shut-in) *None*

DATE OF TEST *48 hrs.* HOURS TESTED *None* CHOKER SIZE *None* PROD'N FOR TEST PERIOD *None* OIL—BBL. *None* GAS—MCF. *None* WATER—BBL. *None* GAS-OIL RATIO *None*

FLOW. TUBING PRESS. *None* CASING PRESSURE *None* CALCULATED 24-HOUR RATE *None* OIL—BBL. *None* GAS—MCF. *None* WATER—BBL. *None* OIL GRAVITY-API (CORR.) *None*

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)
None

TEST WITNESSED BY
Duane Stout

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 *Duane Stout* TITLE *Owner* DATE *6-14-82*

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

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

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

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

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments. **Items 22 and 24:** If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool. **Item 33:** Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.
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			
NAME	MEAS. DEPTH	TOP	THRU VERT. DEPTH

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

SUBMIT IN TRIPLICATE*
(See instructions on reverse side)

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO.
2. NAME OF OPERATOR <i>Black Gold</i>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <i>Box 178 Hurricane Utah 84737</i>		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 <i>880' FWL & 1687.26 SNL Sec 13 T41S R12W SLM Wash. Co.</i>		8. FARM OR LEASE NAME <i>Cornelius</i>
14. PERMIT NO.		9. WELL NO. <i>#1</i>
15. ELEVATIONS (Show whether OF, RT, GR, etc.) <i>Gr. FL 3640'</i>		10. FIELD AND POOL, OR WILDCAT <i>Virgin oil field</i>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>Sec 13 T41S R12W</i>
		12. COUNTY OR PARISH <i>Washington</i>
		13. STATE <i>Utah</i>

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

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

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

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

T-D 620

*Plugged with: 10 sacks across bottom
10 sacks across bottom of surface casing
2 sacks at top with Dry hole marker*

Fluid in hole: Water

RECEIVED

JUL 30 1982

DIVISION OF
OIL, GAS & MINING

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

SIGNED *Duane Stout* TITLE *Owner* DATE *7-23-82*

(This space for Federal or State office use)

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

ORAL APPROVAL TO PLUG AND ABANDON WELL

Operator BLACK GOLD ENTERPRISES Representative Duane Stout

Well No. Cornelius #1 Location SW ¼ NW ¼ Section 13 Township 41 S Range 12 W

County Washington Field Virgin State Utah

Unit Name and Required Depth _____ Base of fresh water sands _____

T.D. 620' Size hole and Fill per sack _____ " _____ Mud Weight ' and Top _____ #/gal. _____

Casing Size	Set At	Top of Cement	To Be Pulled	Plugging Requirements		
				From	To	Sacks Cement
<u>7"</u>	<u>60</u>	<u>surface</u>		<u>580'</u>	<u>530'</u>	<u>10</u>
				<u>85'</u>	<u>35'</u>	<u>10</u>
<u>Formation</u>	<u>Top</u>	<u>Base</u>	<u>Shows</u>	<u>At surface w/marker</u>		<u>5</u>
<u>No Shows</u>						

REMARKS

DST's, lost circulation zones, water zones, etc.,

Approved by R. J. Firth Date 7-21-82 Time _____ a.m.
 _____ p.m.