

June 28, 2005

State of Utah
Division of Oil, Gas & Mining
Attn: Diana Whitney
1594 West North Temple - Suite 1210
P.O. Box 145801
Salt Lake City, Utah 84114-5801

RE: Applications for Permit to Drill: Ashley Federal 10-22-9-15, 11-22-9-15, 6-23-9-15, 8-23-9-15, 11-23-9-15, 12-23-9-15, and 15-23-9-15.

Dear Diana:

Enclosed find APD's on the above referenced wells. If you have any questions, feel free to give either Shon Mckinnon or myself a call.

Sincerely,

Mandie Crozier

Regulatory Specialist

mç

enclosures

RECEIVED
JUL 0 1 2005

DIV. OF OIL, GAS & MINING

| Form 3160-3<br>(September 2001)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | :              | FORM APPROV<br>OMB No. 1004-0                          | 0136                |
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| UNITED STATES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Expires January 31,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | , 2004         |                                                        |                     |
| DEPARTMENT OF THE IN<br>BUREAU OF LAND MANAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 5. Lease Serial No.<br>UTU-66185                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                |                                                        |                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                | 6. If Indian, Allottee or Tril                         | he Name             |
| APPLICATION FOR PERMIT TO DE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | RILL OR REENTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                | , i                                                    | JO THILL            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | The state of the s |                | N/A                                                    | NT NNY              |
| 1a. Type of Work: 🖾 DRILL 🔲 REENTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                | 7. If Unit or CA Agreement,                            | Name and No.        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                | Ashley  8. Lease Name and Well No                      |                     |
| 1b. Type of Well: 🔼 Oil Well 🔲 Gas Well 🔲 Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Single Zone  Multip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ple Zone       | Ashley Federal 6-23-9-                                 |                     |
| 2. Name of Operator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                | 9. API Well No.                                        |                     |
| Newfield Production Company                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                | 43-013                                                 | 32827               |
| 3a. Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 3b. Phone No. (include area code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                | 10. Field and Pool, or Explora                         |                     |
| Route #3 Box 3630, Myton UT 84052                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (435) 646-3721                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                | Monument Butte                                         | •                   |
| 4. Location of Well (Report location clearly and in accordance with                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | any State requirements.*)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                | 11. Sec., T., R., M., or Blk. ar                       | id Survey or Area   |
| At surface SE/NW 1878' FNL 1888' FWL 548153                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                                                        |                     |
| At proposed prod. zone 44299                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 77 -110,201393                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | }              | SE/NW Sec. 23, T9S                                     | S R15E              |
| 14. Distance in miles and direction from nearest town or post office*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                | 12. County or Parish                                   | 13. State           |
| Approximatley 15.9 miles southwest of Myton, Utah                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1              | Duchesne                                               | UT                  |
| 15. Distance from proposed* location to nearest                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 16. No. of Acres in lease                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 17. Spacin     | g Unit dedicated to this well                          |                     |
| property or lease line, ft. (Also to nearest drig, unit line, if any) Approx. 558' f/lse, 8672' f/unit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2.286.43                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                | 40 Acres                                               |                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                | BIA Bond No. on file                                   |                     |
| <ol> <li>Distance from proposed location*<br/>to nearest well, drilling, completed,</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 19. Proposed Depth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 20. BLM/I      | 51A Bond No. on the                                    |                     |
| applied for, on this lease, ft. Approx. 1349'                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 5940'                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                | UT0056                                                 | •                   |
| 21. Elevations (Show whether DF, KDB, RT, GL, etc.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 22. Approximate date work will sta                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | rt*            | 23. Estimated duration                                 |                     |
| 6327' GL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 4th Quarter 2005                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                | Approximately seven (7) days from apud to rig release. |                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 24. Attachments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                                                        |                     |
| The following, completed in accordance with the requirements of Onshor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | e Oil and Gas Order No.1, shall be att                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | tached to this | s form:                                                | ·                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                |                                                        |                     |
| Well plat certified by a registered surveyor.     A Drilling Plan.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 4. Bond to cover the Item 20 above).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | he operation   | ns unless covered by an existin                        | g bond on file (see |
| 3. A Surface Use Plan (if the location is on National Forest System                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Lands, the 5. Operator certific                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                                                        |                     |
| SUPO shall be filed with the appropriate Forest Service Office).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 6. Such other site authorized office                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                | ormation and/or plans as may                           | be required by the  |
| 26. 8:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                                                        |                     |
| 25. Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Name (Printed/Typed) Mandie Crozier                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                | Date                                                   | 1000                |
| Title Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | , iviandie Croziei                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                | <u>i</u>                                               | 0/00/0              |
| Regulatory Specialist                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                                                        |                     |
| Approved by (Signature)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Name (Printed/Typed)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                | Date                                                   | 11100-001           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | BRADI FY G HILL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                                                        | 111-25              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                | , 0                                                    | 1105                |
| ENV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | RONMENTAL SCIENTIST I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | II             |                                                        |                     |
| Application approval does not warrant or certify the the applicant holds le                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | gal or equitable title to those rights in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | the subject I  | lease which would entitle the ap                       | plicant to conduct  |
| operations thereon.  Conditions of approval, if any, are attached.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                                                        |                     |
| 100 April 100 Ap |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                | · · · · · · · · · · · · · · · · · · ·                  |                     |
| Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it States any false, fictitious or fraudulent statements or representations as to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | a crime for any person knowingly an<br>any matter within its jurisdiction.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | d willfully to | o make to any department or ag                         | gency of the United |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                | " Northern Perlumber                                   |                     |

Federal Approval of this Action is Necessary

\*(Instructions on reverse)

RECEIVED

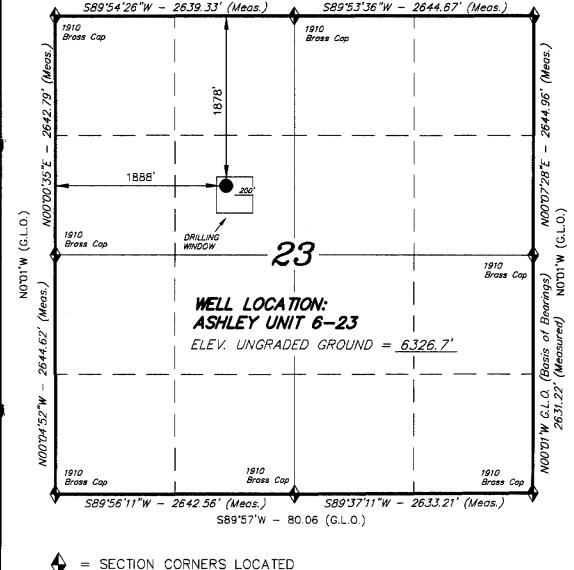
JUL 0 1 2005

DIV. OF OIL, GAS & MINING

## T9S, R15E, S.L.B.&M.

\$89\*59'W - 80.14 (G.L.O.)

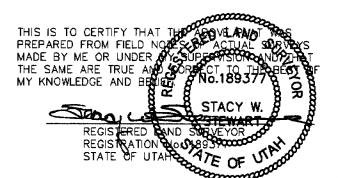
Comer missing. (Reestablished Proportionately)



BASIS OF ELEV; U.S.G.S. 7-1/2 min QUAD (MYTON SW)

#### NEWFIELD PRODUCTION COMPANY

WELL LOCATION, ASHLEY UNIT 6-23. LOCATED AS SHOWN IN THE SE 1/4 NW 1/4 OF SECTION 23, T9S, R15E, S.L.B.&M. DUCHESNE COUNTY, UTAH.



#### TRI STATE LAND SURVEYING & CONSULTING

180 NORTH VERNAL AVE. - VERNAL, UTAH 84078 (435) 781 - 2501

| · · · · · · · · · · · · · · · · · · · |                   |
|---------------------------------------|-------------------|
| SCALE: 1" = 1000'                     | SURVEYED BY: D.P. |
| DATE: 6-14-05                         | DRAWN BY: F.T.M.  |
| NOTES:                                | FILE #            |

#### NEWFIELD PRODUCTION COMPANY ASHLEY FEDERAL #6-23-9-15 SE/NW SECTION 23, T9S, R15E DUCHESNE COUNTY, UTAH

#### ONSHORE ORDER NO. 1

#### **DRILLING PROGRAM**

#### 1. GEOLOGIC SURFACE FORMATION:

Uinta formation of Upper Eocene Age

#### 2. <u>ESTIMATED TOPS OF IMPORTANT GEOLOGIC MARKERS:</u>

Uinta

0' - 2540'

Green River

2540'

Wasatch

5940'

#### 3. <u>ESTIMATED DEPTHS OF ANTICIPATED WATER, OIL, GAS OR MINERALS:</u>

Green River Formation 2540' - 5940' - Oil

#### 4. <u>PROPOSED CASING PROGRAM</u>

Please refer to the Monument Butte Field Standard Operation Procedure (SOP).

#### 5. <u>MINIMUM SPECIFICATIONS FOR PRESSURE CONTROL:</u>

Please refer to the Monument Butte Field SOP. See Exhibit "C".

#### 6. TYPE AND CHARACTERISTICS OF THE PROPOSED CIRCULATION MUDS:

Please refer to the Monument Butte Field SOP.

#### 7. <u>AUXILIARY SAFETY EQUIPMENT TO BE USED:</u>

Please refer to the Monument Butte Field SOP.

#### 8. <u>TESTING, LOGGING AND CORING PROGRAMS:</u>

Please refer to the Monument Butte Field SOP.

#### 9. <u>ANTICIPATED ABNORMAL PRESSURE OR TEMPERATURE:</u>

The anticipated maximum bottom hole pressure is 1800 psi. It is not anticipated that abnormal temperatures will be encountered.

#### 10. ANTICIPATED STARTING DATE AND DURATION OF THE OPERATIONS:

Please refer to the Monument Butte Field SOP.

#### NEWFIELD PRODUCTION COMPANY ASHLEY FEDERAL #6-23-9-15 SE/NW SECTION 23, T9S, R15E DUCHESNE COUNTY, UTAH

#### ONSHORE ORDER NO. 1

#### <u>MULTI-POINT SURFACE USE & OPERATIONS PLAN</u>

#### 1. <u>EXISTING ROADS</u>

See attached Topographic Map "A"

To reach Newfield Production Company well location site Ashley Federal #6-23-9-15 located in the SE 1/4 NW 1/4 Section 23, T9S, R15E, Duchesne County, Utah:

Proceed southwesterly out of Myton, Utah along Highway 40 - 1.6 miles  $\pm$  to the junction of this highway and UT State Hwy 53; proceed southwesterly along Hwy 53 - 1.8 miles  $\pm$  to it's junction with an existing road to the southwest; proceed southwesterly -12.5 miles  $\pm$  to it's junction with the beginning of the proposed access road; proceed along the proposed access road  $140' \pm$  to the proposed well location.

#### 2. PLANNED ACCESS ROAD

See Topographic Map "B" for the location of the proposed access road.

#### 3. LOCATION OF EXISTING WELLS

Refer to Exhibit "B".

#### 4. LOCATION OF EXISTING AND/OR PROPOSED FACILITIES

All permanent surfaces equipment will be painted Olive Black.

Please refer to the Monument Butte Field Standard Operating Procedure (SOP).

#### 5. LOCATION AND TYPE OF WATER SUPPLY

Please refer to the Monument Butte Field SOP. See Exhibit "A".

#### 6. SOURCE OF CONSTRUCTION MATERIALS

Please refer to the Monument Butte Field SOP.

#### 7. <u>METHODS FOR HANDLING WASTE DISPOSAL</u>

Please refer to the Monument Butte Field SOP.

#### 8. <u>ANCILLARY FACILITIES</u>

Please refer to the Monument Butte Field SOP.

#### 9. WELL SITE LAYOUT

See attached Location Layout Diagram.

#### 10. PLANS FOR RESTORATION OF SURFACE

Please refer to the Monument Butte Field SOP.

#### 11. SURFACE OWNERSHIP - Bureau Of Land Management

#### 12. OTHER ADDITIONAL INFORMATION

The Archaeological Resource Survey and Paleontological Resource Survey for this area are attached. MOAC Report #03-59, 9/15/03. Paleontological Resource Survey prepared by, Wade E. Miller, 6/7/03. See attached report cover pages, Exhibit "D".

For the Ashley Federal #6-23-9-15 Newfield Production Company requests 140' of disturbed area be granted in Lease UTU-66185 to allow for construction of the proposed access road. Refer to Topographic Map "B". The proposed access road will be an 18' crown road (9' either side of the centerline) with drainage ditches along either side of the proposed road whether it is deemed necessary in order to handle any run-off from normal meteorological conditions that are prevalent to this area. The maximum grade will be less than 8%. There will be no culverts required along this access road. There will be barrow ditches and turnouts as needed along this road. There are no fences encountered along this proposed road. There will be no new gates or cattle guards required. All construction material for this access road will be borrowed material accumulated during construction of the access road.

Newfield Production Company requests 140' of disturbed area be granted in Lease UTU-66185 to allow for construction of the proposed gas lines. It is proposed that the disturbed area will be 50' wide to allow for construction of a 6" gas gathering line, and a 3" poly fuel gas line. Both lines will tie in to the existing pipeline infrastructure. **Refer to Topographic Map "C."** For a ROW plan of development, please refer to the Monument Butte Field SOP.

#### Water Disposal

Immediately upon first production, all produced water will be confined to a steel storage tank. If the production water meets quality guidelines, it is transported to the Ashley, Monument Butte, Jonah, and Beluga water injection facilities by company or contract trucks. Subsequently, the produced water is injected into approved Class II wells to enhance Newfield's secondary recovery project.

Water not meeting quality criteria, is disposed at Newfield's Pariette #4 disposal well (Sec. 7, T9S R19E) or at State of Utah approved surface disposal facilities.

## Threatened, Endangered, And Other Sensitive Species None.

#### Reserve Pit Liner

A 12 mil liner will be required at the operators own discretion. Please refer to the Monument Butte Field SOP.

#### Location and Reserve Pit Reclamation

Please refer to the Monument Butte Field SOP.

The following seed mixture will be used on the topsoil stockpile, to the recontoured surface of the reserve pit, and for final reclamation: (All poundages are in pure live seed)

Wyoming Big Sagebrush Birchleaf Mountain Mohogany

Cercocarpus montanus Raf.

1 lbs/acre 6 lbs/acre

Needle and Thread Grass

Stipa Comata

5 lbs/acre

#### **Details of the On-Site Inspection**

The proposed Ashley Federal #6-23-9-15 was on-sited on 4/12/05. The following were present; Shon Mckinnon (Newfeild Production), Brad Mecham (Newfield Production), and Byron Tolman (Bureau of Land Management). Weather conditions were clear.

#### 13. LESSEE'S OR OPERATORS REPRESENTATIVE AND CERTIFICATION

#### Representative

Name:

Shon Mckinnon

Address:

Route #3 Box 3630

Myton, UT 84052

Telephone:

(435) 646-3721

#### Certification

Please be advised that NEWFIELD PRODUCTION COMPANY is considered to be the operator of well #6-23-9-15 SE/NW Section 23, Township 9S, Range 15E: Lease UTU-66185 Duchesne County, Utah: and is responsible under the terms and conditions of the lease for the operations conducted upon the leased lands. Bond coverage is provided by Hartford Accident #4488944.

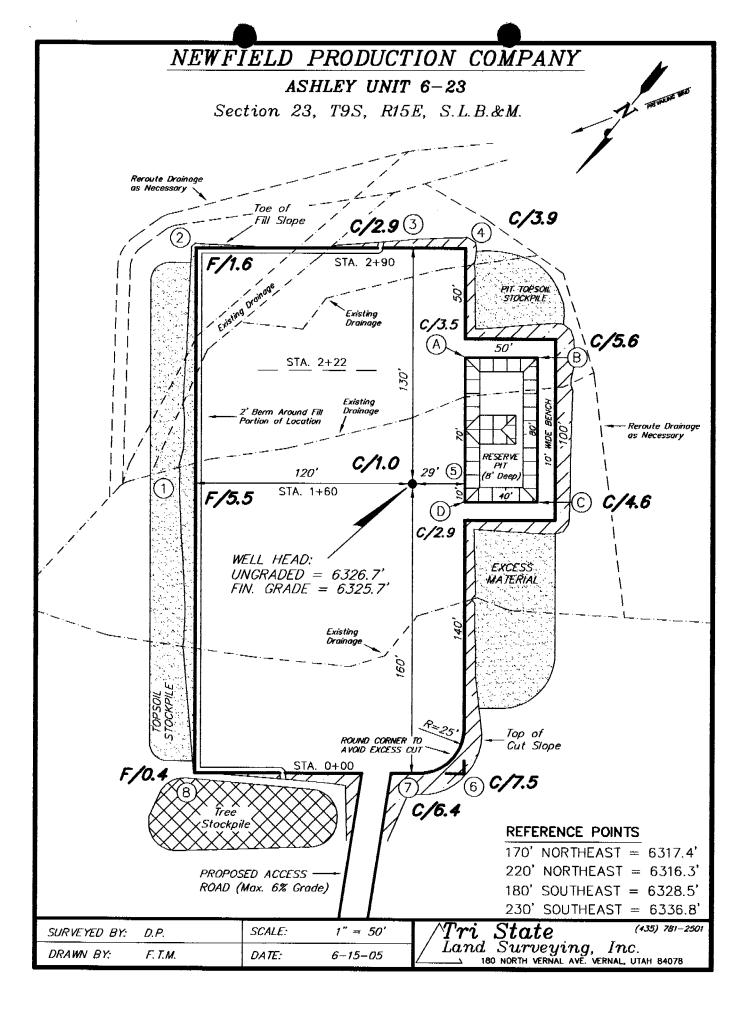
I hereby certify that the proposed drillsite and access route have been inspected, and I am familiar with the conditions which currently exist; that the statements made in this plan are true and correct to the best of my knowledge; and that the work associated with the operations proposed here will be performed by Newfield Production Company and its contractors and subcontractors in conformity with this plan and the terms and conditions under which it is approved. This statement is subject to the provisions of 18 U.S.C. 1001 for the filing of a false statement.

Date

Mandie Crozier

Regulatory Specialist

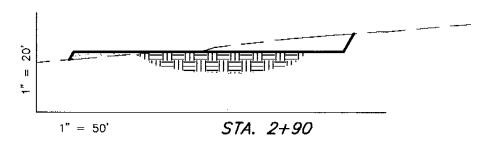
**Newfield Production Company** 

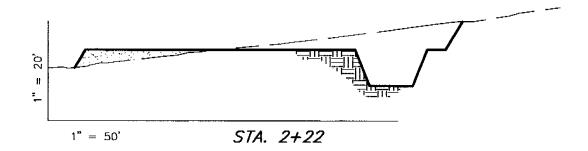


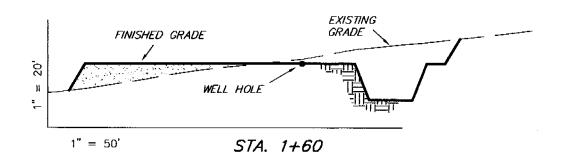
### NEWFIELD PRODUCTION COMPANY

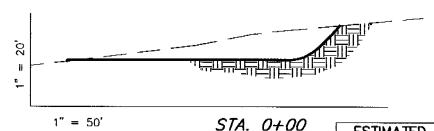
CROSS SECTIONS

### ASHLEY UNIT 6-23









NOTE: UNLESS OTHERWISE NOTED ALL CUT/FILL SLOPES ARE AT 1.5:1

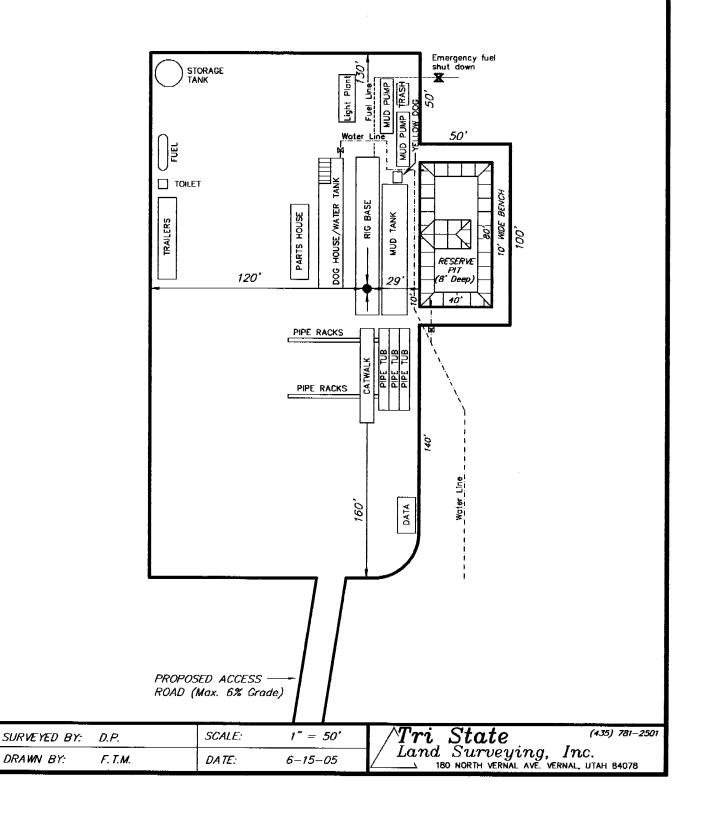
# ESTIMATED EARTHWORK QUANTITIES (No Shrink or swell adjustments have been used) (Expressed in Cubic Yards)

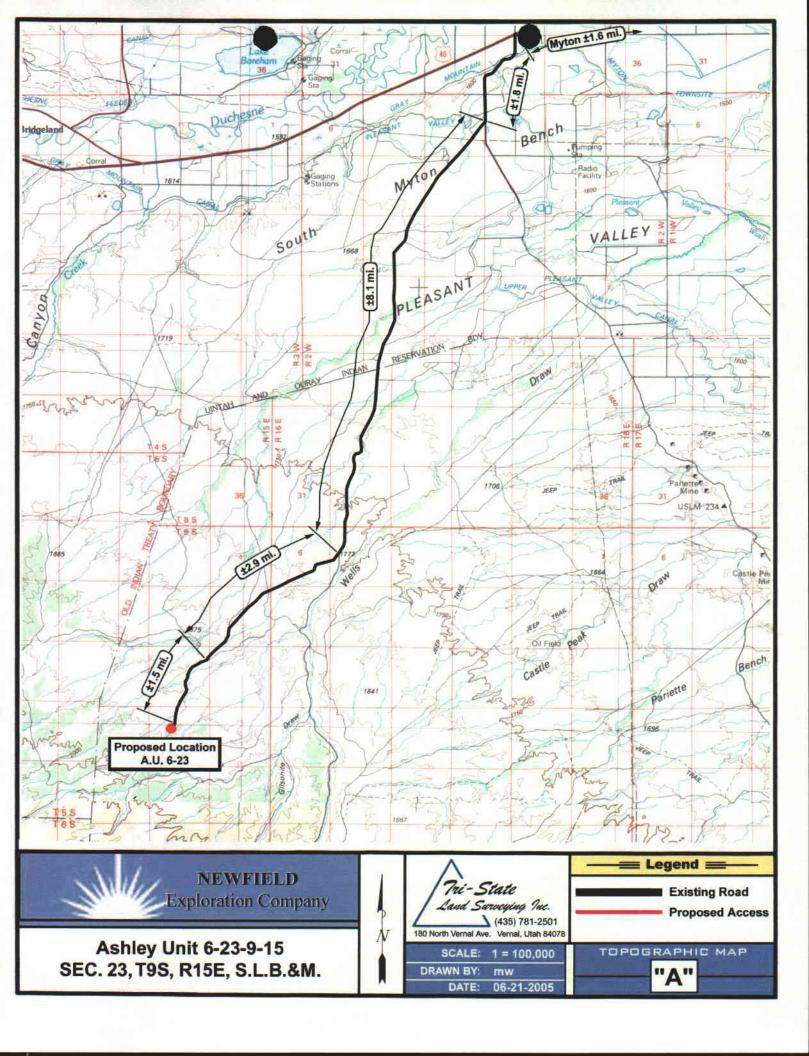
| <b>.</b> |       |       |            |        |
|----------|-------|-------|------------|--------|
| ITEM     | CUT   | FILL  | 6" TOPSOIL | EXCESS |
| PAD      | 2,120 | 2,110 | Topsoil is | 10     |
| PIT      | 640   | 0     | in Pod Cut | 640    |
| TOTALS   | 2,760 | 2,110 | 1,000      | 650    |

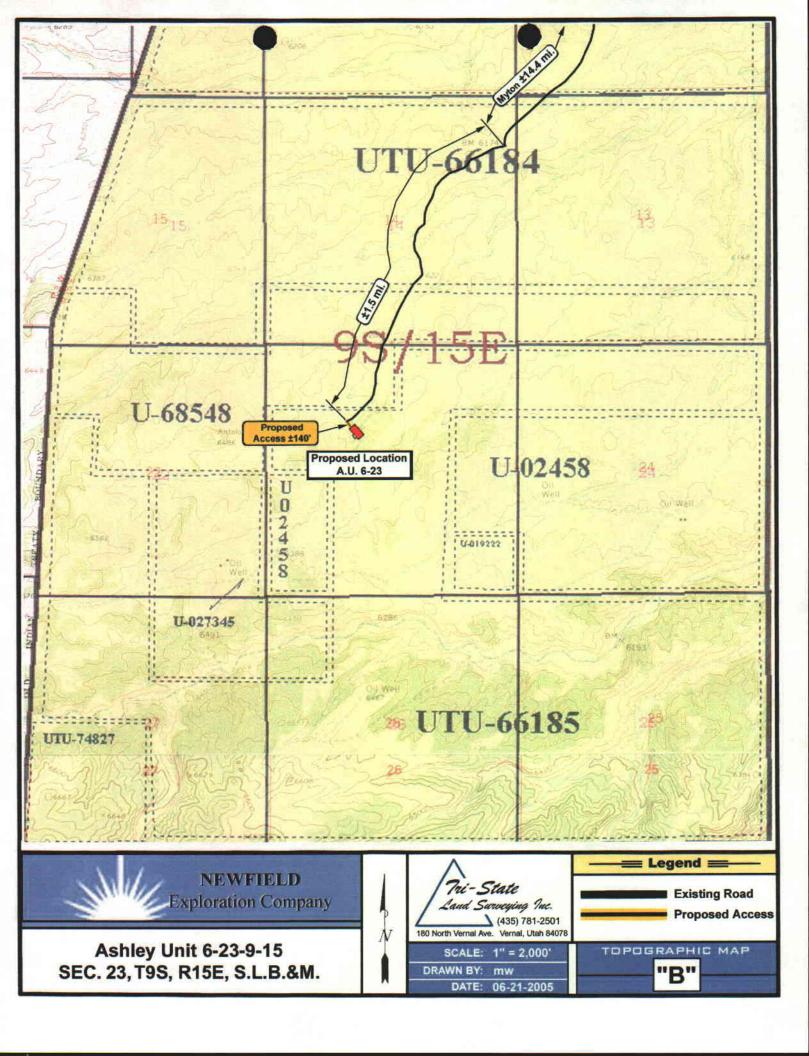
| SURVEYED BY: | D.P.    | SCALE: | 1" = 50' |
|--------------|---------|--------|----------|
| DRAWN BY:    | F. T.M. | DATE:  | 6-15-05  |

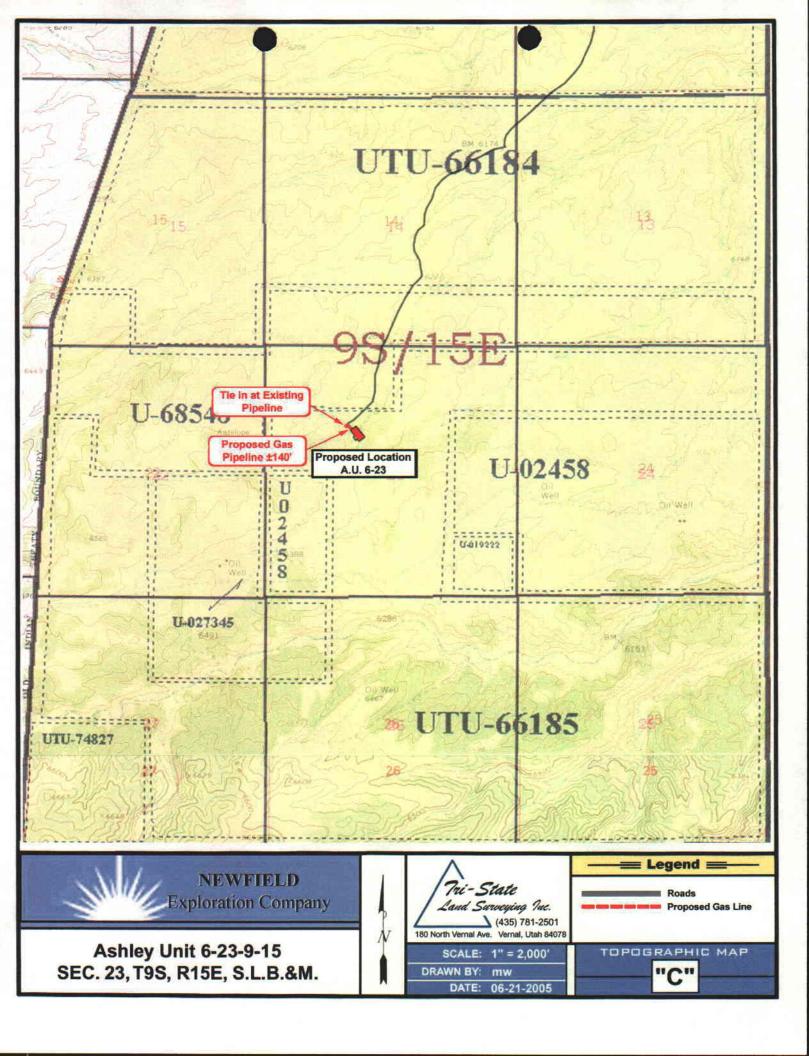
| /        | $^{\wedge}Tri$ | Sta     | te |    |     | (435) | 781-2501 |
|----------|----------------|---------|----|----|-----|-------|----------|
|          | $\bar{L}and$   |         |    | nq | Inc | o     |          |
| <u>/</u> |                | O NORTH |    |    |     |       | 4078     |

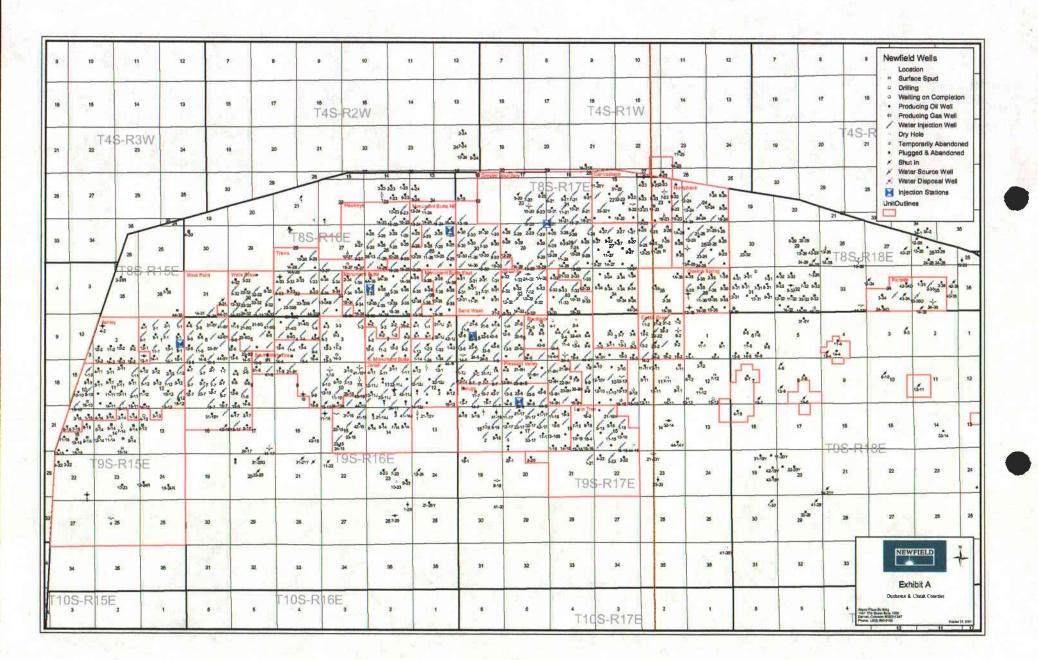
# NEWFIELD PRODUCTION COMPANY TYPICAL RIG LAYOUT ASHLEY UNIT 6-23

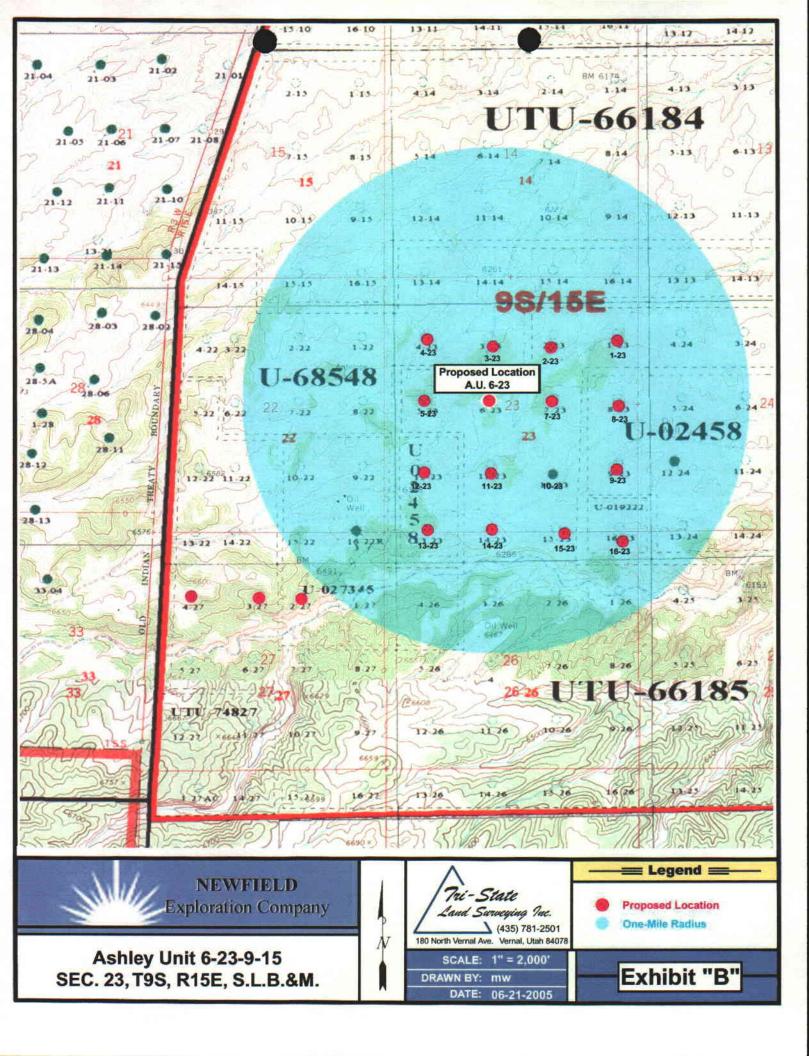






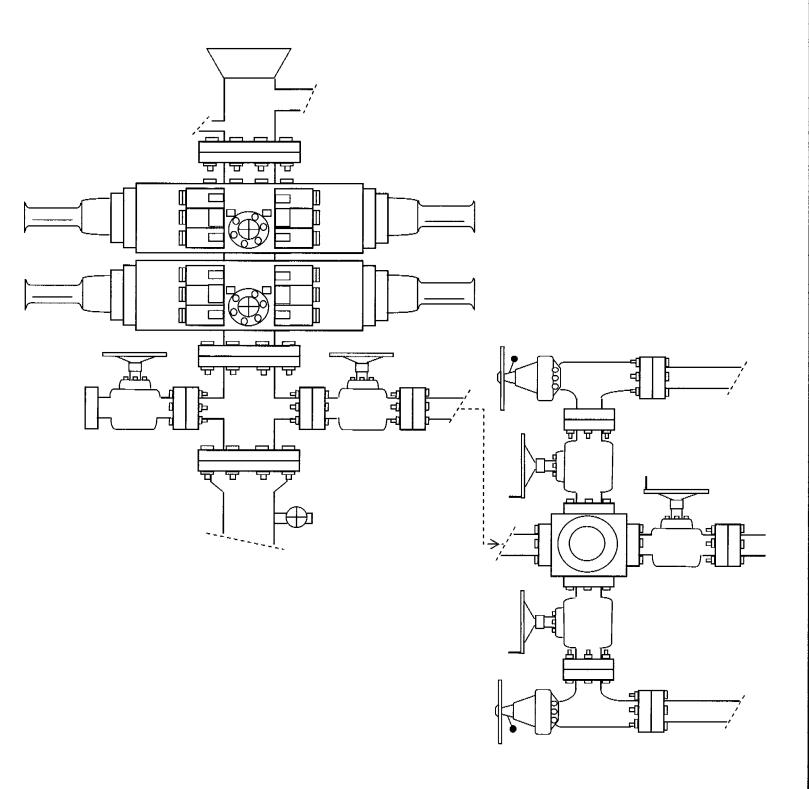






2-M SYSTEM

Blowout Prevention Equipment Systems



**EXHIBIT C** 

Exhibit D' Page 1 of 4

CULTURAL RESOURCE INVENTORY OF INLAND RESOURCES' 1573 ACRE ASHLEY UNIT, IN TOWNSHIP 9S, RANGE 15E, SECTIONS 22, 23 AND 24, DUCHESNE COUNTY, UTAH

By:

Christopher M Nicholson and Keith R. Montgomery

Prepared For:

Bureau of Land Management Vernal Field Office Vernal, Utah

Prepared Under Contract With:

Inland Resources Route 3, Box 3630 Myton, UT 84052

Prepared By:

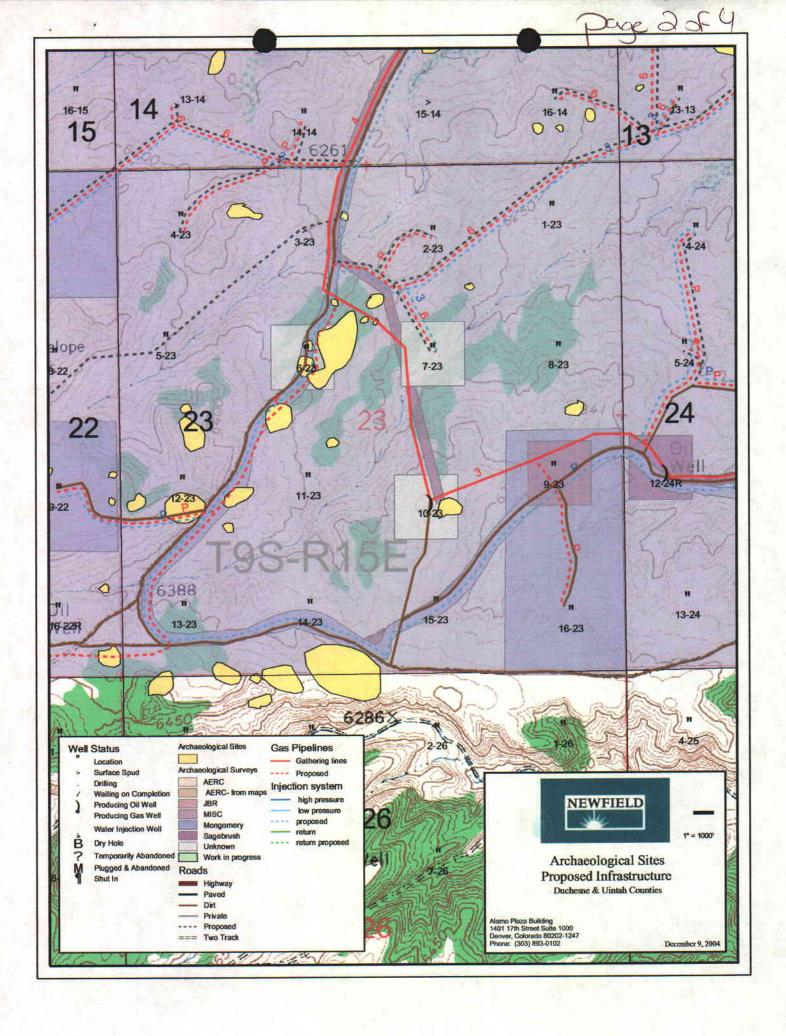
Montgomery Archaeological Consultants P.O. Box 147 Moab, Utah 84532

MOAC Report No. 03-59

September 15, 2003

United States Department of Interior (FLPMA) Permit No. 03-UT-60122

State of Utah Antiquities Project (Survey) Permit No. U-03-MQ-0392b



Page 3 of 4

#### INLAND RESOURCES, INC.

# PALEONTOLOGICAL FIELD SURVEY OF PROPOSED PRODUCTION DEVELOPMENT AREAS, DUCHESNE COUNTY, UTAH

(South half Section 13, south half Section 14, south half Section 15, entire Sections 22, 23, 24, T 9 S, R 15 E; Section 5 minus SW & SE 1/4, SE 1/4, and existing well site at NW 1/4, NE 1/4, T 9 S, R 18 E)

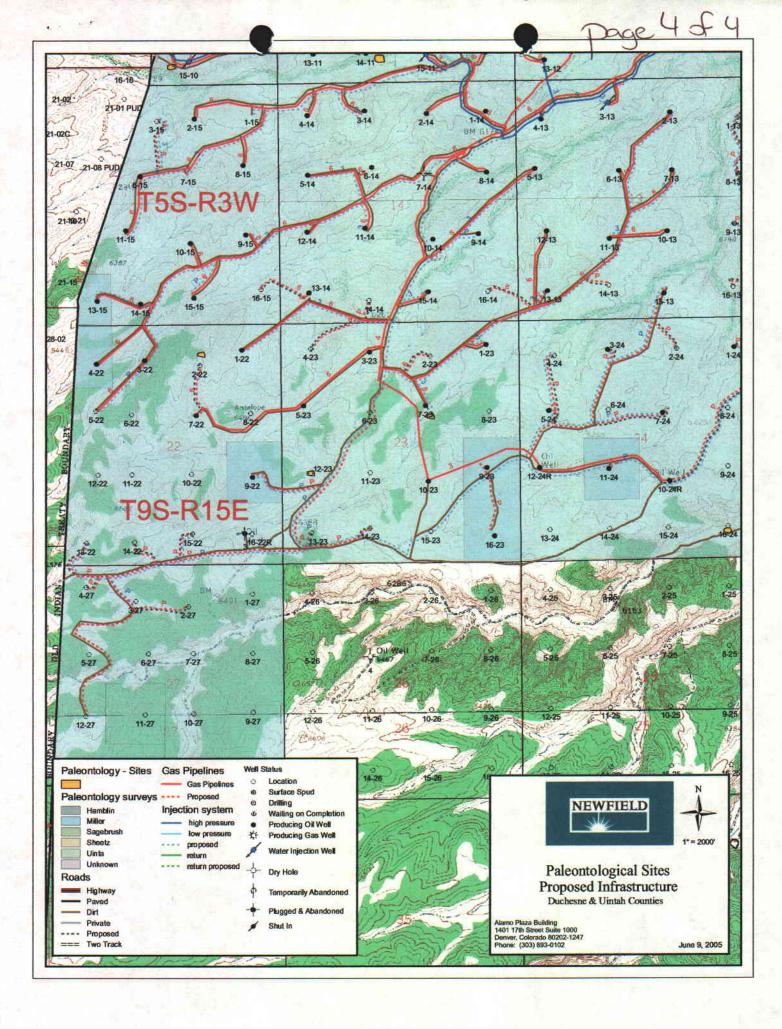
#### REPORT OF SURVEY

Prepared for:

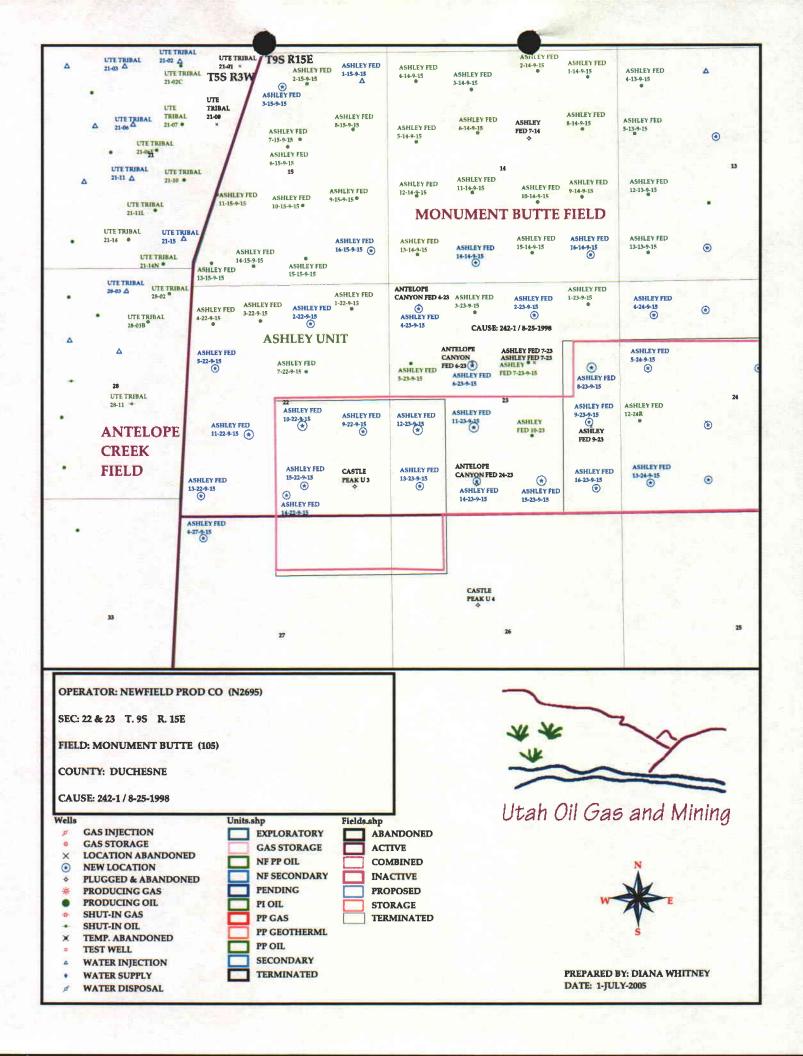
Inland Resources, Inc.

Prepared by:

Wade E. Miller Consulting Paleontologist June 7, 2003



| APD RECEIVED: 07/01/2005                                                                                                                                                                                                                                                                                                                                            | API NO. ASSIGNED: 43-013-32827                                                                                                                                                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| WELL NAME: ASHLEY FED 6-23-9-15  OPERATOR: NEWFIELD PRODUCTION ( N2695 )  CONTACT: MANDIE CROZIER  PROPOSED LOCATION:  SENW 23 090S 150E  SURFACE: 1878 FNL 1888 FWL  BOTTOM: 1878 FNL 1888 FWL  DUCHESNE  MONUMENT BUTTE ( 105 )  LEASE TYPE: 1 - Federal  LEASE NUMBER: UTU-66185  SURFACE OWNER: 1 - Federal  PROPOSED FORMATION: GRRV  COALBED METHANE WELL? NO | PHONE NUMBER: 435-646-3721  INSPECT LOCATN BY: / /  Tech Review Initials Date  Engineering  Geology  Surface  LATITUDE: 40.01851  LONGITUDE: -110.2014                                                                                                                                                   |
| RECEIVED AND/OR REVIEWED:  Plat  Bond: Fed[1] Ind[] Sta[] Fee[]  (No. UT0056 )  Potash (Y/N)  Oil Shale 190-5 (B) or 190-3 or 190-13  Water Permit  (No. MUNICIPAL )  RDCC Review (Y/N)  (Date:)  MAR Fee Surf Agreement (Y/N)                                                                                                                                      | LOCATION AND SITING:  R649-2-3.  Unit ASHLEY  R649-3-2. General         Siting: 460 From Qtr/Qtr & 920' Between Wells         R649-3-3. Exception  Drilling Unit         Board Cause No: 242-1         Eff Date: 8-25-1998         Siting: Visional Veneral AStrong         R649-3-11. Directional Drill |
| STIPULATIONS:                                                                                                                                                                                                                                                                                                                                                       | ppraid ()                                                                                                                                                                                                                                                                                                |



# United States Department of the Interior

#### BUREAU OF LAND MANAGEMENT

Utah State Office P.O. Box 45155 Salt Lake City, Utah 84145-0155

IN REPLY REFER TO: 3160 (UT-922)

July 7, 2005

#### Memorandum

To:

Assistant District Manager Minerals, Vernal District

From:

Michael Coulthard, Petroleum Engineer

Subject: 2005 Plan of Development Ashley Unit,

Duchesne County, Utah.

Pursuant to email between Diana Whitney, Division of Oil, Gas and Mining, and Mickey Coulthard, Utah State Office, Bureau of Land Management, the following wells are planned for calendar year 2005 within the Ashley Unit, Duchesne County, Utah.

API#

WELL NAME

LOCATION

#### (Proposed PZ Green River)

43-013-32825 Ashley Fed 10-22-9-15 Sec 22 T09S R15E 2035 FSL 2023 FEL 43-013-32826 Ashley Fed 11-22-9-15 Sec 22 T09S R15E 1880 FSL 1582 FWL 43-013-32827 Ashley Fed 6-23-9-15 Sec 23 T09S R15E 1878 FNL 1888 FWL 43-013-32828 Ashley Fed 8-23-9-15 Sec 23 T09S R15E 1970 FNL 0665 FEL 43-013-32829 Ashley Fed 11-23-9-15 Sec 23 T09S R15E 1981 FSL 1911 FWL 43-013-32830 Ashley Fed 12-23-9-15 Sec 23 T09S R15E 1950 FSL 0623 FWL 43-013-32831 Ashley Fed 15-23-9-15 Sec 23 T09S R15E 0743 FSL 1837 FEL

This office has no objection to permitting the wells at this time.

/s/ Michael L. Coulthard

bcc: File - Ashley Unit

Division of Oil Gas and Mining

Central Files Agr. Sec. Chron Fluid Chron

MCoulthard:mc:7-7-05



State of Utah

Department of Natural Resources

MICHAEL R. STYLER Executive Director

Division of Oil, Gas & Mining

JOHN R. BAZA
Division Director

JON M. HUNTSMAN, JR.

GARY R. HERBERT Lieutenant Governor

July 11, 2005

Newfield Production Company Rt. #3, Box 3630 Myton, Ut 84052

Re: Ashley Federal 6-23-9-15 Well, 1878' FNL, 1888' FWL, SE NW, Sec. 23, T. 9 South, R. 15 East, Duchesne County, Utah

Gentlemen:

Pursuant to the provisions and requirements of Utah Code Ann.§ 40-6-1 et seq., Utah Administrative Code R649-3-1 et seq., and the attached Conditions of Approval, approval to drill the referenced well is granted.

This approval shall expire one year from the above date unless substantial and continuous operation is underway, or a request for extension is made prior to the expiration date. The API identification number assigned to this well is 43-013-32827.

Sincerely,

Gil Hunt

**Acting Associate Director** 

pab Enclosures

cc: Duchesne County Assessor

Bureau of Land Management, Vernal District Office

| Operator:          | Newfield Production Company |            |            |  |  |
|--------------------|-----------------------------|------------|------------|--|--|
| Well Name & Number | Ashley Federal 6-23-9-15    |            |            |  |  |
| API Number:        | 43-013-32827                |            |            |  |  |
| Lease:             | UTU-66185                   |            |            |  |  |
| Location: SE NW    | Sec. 23                     | T. 9 South | R. 15 East |  |  |

#### **Conditions of Approval**

#### 1. General

Compliance with the requirements of Utah Admin. R. 649-1 et seq., the Oil and Gas Conservation General Rules, and the applicable terms and provisions of the approved Application for permit to drill.

#### 2. Notification Requirements

Notify the Division within 24 hours of spudding the well.

Contact Carol Daniels at (801) 538-5284.

Notify the Division prior to commencing operations to plug and abandon the well.

Contact Dan Jarvis at (801) 538-5338

#### 3. Reporting Requirements

All required reports, forms and submittals will be promptly filed with the Division, including but not limited to the Entity Action Form (Form 6), Report of Water Encountered During Drilling (Form 7), Weekly Progress Reports for drilling and completion operations, and Sundry Notices and Reports on Wells requesting approval of change of plans or other operational actions.

4. State approval of this well does not supersede the required federal approval, which must be obtained prior to drilling.

1 2005

Form 3160-3 (September 2001)

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

### OMB No. 1004-0136 Expires January 31, 2004 5. Lease Serial No.

FORM APPROVED

UTU-66185

| APPLICATION FOR PERMIT TO DE                                                                                                      | RILL OR F                     | REENTER                                                     |                      | N/A                                  | THE TABLE             |  |
|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------|----------------------|--------------------------------------|-----------------------|--|
| 1a. Type of Work: DRILL REENTER                                                                                                   |                               |                                                             |                      | 7. If Unit or CA Agreemer<br>Ashley  | nt, Name and No.      |  |
|                                                                                                                                   |                               |                                                             |                      | 8. Lease Name and Well N             | lo.                   |  |
| lb. Type of Well: A Oil Well Gas Well Gother                                                                                      | × 5                           | Single Zone 🚨 Multi                                         | ple Zone             | Ashley Federal 6-23-9                | 9-15                  |  |
| 2. Name of Operator  Newfield Production Company                                                                                  |                               |                                                             |                      | 9. API Well No. 43.013.3             | 2827                  |  |
| a. Address                                                                                                                        | 1                             | o. (include area code)                                      |                      | 10. Field and Pool, or Explo         | oratory               |  |
| Route #3 Box 3630, Myton UT 84052                                                                                                 | (43                           | 5) 646-3721                                                 |                      | Monument Butte                       | Monument Butte        |  |
| Location of Well (Report location clearly and in accordance with                                                                  | any State req                 | uirements.*)                                                |                      | 11. Sec., T., R., M., or Blk.        | and Survey or Area    |  |
| At surface SE/NW 1878' FNL 1888' FWL                                                                                              |                               |                                                             |                      |                                      |                       |  |
| At proposed prod. zone                                                                                                            |                               |                                                             |                      | SE/NW Sec. 23, T                     | 9S R15E               |  |
| 1. Distance in miles and direction from nearest town or post office*                                                              |                               |                                                             |                      | 12. County or Parish                 | 13. State             |  |
| Approximatley 15.9 miles southwest of Myton, Utah                                                                                 |                               |                                                             |                      | Duchesne                             | UT                    |  |
| 5. Distance from proposed* location to nearest property or lease line, ft.                                                        | 16. No. of                    | 16. No. of Acres in lease 17. Spacin                        |                      | ng Unit dedicated to this well       |                       |  |
| (Also to nearest drig. unit line, if any) Approx. 558' f/lse, 8672' f/unit                                                        | 2,2                           | 286.43                                                      |                      | 40 Acres                             |                       |  |
| Distance from proposed location* to nearest well, drilling, completed,                                                            | 19. Proposed Depth _ 20. BLM/ |                                                             | BIA Bond No. on file |                                      |                       |  |
| applied for, on this lease, ft. Approx. 1349'                                                                                     | 59                            | 40'                                                         |                      | UT0056                               |                       |  |
| Elevations (Show whether DF, KDB, RT, GL, etc.)                                                                                   | 22. Approx                    | imate date work will sta                                    | ırt*                 | 23. Bstimated duration               |                       |  |
| 6327' GL                                                                                                                          | 4th C                         | uarter 2005                                                 |                      | Approximately seven (7) days from sp | and to rig release.   |  |
|                                                                                                                                   | 24. Att                       | achments                                                    |                      |                                      |                       |  |
| ne following, completed in accordance with the requirements of Onsho                                                              | re Oil and Ga                 | s Order No.1, shall be at                                   | tached to thi        | s form:                              |                       |  |
| Well plat certified by a registered surveyor.  A Drilling Plan.                                                                   |                               | 4. Bond to cover to                                         | he operatio          | ns unless covered by an exist        | ing bond on file (see |  |
| A Surface Use Plan (if the location is on National Forest System SUPO shall be filed with the appropriate Forest Service Office). | Lands, the                    | Operator certific     Such other site     authorized office | specific inf         | ormation and/or plans as ma          | y be required by the  |  |
| Signature                                                                                                                         | • Nam                         | (Printed/Typed)                                             |                      | Date                                 |                       |  |
| Themple ase o.                                                                                                                    | ر ¦ Ma                        | ndie Crozier                                                |                      | 1                                    | 6/28/                 |  |
| tle Regulatory Specialist                                                                                                         |                               |                                                             |                      |                                      | <i>S453</i>           |  |
| profesor (Signature)                                                                                                              | Nam                           | e (Printed/Typed)                                           |                      | Date                                 | las lacal             |  |
| tle                                                                                                                               | Offi                          |                                                             |                      |                                      | 105/2006              |  |
|                                                                                                                                   | + 0111                        | JE .                                                        |                      |                                      |                       |  |

Application approval does not warrant or certify the the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to condu operations thereon.

Office

Conditions of approval, if any, are attached.

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

\*(Instructions on reverse)

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



MAY 1 1 2006

DIV. OF OIL, GAS & MINING





(Notify Petroleum Engineer)

# UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT VERNAL FIELD OFFICE

170 South 500 East VERNAL, UT 84078

(435) 781-4400



#### CONDITIONS OF APPROVAL FOR APPLICATION FOR PERMIT TO DRILL

Company: Newfield Production Company Location: SENW, Sec 23, T9S, R15E

Well No: Ashley Federal 6-23-9-15 Lease No: UTU-66185 API No: 43-013-32827 Agreement: Ashley Unit

| Petroleum Engineer:                      | Matt Baker     | Office: 435-781-4490 | Cell: 435-828-4470 |
|------------------------------------------|----------------|----------------------|--------------------|
| Petroleum Engineer:                      | Michael Lee    | Office: 435-781-4432 | Cell: 435-828-7875 |
| Petroleum Engineer:                      | Roger Hall     | Office: 435-781-4470 |                    |
| Supervisory Petroleum Technician:        | Jamie Sparger  | Office: 435-781-4502 | Cell: 435-828-3913 |
| Environmental Scientist:                 | Paul Buhler    | Office: 435-781-4475 | Cell: 435-828-4029 |
| Environmental Scientist:                 | Karl Wright    | Office: 435-781-4484 |                    |
| Natural Resource Specialist:             | Holly Villa    | Office: 435-781-4404 |                    |
| Natural Resource Specialist:             | Melissa Hawk   | Office: 435-781-4476 |                    |
| Natural Resource Specialist:             | Nathaniel West | Office: 435-781-4447 |                    |
| Natural Resource Specialist:             | Chris Carusona | Office: 435-781-4441 |                    |
| Natural Resource Specialist:             | Scott Ackerman | Office: 435-781-4437 |                    |
| After Hours Contact Number: 435-781-4513 |                | Fax: 435-781-4410    |                    |

# A COPY OF THESE CONDITIONS SHALL BE FURNISHED TO YOUR FIELD REPRESENTATIVE TO INSURE COMPLIANCE

All lease and/or unit operations are to be conducted in such a manner that full compliance is made with the applicable laws, regulations (43 CFR Part 3160), and this approved Application for Permit to Drill including Surface and Downhole Conditions of Approval. The operator is considered fully responsible for the actions of his subcontractors. A copy of the approved APD must be on location during construction, drilling, and completion operations. This permit is approved for a one-year period. An additional year extension may be applied for by sundry notice prior to expiration.

#### **NOTIFICATION REQUIREMENTS**

| Location Construction<br>(Notify Scott Ackerman)     | - | Forty-Eight (48) hours prior to construction of location and access roads.       |
|------------------------------------------------------|---|----------------------------------------------------------------------------------|
| Location Completion (Notify Scott Ackerman)          | - | Prior to moving on the drilling rig.                                             |
| Spud Notice<br>(Notify Petroleum Engineer)           | - | Twenty-Four (24) hours prior to spudding the well.                               |
| Casing String & Cementing (Notify Jamie Sparger)     | - | Twenty-Four (24) hours prior to running casing and cementing all casing strings. |
| BOP & Related Equipment Tests (Notify Jamie Sparger) | - | Twenty-Four (24) hours prior to initiating pressure tests.                       |
| First Production Notice                              | - | Within Five (5) business days after new well begins or production                |

days.

resumes after well has been off production for more than ninety (90)

COAs: Page 2 of 8 Well: Ashley Federal 6-23-9-15

#### SURFACE USE PROGRAM CONDITIONS OF APPROVAL (COAs)

- 1. This well is being approved in accordance with Washington Instruction Memorandum 2005-247 and Section 390 (Category 3) of the Energy Policy Act which establishes statutory categorical exclusions (CX) under the National Environmental Policy Act (NEPA). Category 3 states that an oil or gas well can be drilled within a developed field for which an approved land use plan or any environmental document prepared pursuant to NEPA analyzed drilling as a reasonably foreseeable activity, so long as such plan or document was approved within five (5) years prior to the date of spudding the well. This well is covered under the *Final Environmental Impact Statement and Record of Decision Castle Peak and Eightmile Flat Oil and Gas Exploration Project Newfield Rocky Mountains Inc.*, signed November 21, 2005. If the well has not been spudded by November 21, 2010, a new environmental document will have to be prepared prior to the approval of the APD.
- 2. All applicable local, state, and/or federal laws, regulations, and/or statutes must be complied with.
- 3. The proposed buried pipelines will be laid adjacent to the access roads, using the road as a working surface. The pipeline trench shall be dug in the borrow ditch of the road and the trench material side cast into the existing vegetation. Upon completion of backfilling the trenches, reclaim with a seed drill using the seed mix listed below. Seeding shall include the area where the trench material was set aside.
- 4. Construction related traffic shall be restricted to approved routes. Cross-country vehicle travel will not be allowed.
- 5. If additional erosion occurs during the life of this project, more culverts, low water crossings, berms, wing ditches or etc. will be needed to control the erosion.
- 6. The reserve pit will be lined with a 16 ml or greater liner.
- 7. No vehicle travel, construction or routine maintenance activities shall be performed during periods when the soil is too wet to adequately support vehicles and/or construction equipment. If such equipment creates ruts in excess of four inches deep, the soil shall be deemed too wet to adequately support construction equipment.
- 8. The liner is to be cut at the level of the cuttings or treated to prevent the reemergence of the pit liner and pit material to the surface or its interference with long-term successful re-vegetation.

  Any excess liner material removed from the pit is to be disposed of at an authorized disposal site.
- 9. When the reserve pit contains fluids or toxic substances, the operator must ensure that animals do not ingest or become entrapped in pit fluids.
- 10. Drill cuttings and mud will remain in the reserve pit until **DRY**. The reserve pit must be free of oil and other liquid and solid wastes, allowed to dry, be pumped dry, or solidified in-situ prior to filling. The reserve pit will not be "squeezed," (filled with soil while still containing fluids) or

COAs: Page 3 of 8 Well: Ashley Federal 6-23-9-15

"cut" (puncturing the pit liner while still containing fluids to allow pit fluids to drain from the pit).

11. Prevent fill and stock piles from entering drainages.

#### CULTURAL AND PALEONTOLOGICAL RESOURCES STIPULATION

- 1. Any cultural and/or paleontological resource (historic or prehistoric site or object or fossil) discovered by the holder, or any person working on his behalf, on public or Federal land shall be immediately reported to the authorized officer. Holder shall suspend all operations in the immediate area of such discovery until written authorization to proceed is issued by the authorized officer. An evaluation of the discovery will be made by the authorized officer to determine appropriate actions to prevent the loss of significant cultural or scientific values. The holder will be responsible for the cost of evaluation and a decision as to proper mitigation measures shall be made by the authorized officer after consulting with the holder.
- 2. The access road will be crowned and ditched. Flat-bladed roads are **NOT** allowed.
- 3. Notify the Authorized Officer two (2) weeks prior to surface disturbing activities so the BLM archeologist can schedule to be onsite during the initial construction stage.
- 4. All well facilities not OSHA regulated will be painted Olive Black.
- 5. Trees which must be removed from the location must be piled separately off location and saved for final reclamation purposes.
- 6. Interim Reclamation (see below):
  - a. The first 4-6 inches of topsoil from the construction site will be stripped and piled separately from other excavated material.
  - b. Where areas will be set aside on an interim basis (areas due to receive further disturbance prior to final reclamation) these sites will be re-contoured as much as possible, have needed top soil re-spread and planted with the seed mix below:

Galleta grass ilaria jamesil 15 lbs/acre
Western wheatgrass ascopyrum smithii 6 lbs/acre
Per Live Seed Total 21 lbs/acre

- c. Once the location is plugged and abandoned contact the Authorized Officer for final reclamation plans.
- d. The seed mix listed in the APD (Wyoming big sage, birchleaf mountain mahogany, needle and thread grass) shall be used to seed all unused portions of the pad no longer needed for ongoing or future operation. Re-seeding may be required if the first seeding is not successful.
- e. All seed mixtures shall be weed free.

COAs: Page 4 of 8 Well: Ashley Federal 6-23-9-15

f. The seed shall be drilled or hand broadcast and harrowed into the ground during September of the year following earthwork for initial or final reclamation. Planting depth shall not exceed one-half inch using a seed drill. Weed seed free mulch shall also be applied to the planting area sufficiently to uniformly cover 80% of the seeded area. Hydro seeding and mulching can also be used, but seeding rates will need to be doubled.

COAs: Page 5 of 8 Well: Ashley Federal 6-23-9-15

#### DOWNHOLE CONDITIONS OF APPROVAL

All provisions outlined in Onshore Oil & Gas Order #2 Drilling Operations shall be strictly adhered to. The following items are emphasized:

#### SITE SPECIFIC DOWNHOLE CONDITIONS OF APPROVAL

1. None.

#### DRILLING/COMPLETION/PRODUCING OPERATING STANDARDS

- 1. There shall be no deviation from the proposed drilling, completion, and/or workover program as approved. Safe drilling and operating practices must be observed. All wells, whether drilling, producing, suspended, or abandoned, shall be identified in accordance with 43 CFR 3162.6. There shall be a sign or marker with the name of the operator, lease serial number, well number, and surveyed description of the well. Any changes in operation must have prior approval from the BLM, Vernal Field Office Petroleum Engineers.
- 2. The spud date and time shall be reported orally to Vernal Field Office within 24 hours of spudding.
- 3. <u>Notify Vernal Field Office Supervisory Petroleum Engineering Technician at least 24 hours</u> in advance of casing cementing operations and BOPE & casing pressure tests.
- 4. Blowout prevention equipment (BOPE) shall remain in use until the well is completed or abandoned. Closing unit controls shall remain unobstructed and readily accessible at all times. Choke manifolds shall be located outside of the rig substructure.

All BOPE components shall be inspected daily and those inspections shall be recorded in the daily drilling report. Components shall be operated and tested as required by Onshore Oil & Gas Order No. 2 to insure good mechanical working order. All BOPE pressure tests shall be performed by a test pump with a chart recorder and **NOT** by the rig pumps. Test shall be reported in the driller's log.

BOP drills shall be initially conducted by each drilling crew within 24 hours of drilling out from under the surface casing and weekly thereafter as specified in Onshore Oil & Gas Order No. 2.

Casing pressure tests are required before drilling out from under all casing strings set and cemented in place.

No aggressive/fresh hard-banded drill pipe shall be used within casing.

- 5. All shows of fresh water and minerals shall be reported and protected. A sample shall be taken of any water flows and a water analysis furnished the BLM, Vernal Field Office. All oil and gas shows shall be adequately tested for commercial possibilities, reported, and protected.
- 6. No location shall be constructed or moved, no well shall be plugged, and no drilling or workover equipment shall be removed from a well to be placed in a suspended status without prior approval of the BLM, Vernal Field Office. If operations are to be suspended for more than 30

COAs: Page 6 of 8 Well: Ashley Federal 6-23-9-15

days, prior approval of the BLM, Vernal Field Office shall be obtained and notification given before resumption of operations.

7. Chronologic drilling progress reports shall be filed directly with the BLM, Vernal Field Office on a weekly basis in sundry, letter format or e-mail to the Petroleum Engineers until the well is completed.

Any change in the program shall be approved by the BLM, Vernal Field Office. "Sundry Notices and Reports on Wells" (Form BLM 3160-5) shall be filed for all changes of plans and other operations in accordance with 43 CFR 3162.3-2.

Emergency approval may be obtained orally, but such approval does not waive the written report requirement. Any additional construction, reconstruction, or alterations of facilities, including roads, gathering lines, batteries, etc., which will result in the disturbance of new ground, shall require the filing of a suitable plan pursuant to Onshore Oil & Gas Order No. 1 of 43 CFR 3164.1 and prior approval by the BLM, Vernal Field Office.

In accordance with 43 CFR 3162.4-3, this well shall be reported on the "Monthly Report of Operations" (Oil and Gas Operations Report ((OGOR)) starting with the month in which operations commence and continue each month until the well is physically plugged and abandoned. This report shall be filed in duplicate, directly with the Minerals Management Service, P.O. Box 17110, Denver, Colorado 80217-0110, or call 1-800-525-7922 (303) 231-3650 for reporting information.

8. Whether the well is completed as a dry hole or as a producer, "Well Completion and Recompletion Report and Log" (BLM Form 3160-4) shall be submitted not later than 30 days after completion of the well or after completion of operations being performed, in accordance with 43 CFR 3162.4-1. Two copies of all logs run, core descriptions, and all other surveys or data obtained and compiled during the drilling, workover, and/or completion operations, shall be filed on BLM Form 3160-4. Submit with the well completion report a geologic report including, at a minimum, formation tops, and a summary and conclusions. Also include deviation surveys, sample descriptions, strip logs, core data, drill stem test data, and results of production tests if performed. Samples (cuttings, fluid, and/or gas) shall be submitted only when requested by the BLM, Vernal Field Office.

A cement bond log (CBL) will be run from the production casing shoe to the surface casing shoe and shall be utilized to determine the bond quality for the production casing. Submit a field copy of the CBL to this office.

Please submit an electronic copy of all other logs run on this well in LAS format to UT\_VN\_Welllogs@BLM.gov. This submission will supersede the requirement for submittal of paper logs to the BLM.

9. All off-lease storage, off-lease measurement, or commingling on-lease or off-lease shall have prior written approval from the BLM, Vernal Field Office.

All measurement points shall be identified as point of sales or allocation for royalty determination prior to the installation of facilities.

COAs: Page 7 of 8 Well: Ashley Federal 6-23-9-15

- 10. Oil and gas meters shall be calibrated in place prior to any deliveries. The Field Office Petroleum Engineers will be provided with a date and time for the initial meter calibration and all future meter proving schedules. A copy of the meter calibration reports shall be submitted to the BLM, Vernal Field Office. All measurement facilities will conform to the API standards for liquid hydrocarbons and the AGA standards for natural gas measurement.
- 11. A schematic facilities diagram as required by Onshore Oil & Gas Order No. 3 shall be submitted to the BLM, Vernal Field Office within 30 days of installation or first production, whichever occurs first. All site security regulations as specified in Onshore Oil & Gas Order No. 3 shall be adhered to. All product lines entering and leaving hydrocarbon storage tanks will be effectively sealed in accordance with Onshore Oil & Gas Order No. 3.
- 12. This APD is approved subject to the requirement that, should the well be successfully completed for production, the BLM, Vernal Field office must be notified when it is placed in a producing status. Such notification will be by written communication and must be received in this office by not later than the fifth business day following the date on which the well is placed on production. The notification shall provide, as a minimum, the following informational items:
  - a. Operator name, address, and telephone number.
  - b. Well name and number.
  - c. Well location (1/41/4, Sec., Twn, Rng, and P.M.).
  - d. Date well was placed in a producing status (date of first production for which royalty will be paid).
  - e. The nature of the well's production, (i.e., crude oil, or crude oil and casing head gas, or natural gas and entrained liquid hydrocarbons).
  - f. The Federal or Indian lease prefix and number on which the well is located; otherwise the non-Federal or non-Indian land category, i.e., State or private.
  - g. Unit agreement and / or participating area name and number, if applicable.
  - h. Communitization agreement number, if applicable.
- 13. Any venting or flaring of gas shall be done in accordance with Notice to Lessees (NTL) 4A and needs prior approval from Field Office Petroleum Engineers.
- 14. All undesirable events (fires, accidents, blowouts, spills, discharges) as specified in NTL 3A will be reported to the BLM, Vernal Field Office. Major events as defined in NTL3A, shall be reported verbally within 24 hours, followed by a written report within 15 days. "Other than Major Events" will be reported in writing within 15 days. "Minor Events" will be reported on the Monthly Report of Operations and Production

COAs: Page 8 of 8 Well: Ashley Federal 6-23-9-15

- 15. Pursuant to Onshore Oil & Gas Order No. 7, this is authorization for pit disposal of water produced from this well for a period of 90 days from the date of initial production. A permanent disposal method must be approved by this office and in operation prior to the end of this 90-day period. In order to meet this deadline, an application for the proposed permanent disposal method shall be submitted along with any necessary water analyses, as soon as possible, but no later than 45 days after the date of first production. Any method of disposal which has not been approved prior to the end of the authorized 90-day period will be considered as an Incident of Noncompliance and will be grounds for issuing a shut-in order until an acceptable manner for disposing of said water is provided and approved by this office.
- 16. Unless the plugging is to take place immediately upon receipt of oral approval, the Field Office Petroleum Engineers must be notified at least 24 hours in advance of the plugging of the well, in order that a representative may witness plugging operations. If a well is suspended or abandoned, all pits must be fenced immediately until they are backfilled. The "Subsequent Report of Abandonment" (Form BLM 3160-5) must be submitted within 30 days after the actual plugging of the well bore, showing location of plugs, amount of cement in each, and amount of casing left in hole, and the current status of the surface restoration.

## **DIVISION OF OIL, GAS AND MINING**

### **SPUDDING INFORMATION**

| Name of Company:       | NEWFIELD PRODUCTION COMPANY |                    |         |  |  |  |
|------------------------|-----------------------------|--------------------|---------|--|--|--|
| Well Name:             | ASHLEY FED 6-23-9-15        |                    |         |  |  |  |
| Api No: 43-013-32      | <b>827</b> Lease 7          | Гуре: <b>FEDER</b> | AL      |  |  |  |
| Section 23 Township    | 09S Range 15E               | County DI          | UCHESNE |  |  |  |
| Drilling Contractor    | NDSI                        | RIG #_             | NS#1    |  |  |  |
| Time                   | 06/14/06<br>9:00 AM<br>DRY  |                    |         |  |  |  |
| Drilling will Comme    |                             |                    |         |  |  |  |
| Reported by            | TROY ZUFEIT                 |                    | ·       |  |  |  |
| Telephone #            | (435) 823-6013              |                    | -       |  |  |  |
| Date <u>06/15/2006</u> | SignedC                     | HD                 |         |  |  |  |

PAGE

## JUN 2 1 2006

OPERATOR: NEWFIELD PRODUCTION COMPANY

ADDRESS: RT. 3 BOX 3630

MYTON, UT 84052

N 2695 OPERATOR ACCT. NO.

DIVISION OF OIL, GAS AND MINING **ENTITY ACTION FORM -FORM 6** 

OH OAC & MINING

| SEW ENTITY NO.  15443  15444  CRU  SEW ENTITY NO.  15444  CRU  SEW ENTITY NO.  15445  RV | API NUMBER 32827 43-013-30073  API NUMBER 43-013-32838  API NUMBER | ASHLEY FEDERAL 6-23-9-15  WELLIAME  ASHLEY FEDERAL 3-27-9-15  WELLIAME  ASHLEY FEDERAL 7-27-9-16 | SEAW  SEAW  OQ  NEINW              | 23<br>23<br>80<br>27     | 9S  BLLOCATH TP  9S      | 15E  N RG  15E  CARON RG  15E | COUNTY  DUCHESNE  COUNTY  DUCHESNE          | 06/14/06  6PUD DATE  06/15/06  6PUD DATE  06/15/06 | EFFECTIVE  6/22/06  EFFECTIVE  DATE  6/22/06  K  FFECTIVE  6/22/06  K |
|------------------------------------------------------------------------------------------|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|------------------------------------|--------------------------|--------------------------|-------------------------------|---------------------------------------------|----------------------------------------------------|-----------------------------------------------------------------------|
| 15443<br>3RRV<br>BATTLY NO.<br>15444<br>CRV<br>SAFTTY NO.<br>15445<br>RV                 | 43-013-30878 APINIMARER 43-013-32835 APINIMARER 43-013-32838       | ASHLEY FEDERAL 3-27-9-15  WELLINAME  ASHLEY FEDERAL 7-27-9-15                                    | SEAW<br>QQ<br>HEINW<br>QQ<br>SWINE | 23<br>sc<br>27           | 9S  WELL LOCATH TP  9S   | 15E RG 15E                    | DUCHENSE  COUNTY  COUNTY                    | 06/14/06  EPUD DATE  06/15/06  SPED DIME           | 6/22/06<br>-K<br>EFFECTIVE<br>DISTE<br>6/22/06<br>K<br>BFFECTIVE      |
| BYEW<br>BHISTY HO.<br>15444<br>CRU<br>SHITTY HO.<br>15445                                | 43-013-32835<br>APIMURIER<br>43-013-32838                          | ASHLEY FEDERAL 3-27-9-15  WELLINWE  ASHLEY FEDERAL 7-27-9-15                                     | DO SWINE                           | 27<br>27                 | 9S<br>Well to            | 15E                           | DUCHESNE                                    | DATE  06/15/08  SPED DIME                          | EFFECTIVE DATE  6/22/00  K  BFFECTIVE                                 |
| IS444  PRV  NEW SMITTY NO.  15445  PV                                                    | 43-013-32835<br>APIMURIER<br>43-013-32838                          | ASHLEY FEDERAL 3-27-9-15  WELLINWE  ASHLEY FEDERAL 7-27-9-15                                     | DO SWINE                           | 27<br>27                 | 9S<br>Well to            | 15E                           | DUCHESNE                                    | DATE  06/15/08  SPED DIME                          | 6/22/00<br>K                                                          |
| 15444<br>PRV<br>ENTITY NO.<br>15445<br>PV                                                | АРІМИНЕЯ<br>43-013-32838                                           | VIELLIAME ASHLEY FEDERAL 7-27-9-15                                                               | DO SWINE                           | 27<br>EC                 | 9S<br>Well I             | 15E                           | DUCHESNE                                    | DG/15/DG<br>BPWD<br>DIATE                          | 6/22/00<br>K                                                          |
| ERU<br>ENETTY NO.<br>15445<br>RV                                                         | АРІМИНЕЯ<br>43-013-32838                                           | VIELLIAME ASHLEY FEDERAL 7-27-9-15                                                               | OR<br>SWINE                        | SC.                      | WELL L                   | DCARON<br>ING                 | COLINTY                                     | BPWD<br>UNIE                                       | K<br>PPROTIME                                                         |
| 15445<br>RN                                                                              | 43-013-32838                                                       | ASHLEY FEDERAL 7-27-9-15                                                                         | SWINE                              |                          | TP                       | RG                            |                                             | DATE                                               |                                                                       |
| 15445<br>RN                                                                              | 43-013-32838                                                       | ASHLEY FEDERAL 7-27-9-15                                                                         | SWINE                              |                          | TP                       | RG                            |                                             | DATE                                               |                                                                       |
| 15445<br>RN                                                                              | 43-013-32838                                                       | ASHLEY FEDERAL 7-27-9-15                                                                         | SWINE                              |                          | TP                       | RG                            |                                             | DATE                                               |                                                                       |
| ev .                                                                                     |                                                                    |                                                                                                  |                                    | 27                       | <b>\$</b> 8              | 15E                           | DUCHESNE                                    | 06/16/06                                           | 6/22/06<br>-K                                                         |
|                                                                                          | AST NUMBER                                                         | WELL MAME                                                                                        |                                    |                          |                          |                               |                                             | V <del></del>                                      | -K                                                                    |
| NEW                                                                                      | APH NUMBER                                                         | WELL MAME                                                                                        |                                    | -                        |                          |                               |                                             |                                                    |                                                                       |
|                                                                                          |                                                                    |                                                                                                  |                                    | BC.                      | WBLL                     | RG                            | COUNTY                                      | SPUD<br>DATE                                       | EFFECTIVE<br>DATE                                                     |
| 15446                                                                                    | 43-013-32876                                                       | ASHLEY FEDERAL 10-27-9-15                                                                        | NW/SE                              | 27                       | 98                       | 15E                           | DUCHESNE                                    | 06/19/D6                                           | 6/22/06                                                               |
| SN.                                                                                      |                                                                    |                                                                                                  |                                    |                          |                          |                               |                                             |                                                    | K                                                                     |
| REA                                                                                      | API MANJER                                                         | YIELL MAJE                                                                                       | WELL LOCATION                      |                          |                          |                               | SPUC EFFECT                                 | EFFECTIVE                                          |                                                                       |
| ENTITY NO.                                                                               |                                                                    |                                                                                                  | QQ                                 | SC                       | <b>TP</b>                | RG                            | COUNTY                                      | DATE                                               | DATE                                                                  |
| 15447                                                                                    | 43-047-35778                                                       | STATE 6-2-9-18                                                                                   | SENW                               | 2                        | 98                       | 18E                           | UNITAH                                      | 06/20/06                                           | 6/22/06                                                               |
| KRV                                                                                      |                                                                    |                                                                                                  |                                    |                          |                          |                               |                                             |                                                    | K                                                                     |
|                                                                                          | AFFIRMMER                                                          | WELL NAME                                                                                        | T                                  | WELL LOCATION            |                          |                               |                                             | \$P#D                                              | EFFECTAE                                                              |
| NEW                                                                                      |                                                                    | ·                                                                                                | 00                                 | 8C                       | TP                       | RG                            | COUNTY                                      | DATE                                               | DATE                                                                  |
| HEW<br>ENTRY NO.                                                                         | 1                                                                  |                                                                                                  |                                    |                          | 1                        |                               |                                             |                                                    |                                                                       |
| 1                                                                                        | NEW                                                                | RPU APPREMISER                                                                                   | RPU APPREMISER WELL NAME           | NEW APPREMISER WELL NAME | RPU APPREMISER WELL NAME | RPU APPREMISER WELL NAME WELL | RPU  NEW APPREMISER WELL MAKE MELL LOCATION | NEW APPREMISES WELL SIGNAL MELL LOCATION           | NEW APPRENIER WELL NAME WELL LOCATION SPINO                           |

ACTION CODES (See Instructions on back of form)

- A. Establish new actify for new well (ringle yest only)
- B Add now well to existing unity (group as util well)
- C Re-assign well from one substing eatily to enother extering ontily
- D- Ra-essign well from one existing eatily to a new cettly
- E Ofter (explaint in contra suft section)

Lana Nebeker

**Production Clerk** 

June 21-2886

HOTE: Use COMMENT section to explain why each Action Code was selected.

16:05 06/21/2006

4356463031

| FORM APPROVED           |
|-------------------------|
| OMB No. 1004-0135       |
| Evnires January 31 2004 |

| Ī                                                                                                 | UNITATES DEPARTMENT OF THE IN BUREAU OF LAND MANAC                                                                                                                    | <b>SEMENT</b>                                                                              | OMB No. 1004-0135<br>Expires January 31,2004  5. Lease Serial No. |                                         |                                   |  |
|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-----------------------------------------|-----------------------------------|--|
| Do not use ti                                                                                     | NOTICES AND REPOR<br>his form for proposals to dell. Use Form 3160-3 (API                                                                                             | drill or to re-enter an                                                                    |                                                                   | UTU66185<br>6. If Indian, Allo          | ottee or Tribe Name.              |  |
| A STUBMENTNEP<br>13.<br>1. Type of Well                                                           | RIPEICATE: Porperansu                                                                                                                                                 | rictionSconer4/2-639 sid                                                                   |                                                                   | 7. If Unit or CA/<br>ASHLEY PA A        | 'Agreement, Name and/or No.       |  |
| Oil Well Gas Well  Name of Operator                                                               | X Other Unassigned                                                                                                                                                    |                                                                                            |                                                                   | 8. Well Name an                         | nd No.<br>DERAL 6-23-9-15         |  |
| NEWFIELD PRODUCTION CO                                                                            | MPANY                                                                                                                                                                 |                                                                                            |                                                                   | 9. API Well No.                         |                                   |  |
| 3a. Address Route 3 Box 3630                                                                      |                                                                                                                                                                       | 3b. Phone No. (include are o                                                               | code)                                                             | 4301332827                              | ol, or Exploratory Area           |  |
| Myton, UT 84052<br>4. Location of Well (Footage, Sec                                              | ., T., R., M., or Survey Description                                                                                                                                  | 435.646.3721<br>i)                                                                         |                                                                   | Monument But                            | ,                                 |  |
| 1878 FNL 1888 FWL                                                                                 |                                                                                                                                                                       | ,                                                                                          |                                                                   | 11. County or Pa                        | arish, State                      |  |
| SE/NW Section 23 T9S R1                                                                           | 5E                                                                                                                                                                    |                                                                                            |                                                                   | Duchesne,UT                             |                                   |  |
| 12. CHECK                                                                                         | APPROPRIATE BOX(ES                                                                                                                                                    | S) TO INIDICATE NAT                                                                        | TURE OF NO                                                        | OTICE, OR O                             | THER DATA                         |  |
| TYPE OF SUBMISSION                                                                                |                                                                                                                                                                       | ТҮРЕ                                                                                       | OF ACTION                                                         |                                         |                                   |  |
| ☐ Notice of Intent                                                                                | Acidize Alter Casing                                                                                                                                                  | Deepen Fracture Treat                                                                      | Reclamati                                                         |                                         | ☐ Water Shut-Off ☐ Well Integrity |  |
| X Subsequent Report                                                                               | Casing Repair                                                                                                                                                         | New Construction Plug & Abandon                                                            | Recomple                                                          | ily Abandon                             | Other<br>Spud Notice              |  |
| Final Abandonment Notice                                                                          | Change Plans Convert to Injector                                                                                                                                      | Plug Back                                                                                  | Water Dis                                                         | -                                       |                                   |  |
| Abandonment Notices shall be filed inspection.)  On 6/14/2006 MIRU NDSI csgn. Set @ 321.01'/ KB C | n results in a multiple completion or recoily after all requirements, including a NS #1. Spud well @ 9:00 All On 6/15/2006 cement with 1 turned 4 bbls cement to pit. | reclamation, have been completed<br>M. Drill 320' of 12 1/4" h<br>60 sks of class "G" w/ 2 | , and the operator<br>ole with air m                              | has determined that<br>nist. TIH W/ 8 J | It's 8 5/8" J-55 24 #             |  |
| I hereby certify that the foregoing is<br>Name (Printed/Typed)                                    | s true and correct                                                                                                                                                    | Title Drilling Foreman                                                                     | · 15.00                                                           |                                         |                                   |  |
| Troy Zufelt<br>Signature                                                                          | 11.                                                                                                                                                                   | Date                                                                                       |                                                                   |                                         |                                   |  |
| What                                                                                              | 3/4/5                                                                                                                                                                 | 06/18/2006                                                                                 |                                                                   |                                         |                                   |  |
|                                                                                                   |                                                                                                                                                                       | rangogrekist <mark>ordsti</mark> k                                                         | Milis Ottoric                                                     | 5.05.0500<br>                           |                                   |  |
| Approved by                                                                                       |                                                                                                                                                                       | Title                                                                                      |                                                                   | D                                       | Pate                              |  |
| Conditions of approval if any are attach                                                          | ned Approval of this notice does not w                                                                                                                                |                                                                                            |                                                                   |                                         |                                   |  |

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

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

(Instructions on reverse)

#### NEWFIELD PRODUCTION COMPANY - CASING & CEMENT REPORT

| LAST CASIN             |               | set @         | 321.01                                | _                  |                        |              | field Production Company<br>ey Federal 6-23-9-15 |             |          |
|------------------------|---------------|---------------|---------------------------------------|--------------------|------------------------|--------------|--------------------------------------------------|-------------|----------|
| DATUM TO               | CUT OFF C     | ASING _       |                                       |                    | FIELD/PROS             | SPECT _      | Monument                                         | Butte       |          |
| DATUM TO               | BRADENHE      | AD FLANGE     |                                       |                    | CONTRACT               | OR & RIG#    |                                                  | NDSI NS # 1 | <u> </u> |
| TD DRILLER             | 320'          | LOGGE         | ER                                    |                    |                        |              |                                                  |             |          |
| HOLE SIZE              | 12 1/4        | ,             |                                       |                    |                        |              |                                                  |             |          |
| LOG OF CA              | SING STRIN    | IG:           |                                       |                    |                        |              |                                                  |             |          |
| PIECES                 | OD            | ITEM - I      | MAKE - DESCI                          | RIPTION            | WT/FT                  | GRD          | THREAD                                           | CONDT       | LENGTH   |
|                        |               |               |                                       |                    |                        |              |                                                  |             |          |
|                        | :             | <u> </u>      | Joint 37.24'                          |                    |                        |              |                                                  | _           |          |
|                        |               | WHI - 92 cs   |                                       |                    |                        |              | 8rd                                              | <u> </u>    | 0.95     |
| 8                      | 8 5/8"        | Maverick ST   |                                       |                    | 24#                    | J-55         | 8rd                                              | A           | 309.16   |
|                        | <u> </u>      | <u> </u>      | · · · · · · · · · · · · · · · · · · · | shoe               |                        |              | 8rd                                              | A           | 0.9      |
| CASING INVENTORY BAL.  |               |               | FEET                                  | JTS                | TOTAL LEN              |              | RING                                             | ŀ           | 311.01   |
| TOTAL LENGTH OF STRING |               |               | 311.01                                |                    | LESS CUT OFF PIECE     |              |                                                  |             |          |
| LESS NON               |               |               | 1.85                                  |                    | PLUS DATU              |              | I OFF CSG                                        | <u> </u>    | 321.01   |
| PLUS FULL              |               | וטכ           | 0                                     |                    | CASING SET DEPTH       |              |                                                  |             |          |
|                        | TOTAL         | 711770        | 309.16                                |                    |                        |              |                                                  |             |          |
| TOTAL CSG              | , DEL. (W/O   | THRDS)        | 309.16                                | 8                  | COMPARE                |              |                                                  |             |          |
| TIMING                 | 000           | CJ            | 1ST STAGE                             | 0.00 414           | GOOD CIRC THRU JOB YES |              |                                                  |             |          |
| BEGIN RUN              |               | Spud          | 6/14/2006<br>6/14/2006                | 9:00 AM<br>2:30 PM | 1                      |              | RFACE                                            |             |          |
| CSG. IN HO             |               |               | 6/15/2006                             | 9:43 AM            | 1                      |              | FOR                                              |             |          |
| BEGIN PUM              |               |               | 6/15/2006                             | 9:55 AM            | 1 100                  |              |                                                  | <u></u>     |          |
| BEGIN DSPI             |               |               | 6/15/2006                             |                    | BUMPED PI              | UG TO        | 440                                              |             | PSI      |
| PLUG DOW               |               |               | 6/15/2006                             | 10:15 AM           |                        | _            |                                                  |             | <u></u>  |
| CEMENT US              | •             |               |                                       | CEMENT CO          | MPANY-                 | B. J.        |                                                  |             |          |
| STAGE                  | # SX          |               |                                       | CEMENT TY          | PE & ADDITI\           | /E\$         |                                                  |             |          |
| 1                      | 160           | Class "G" w   | / 2% CaCL2 +                          | 1/4#/sk Cello-l    | Flake mixed @          | ) 15.8 ppg 1 | .17 cf/sk yield                                  | i           |          |
|                        |               | <u> </u>      |                                       |                    |                        |              |                                                  |             |          |
|                        |               | TCHER PLAC    |                                       |                    |                        | SHOW MAI     | KE & SPACIN                                      | 1G          |          |
| Centralizers           | s - Middle fi | rst, top seco | and & third for                       | 3                  |                        |              |                                                  |             |          |
|                        | - "           |               |                                       |                    |                        | <u></u>      |                                                  |             |          |
|                        |               |               | · · · · · · · · · · · · · · · · · · · |                    |                        |              |                                                  | <u></u>     |          |

COMPANY REPRESENTATIVE Troy Zufelt

DATE 6/15/2006

FORM 3160-5 (September 2001)

l. Type of Well

2. Name of Operator

4. Location of Well

1878 FNL 1888 FWL

Oil Well Gas Well

3a. Address Route 3 Box 3630

NEWFIELD PRODUCTION COMPANY

Myton, UT 84052

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

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

SUBMIT IN TRIPLICATE - Other Instructions on reverse side

Other

(Footage, Sec., T., R., M., or Survey Description)

| FORM A      | PPROVED      |
|-------------|--------------|
| OMB No.     | 1004-0135    |
| Expires Jan | nary 31 2004 |

|                                         | FORM APPROVED OMB No. 1004-0135 Expires January 31,2004                                                                                                                                                                                         |  |  |  |  |  |  |  |  |
|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|
|                                         | 5. Lease Serial No.                                                                                                                                                                                                                             |  |  |  |  |  |  |  |  |
|                                         | 6. If Indian, Allottee or Tribe Name.                                                                                                                                                                                                           |  |  |  |  |  |  |  |  |
|                                         | -                                                                                                                                                                                                                                               |  |  |  |  |  |  |  |  |
|                                         | 7. If Unit or CA/Agreement, Name and/or                                                                                                                                                                                                         |  |  |  |  |  |  |  |  |
|                                         | ASHLEY PA A                                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |
|                                         | 8. Well Name and No.                                                                                                                                                                                                                            |  |  |  |  |  |  |  |  |
|                                         | ASHLEY 6-23-9-15                                                                                                                                                                                                                                |  |  |  |  |  |  |  |  |
|                                         | 9. API Well No.<br>4301332827                                                                                                                                                                                                                   |  |  |  |  |  |  |  |  |
|                                         | 10. Field and Pool, or Exploratory Area                                                                                                                                                                                                         |  |  |  |  |  |  |  |  |
|                                         | MONUMENT BUTTE                                                                                                                                                                                                                                  |  |  |  |  |  |  |  |  |
|                                         | 11. County or Parish, State                                                                                                                                                                                                                     |  |  |  |  |  |  |  |  |
|                                         | DUCHESNE, UT                                                                                                                                                                                                                                    |  |  |  |  |  |  |  |  |
| OF NO                                   | OTICE, OR OTHER DATA                                                                                                                                                                                                                            |  |  |  |  |  |  |  |  |
| TION                                    |                                                                                                                                                                                                                                                 |  |  |  |  |  |  |  |  |
| oduction                                | (Start/Resume)                                                                                                                                                                                                                                  |  |  |  |  |  |  |  |  |
| elamatio                                | m Well Integrity                                                                                                                                                                                                                                |  |  |  |  |  |  |  |  |
| complete                                | e Other                                                                                                                                                                                                                                         |  |  |  |  |  |  |  |  |
| mporaril                                | y Abandon                                                                                                                                                                                                                                       |  |  |  |  |  |  |  |  |
| ater Disp                               | osal                                                                                                                                                                                                                                            |  |  |  |  |  |  |  |  |
| il depths o<br>reports sha<br>3160-4 sh | work and approximate duration thereof. If the of all pertinent markers and zones. Attach the all be filed within 30 days following completion all be filed once testing has been completed ator has determined that the site is ready for final |  |  |  |  |  |  |  |  |
| guality                                 | quidelines, it is transported to the                                                                                                                                                                                                            |  |  |  |  |  |  |  |  |

SENW Section 23 T9S R15E 12. CHECK APPROPRIATE BOX(ES) TO INIDICATE NATURE TYPE OF SUBMISSION TYPE OF AC Acidize Deepen Notice of Intent Alter Casing Fracture Treat ☐ Subsequent Report Casing Repair **New Construction** Change Plans Plug & Abandon Final Abandonment Plug Back Convert to 13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any

(include are code)

3b. Phone

proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertice Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, an

Formation water is produced to a steel storage tank. If the production water meets quality guidelines, it is transpor Ashley, Monument Butte, Jonah, and Beluga water injection facilities by company or contract trucks. Subsequently, the produced water is injected into approved Class II wells to enhance Newfield's secondary recovery project.

Water not meeting quality criteria, is disposed at Newfield's Pariette #4 disposal well (Sec. 7, T9S R19E) or at State of Utah approved surface disposal facilities.

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

| I hereby certify that the foregoing is true and                                                                                                                            | Title                   |      |  |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|------|--|--|--|--|--|
| correct (Printed/Typed)Mandie Crozica                                                                                                                                      | Regulatory Specialist   |      |  |  |  |  |  |
| Signature Cardio Curio                                                                                                                                                     | Date 08/04/2006         |      |  |  |  |  |  |
| O THIS SPACE FOR                                                                                                                                                           | FEDERAL OR STATE OFFICE | USE  |  |  |  |  |  |
| Approved by                                                                                                                                                                | Title                   | Date |  |  |  |  |  |
| Conditions of approval, if any, are attached. Approval of this notice does not was certify that the applicant holds legal or equitable title to those rights in the subjec | rrant or tlease Office  |      |  |  |  |  |  |

(Instructions on reverse)

AUG 07 2006

FORM 3160-5 (September 2001)

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

| FORM APPROVED          |
|------------------------|
| OMB No. 1004-0135      |
| Expires January 31,200 |

5. Lease Serial No.

| SUNDRY                                                                                                                                                                                                                                                                                          | <u> </u>                                                                                                                                                                                                      |                                                                                                 |                                                  |                                                          |                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------------------------------------------------|------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                 | his form for proposals to<br>ell.  Use Form 3160-3 (AP                                                                                                                                                        |                                                                                                 |                                                  | 6. If Indian, Allot                                      | ttee or Tribe Name.                                              |
| SUBMIT IN T                                                                                                                                                                                                                                                                                     | RIPLICATE - Other Inst                                                                                                                                                                                        | ructions on reverse s                                                                           | ide                                              | 7. If Unit or CA/2 ASHLEY PA A                           | Agreement, Name and/or                                           |
| Oil Well Gas Well                                                                                                                                                                                                                                                                               | Other                                                                                                                                                                                                         |                                                                                                 |                                                  | 8. Well Name and                                         | d No.                                                            |
| 2. Name of Operator  NEWFIELD PRODUCTION CO                                                                                                                                                                                                                                                     | NA COLANIA                                                                                                                                                                                                    |                                                                                                 |                                                  | ASHLEY 6-23-                                             | 9-15                                                             |
| 3a. Address Route 3 Box 3630                                                                                                                                                                                                                                                                    | OMPAN I                                                                                                                                                                                                       | 3b. Phone (include ar                                                                           | e code)                                          | 9. API Well No.<br>4301332827                            |                                                                  |
| Myton, UT 84052                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                               | 435.646.3721                                                                                    |                                                  |                                                          | ol, or Exploratory Area                                          |
| 4. Location of Well (Footage, S                                                                                                                                                                                                                                                                 | Sec., T., R., M., or Survey Descrip                                                                                                                                                                           | tion)                                                                                           |                                                  | MONUMENT                                                 |                                                                  |
| 1878 FNL 1888 FWL                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                               |                                                                                                 |                                                  | 11. County or Par                                        | rish, State                                                      |
| SENW Section 23 T9S R15E                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                               |                                                                                                 |                                                  | DUCHESNE, U                                              | UT                                                               |
| 12. CHECK                                                                                                                                                                                                                                                                                       | APPROPRIATE BOX(E                                                                                                                                                                                             | S) TO INIDICATE NA                                                                              | ATURE OF N                                       | OTICE, OR O                                              | THER DATA                                                        |
| TYPE OF SUBMISSION                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                               | ТҮР                                                                                             | E OF ACTION                                      | [                                                        |                                                                  |
| ☑ Notice of Intent ☐ Subsequent Report                                                                                                                                                                                                                                                          | Acidize Alter Casing Casing Repair Change Plans                                                                                                                                                               | Deepen Fracture Treat New Construction Plug & Abandon                                           | Reclama Recomp                                   |                                                          | Water Shut-Off     Well Integrity     Other  Variance            |
| Final Abandonment                                                                                                                                                                                                                                                                               | Convert to                                                                                                                                                                                                    | Plug Back                                                                                       | ☐ Water D                                        | isposal                                                  |                                                                  |
| tanks to be equipped with<br>formation, which are relat<br>separator to maximize ga<br>Newfield is requesting a v<br>a surge of gas when the t                                                                                                                                                  | pany is requesting a variar<br>Enardo or equivalent vent<br>ively low gas producers (20<br>s separation and sales.<br>rariance for safety reasons<br>hief natches are open. Whi<br>rd, under optimum conditio | line valves. Newfield of Dimorphy. The majority  Crude oil production tile gauging tanks, lease | operates wells<br>of the wells a<br>anks equippe | that produce fro<br>re equipped with<br>d with back pres | om the Green River<br>n a three phase<br>ssure devices will emit |
| I hereby certify that the foregoing is                                                                                                                                                                                                                                                          | true and                                                                                                                                                                                                      | Title                                                                                           |                                                  |                                                          | i pro                                                            |
| Correct (Printed/Typed)  Mandie Crozier                                                                                                                                                                                                                                                         |                                                                                                                                                                                                               | Regulatory Spe                                                                                  | ecialist                                         |                                                          |                                                                  |
| Singnature                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                               | Date                                                                                            |                                                  |                                                          | · · · · · · · · · · · · · · · · · · ·                            |
| fflandi u                                                                                                                                                                                                                                                                                       | 740                                                                                                                                                                                                           | 08/04/2006                                                                                      |                                                  |                                                          |                                                                  |
|                                                                                                                                                                                                                                                                                                 | THIS SPACE FO                                                                                                                                                                                                 | R FEDERAL OR AG                                                                                 |                                                  | E USE<br>Sp Ol                                           |                                                                  |
| Annroved by  Conditions of approval, if any, are attached certify that the applicant holds legal or equivalent would entitle the applicant to condition to condition to condition to condition the second trible 18 U.S.C. Section 1001 and Title 43 States any false, fightious and fraudulent | uitable title to those rights in the subje-<br>uct operations thereon.                                                                                                                                        | rarrant or cet lease Date:                                                                      | Gas and                                          | IDE                                                      | ederal Approval Of This Action is Necessary ancy of the United   |

(Instructions on reverse)

FORM 3160-4 (July 1992)

SUBMIT IN DUPLICATE\* FORM APPROVED

(See other in-

OMB NO. 1004-0137

Expires: February 28, 1995

## **UNITED STATES**

| DEPARTMENT OF THE INTERIOR  BUREAU OF LAND MANAGEMENT |                                       |                          |             |                  |                                             |                                 |                |            | 5. LEASE DESIGNATION AND SERIAL NO. UTU-66185 |                                              |  |
|-------------------------------------------------------|---------------------------------------|--------------------------|-------------|------------------|---------------------------------------------|---------------------------------|----------------|------------|-----------------------------------------------|----------------------------------------------|--|
| WELL (                                                | COMPL                                 | ETION                    | OR R        | ECOM             | PLETION R                                   | EPORT A                         | ND LOG*        | ŗ          | 6. IF INDIAN, ALLOTTE                         | E OR TRIBE NAME<br><b>NA</b>                 |  |
| 1a. TYPE OF WORK                                      | · · · · · · · · · · · · · · · · · · · |                          |             |                  |                                             | <del>1</del>                    |                |            | 7. UNIT AGREEMENT N                           |                                              |  |
|                                                       |                                       | OIL<br>WELL              | X           | GAS<br>WELL      | DRY                                         | Other                           |                |            | A                                             | shley                                        |  |
| Ib. TYPE OF WELL                                      |                                       |                          |             |                  |                                             |                                 |                |            | 8. FARM OR LEASE NA                           | ME. WELL NO.                                 |  |
| NEW X                                                 | WORK<br>OVER                          | DEEPEN                   |             | PLUG<br>BACK     | DIFF<br>RESVR.                              | Other                           |                |            | Ashley Fed                                    | deral 6-23-9-15                              |  |
| 2. NAME OF OPERATOR 9. WELL NO                        |                                       |                          |             |                  |                                             |                                 |                |            |                                               |                                              |  |
| 3. ADDRESS AND TELEPH                                 | HONE NO.                              | Ne                       | wheld b     | xplorat          | ion Company                                 |                                 |                |            | 43-0'<br>10. FIELD AND POOL OF                | 13-32827<br>EWILDCAT                         |  |
|                                                       |                                       |                          |             |                  | Denver, CO                                  |                                 |                |            |                                               | nent Butte                                   |  |
| 4. LOCATION OF WEL At Surface                         | .L (Report loca                       |                          |             |                  | any State requirements<br>_ (SE/NW) Sec. 2  |                                 |                |            | 11. SEC., T., R., M., OR B<br>OR AREA         | LOCK AND SURVEY                              |  |
| At top prod. Interval rep                             | orted below                           |                          |             |                  |                                             |                                 |                |            | Sec. 23,                                      | T9S, R15E                                    |  |
| At total depth                                        |                                       |                          |             | 14. API NO.      |                                             | DATE ISSUED                     |                |            | 12. COUNTY OR PARISH                          | 13. STATE                                    |  |
|                                                       |                                       |                          |             | 43-              | -013-32827                                  | 7                               | 7/11/05        |            | Duchesne                                      | UT                                           |  |
| 15. DATE SPUDDED 6/14/06                              | 16. DATE T.D. 1                       | reached<br>2 <b>9/06</b> | 17. DA      |                  | Ready to prod.) /2/06                       | 18. ELEVATIONS (I               |                | TC.)*      | 6339' KB                                      | 19. ELEV. CASINGHEAD                         |  |
| 20. TOTAL DEPTH, MD &                                 |                                       | 21. PLUG BAG             | CK T.D., MD |                  | 22. IF MULTIPLE                             | COMPL                           | 23. INTERVALS  | ROT        | ARY TOOLS                                     | CABLE TOOLS                                  |  |
| 5942'                                                 |                                       |                          | 5904'       |                  | HOW MANY*                                   |                                 | DRILLED BY     |            | X                                             |                                              |  |
| 24. PRODUCING INTERVA                                 | AL(S). OF THIS                        | COMPLETION-              | -тор. вотт  |                  |                                             |                                 | •              |            |                                               | 25. WAS DIRECTIONAL<br>SURVEY MADE           |  |
|                                                       |                                       |                          |             | Green            | River 4604'-5                               | 5260'                           |                |            |                                               | No No                                        |  |
| 26. TYPE ELECTRIC AND                                 |                                       |                          |             |                  | _                                           |                                 |                | _          |                                               | 27. WAS WELL CORED                           |  |
| Dual Induction                                        | Guard, Sf                             | o, Compe                 | ensated     |                  | y, Compensate                               |                                 |                | , Cem      | ent Bond Log                                  | No                                           |  |
| 23.<br>CASING SIZE/G                                  |                                       | WEIGHT                   |             | DEP              | TH SET (MD)                                 | HOLE SIZE                       |                | MENT. CE   | MENTING RECORD                                | AMOUNT PULLED                                |  |
| 8-5/8" - J                                            |                                       | 24                       |             |                  | 321'                                        | 12-1/4"                         |                |            | sx Class "G" cmt                              |                                              |  |
| 5-1/2" - J                                            | -55                                   | 15.                      | 5#          |                  | 5926'                                       | 7-7/8"                          | 300 sx Prem    | lite II an | d 450 sx 50/50 Poz                            |                                              |  |
| 29.                                                   |                                       | LIN                      | ER RECO     | RD               |                                             |                                 | 30.            |            | TUBING RECORD                                 |                                              |  |
| SIZE                                                  | TOP                                   | (MD)                     | вотто       | M (MD)           | SACKS CEMENT*                               | SCREEN (MD)                     | SIZE<br>2-7/8" |            | DEPTH SET (MD)                                | PACKER SET (MD)                              |  |
|                                                       |                                       |                          |             |                  |                                             |                                 | 2-1/0          |            | EOT @<br>5714'                                | TA @<br>5583'                                |  |
| 31. PERFORATION RECO                                  | ORD (Interval, s                      | ize and number           | ·)          |                  |                                             | 32.                             | ACID, SHOT,    | FRACT      | URE, CEMENT SQUE                              |                                              |  |
|                                                       | ERVAL                                 |                          | SI          | ZE_              | SPF/NUMBER                                  | DEPTH INTE                      |                |            | AMOUNT AND KIND OF                            |                                              |  |
|                                                       |                                       | 618'-5634'               |             | 6"               | 4/64                                        | 5618'-                          |                |            |                                               | and in 394 bbls fluid                        |  |
| ,3,&LODC) 4980'-9                                     |                                       | 248'-5260'               |             | 3"<br>3"         | 4/48<br>4/192                               |                                 |                |            | <u></u>                                       | and in 543 bbls fluid and in 1315 bbls fluid |  |
| ,3,&LODC) 4960-9                                      |                                       | , 5129-44<br>1808'-4820' |             | .3"              | 4/48                                        | 4808'-                          |                |            |                                               | and in 380 bbls fluid                        |  |
|                                                       | , , ,                                 | 604'-4612'               |             | 3"               | 4/32                                        | 4604'-                          |                |            |                                               | and in 375 bbls fluid                        |  |
|                                                       | · · · · · · · · · · · · · · · · · · · |                          |             |                  |                                             |                                 |                |            |                                               |                                              |  |
|                                                       |                                       |                          |             |                  |                                             |                                 |                |            |                                               |                                              |  |
|                                                       |                                       |                          |             |                  |                                             |                                 |                |            |                                               |                                              |  |
| 33.*                                                  |                                       |                          |             |                  | PRODUCT                                     | LION                            | 1              |            | 1,                                            |                                              |  |
| DATE FIRST PRODUCTIO<br>8/2/06                        |                                       | PRODUCTIC                |             |                  | lift, pumpingsize and ty<br>1-1/2" x 14' RI | pe of pump)                     | nger Pump      |            |                                               | RODUCING                                     |  |
| DATE OF TEST                                          |                                       | RS TESTED                | СНОКІ       | SIZE             | PROD'N, FOR OIL TEST PERIOD                 | BBLS.                           | GASMCF.        | WATE       | RBBL.                                         | GAS-OIL RATIO                                |  |
| 30 day ave                                            | e                                     |                          |             |                  | >                                           | 63                              | 89             |            | 23                                            | 1413                                         |  |
| FLOW, TUBING PRESS.                                   |                                       | ING PRESSUR              |             | LATED<br>JR RATE | OIL-BBL.                                    | GASMCF.                         |                | WATER-     | -BBL. OIL GRAVI                               | TY-API (CORR.)                               |  |
|                                                       |                                       |                          |             | >                |                                             | RE                              | ECEIVE         | D          |                                               |                                              |  |
| 34. DISPOSITION OF GAS                                | (Sold, used for fu                    | iel, vented, etc.)       | 6714        | & Head           | for Fuel                                    |                                 | FD 1 1 200     | )c         | TEST WITNESSED BY                             |                                              |  |
| 35. LIST OF ATTACHMEN                                 | NTS                                   |                          | Joiu        | u USEU           | ioi i uei                                   | 5                               | EP 1 1 200     | <u> </u>   |                                               |                                              |  |
|                                                       |                                       | /                        |             |                  |                                             | DIV OF                          | OIL GAS & N    | MINING     |                                               |                                              |  |
| 36. I hereby certify that SIGN(1)                     | ibe to kyoing a                       | nd attached              | tormpton i  | Scomplete:       | and correct as determin                     | ed from ລັກໃສ່ບໍ່ລັກຄືນ<br>Regu | latory Spec    | ialist     | D.7.11                                        | 9/8/2006                                     |  |

nuction i ann Sapoles for Ambrigh ar Data / n Heseise Silbe

| FORMATION | TOP | воттом |                                       | TO                                                      | P                       |                     |
|-----------|-----|--------|---------------------------------------|---------------------------------------------------------|-------------------------|---------------------|
|           |     |        | DESCRIPTION, CONTENTS, ETC.           | NAME                                                    | MEAS. DEPTH             | TRUE<br>VERT. DEPTH |
|           |     |        | Well Name<br>Ashley Federal 6-23-9-15 | Garden Gulch Mkr<br>Garden Gulch 1                      | 3567'<br>3807'          |                     |
|           |     |        |                                       | Garden Gulch 2<br>Point 3 Mkr                           | 3913'<br>4160'          |                     |
|           |     |        |                                       | X Mkr<br>Y-Mkr                                          | 4430'<br>4466'          |                     |
|           |     |        |                                       | Douglas Creek Mkr<br>BiCarbonate Mkr<br>B Limestone Mkr | 4567'<br>4800'<br>4894' |                     |
|           |     |        |                                       | Castle Peak Basal Carbonate                             | 5475'<br>5918'          |                     |
|           |     |        |                                       | Total Depth (LOGGERS                                    | 5942'                   |                     |
|           |     |        |                                       |                                                         |                         |                     |
|           |     |        |                                       |                                                         |                         | :                   |
|           |     |        |                                       |                                                         |                         |                     |
|           |     |        |                                       |                                                         |                         |                     |
|           |     |        |                                       |                                                         |                         |                     |
|           |     |        |                                       |                                                         |                         |                     |
|           |     |        |                                       |                                                         |                         | :                   |
|           |     |        |                                       |                                                         |                         |                     |

STATE OF UTAH DIVISION OF OIL, GAS AND MINING ENTITY ACTION FORM -FORM 6

OPERATOR: NEWFIELD PRODUCTION COMPANY

ADDRESS: RT. 3 BOX 3630

MYTON, UT 84052

M2695 OPERATOR ACCT. NO.

|                | T                       | NEW                                              | API NUMBER                                       | WELL NAME          |                                 |             |           | MELL 10     | CATION  |                | SPUD   | EFFECTIVE           |
|----------------|-------------------------|--------------------------------------------------|--------------------------------------------------|--------------------|---------------------------------|-------------|-----------|-------------|---------|----------------|--------|---------------------|
| DE<br>DE       | CURRENT ENTITY NO.      | ENTITY NO.                                       | NAME OF TAXABLE PARTY.                           |                    |                                 | 00          | SC        | TP          | RiG     | CO'JMTY        | DATE   | OKTE                |
| T              | 15479                   | 12419                                            | 43-013-32817                                     | ASHLEY FEDERAL     | 14-23-9-15                      | SEJSW       | 23        | 86          | 15E     | DUCHESNE       |        | 11/20/06            |
| 1 CON          | MENTA DIL               | ADDDOM                                           | D DADTTCTDATTN                                   | G AREA EXPANSION   | FFFFCTIVI                       | R 7/1/      | 2006      | GF          | RRV     |                |        | ,                   |
|                | BLM                     | APPROVI                                          | D PARTICIPATION                                  | G AREA EATANDION   | LITEOITY                        | J // +/     | 2000      |             |         |                |        |                     |
|                |                         | 10047                                            | APIREMBER                                        | WELL NAME          | <u> </u>                        | 1           | Y.        | ELL LOCATIO | *       |                | SPUD   | EFFECTIVE           |
| DE .           | CURRENT<br>ENTRY NO.    | HEW<br>ENTITY ND                                 | A-TRUMBEA                                        |                    |                                 | 99          | BC        | TP          | MG      | COUNTY         | DATE   | ONTE                |
| :              | 15579                   | 12419                                            | 43-013-32823                                     | ASHLEY FEDERAL     | 14-22-9-15                      | SE/SW       | 22        | 98          | 15E     | DUCHESNE       |        | 11/20/04            |
|                |                         |                                                  |                                                  | C ADDA EVDANCION   | EFFECTIV                        | E 7/1/      | /2006     | CI          | RRV     |                |        |                     |
|                | BLM                     | APPROVI                                          | ED PARTICIPATIN                                  | G AREA EXPANSION   | EFFECTIV                        | E //1/      | 2000      | . 61        | XX V    |                |        |                     |
| ION            | CURRENT                 | NEW                                              | API NUMBER                                       | WELL NAME          |                                 |             |           | _           | CATION  |                | \$740  | EFFECTIVE           |
| OE _           | ENTITY NO.              | ENTITY NO.                                       |                                                  |                    |                                 | 90          | SC.       | TP          | RG      | COUKTY         | DATE   | 1-1-1               |
| :              | 15374                   | 12419                                            | 43-013-32822                                     | ASHLEY FEDERAL     | 13-22-9-15                      | SWISW       | 22        | 98          | 15E     | DUCHESNE       |        | 11/20/0             |
|                |                         |                                                  | <u> </u>                                         |                    |                                 |             |           |             |         |                |        | •                   |
|                | BLM                     | APPROV                                           | ED PARTICIPATIN                                  | IG AREA EXPANSION  | EFFECTIV                        | E 7/1,      | /2006     | . G.        | RRV     |                |        |                     |
|                |                         |                                                  |                                                  |                    |                                 |             |           | MEDIA       | DEATION | -              | SPUD   | BFFECTIVE           |
| TON<br>TOE     | CLIRACIYT<br>ENTITY MD. | ENTITY NO.                                       | API NUMBER                                       | WELLINNE           |                                 | 90          | <b>SC</b> | T-          | RG      | COUNTY         | DATE   | DATE                |
|                |                         | 12419                                            | 43-013-32827                                     | ASHLEY FEDERAL     | 6-23-9-15                       | SEISW       | 23        | 95          | 15E     | DUCHESNE       |        | 11/20/04            |
|                | 15443                   |                                                  |                                                  |                    |                                 |             | 10006     |             |         |                |        | ,                   |
|                | BLN                     | APPROV                                           | ED PARTICIPATIN                                  | NG AREA EXPANSION  | EFFECTIV                        | E 7/1       | /2006     | . G         | RRV     |                |        |                     |
|                |                         |                                                  |                                                  |                    |                                 |             |           | V4557 1     | OCAMION |                | \$PUD  | EFFECTIVE.          |
| TION           | CURRENT<br>ENTITY NO.   | ENTITY NO.                                       | API HUMBER                                       | WELL NAME          |                                 | 90          | SC.       | TP          | RG      | COUNTY         | DATE   | DATE                |
| <del>~</del> † | ENTIT NO.               | Later Park                                       |                                                  |                    |                                 | Ι           |           |             |         |                |        | 11/20/0             |
| <u>c  </u>     | 15409                   | 12419                                            | 43-013-32831                                     | ASHLEY FEDERAL     | . 15- <u>23-<del>9</del>-15</u> | SWISE       | 23        | 98          | 15E     | DUCHESNE       | 1      | 1 11/00/0           |
| TT 2 C         | CAMPIEKES:              |                                                  |                                                  | TO ADEA EVDANCION  | EFFCTTV                         | nc 7/1      | /2006     | G           | RRV     |                |        |                     |
|                | BLI                     | 1 APPROV                                         | ED PARTICIPALLI                                  | NG AREA EXPANSION  | EFFECTIV                        | E //I       | , 2000    | •           | 1111    |                |        |                     |
| HON            | CURRENT                 | NEW                                              | APINUMBER                                        | WELLWAF            |                                 | 1           |           |             | OCATION |                | SPUD   | EFFECTIVE<br>, DATE |
| 300E           | ENTITY MD.              | ENTITY NO.                                       | <del>                                     </del> |                    |                                 | 00          | 23        | 98          | 15E     | DUCHESNE       | TARE . | 11/80/0             |
| C              | 15436                   | 12419                                            | 43-013-32829                                     | ASHLEY FEDERAL     | 11-23-9-19                      | NEASY       | 23        | 1 33        | IJE     | DOCALONIC      | 1      | 111/3/3/0           |
| ETT 2 C        | OMMENTS:                | ADDDAY                                           | ምኮ <b>ወ</b> ለወጥተሮቸውለጥተነ                          | NG AREA EXPANSION  | EFFECTIV                        | Æ 7/1       | /2006     | . G         | RRV     |                | ^      | -                   |
|                | RLI                     | M APPROV                                         | ED TAKITOITAIL                                   | NO THEN THE PROTON | BIIDOII                         | , .         |           |             |         |                | 111    |                     |
|                |                         | others on back of form                           |                                                  |                    |                                 | · · · · / · |           |             |         | D. A.          |        |                     |
|                |                         | y ter new wall fairgit<br>artis and a service as |                                                  |                    | REC                             | EIVI        | ヒレ        |             |         | tana 1         | eleles | Lana Neb            |
| C-             | he and grand he         | ising adily (group a<br>n cas orbing ently       | ic squirer existing entity                       |                    |                                 | 4 0 00      | ากต       |             |         | Shooture       |        |                     |
| D-             | Re-essign well to       | n en cising sally                                | lo a mear settly                                 |                    | NOV                             | 1 6 20      | JUD       |             |         | Production Cla | rk     | NOVEMBER 13,2       |
| E.             | Other (coptain is a     | U. H. SELECTOR 10                                |                                                  |                    |                                 |             |           |             |         | The            |        | Date                |



#### **United States Department of the Interior**



BUREAU OF LAND MANAGEMENT
Utah State Office
P.O. Box 45155
Salt Lake City, UT 84145-0155
http://www.blm.gov

IN REPLY REFER TO: 3180 UT-922

NOV 0 6 2006

Newfield Exploration Company Attn: Laurie Deseau 1401 Seventeenth Street, Suite 1000 Denver, CO 80202

Re: Initial Consolidated
Green River Formation PA "A, B"
Ashley Unit
Duchesne County, Utah

The Initial consolidated Green River Formation "A, B" Ashley Unit, CRS UTU73520C, is hereby approved effective as of July 1, 2006, pursuant to Section 11 of the Ashley Unit Agreement, Duchesne County, Utah.

The Initial Consolidated Green River Formation PA "A, B" results in the Initial Participating Area of 6,710.49 acres, and is based upon the completion of the following wells as being capable of producing unitized substances in paying quantities:

| WEEL NO. | API NO.      | LOCATION          | LEASE NO.      |
|----------|--------------|-------------------|----------------|
| 13-22    | 43-013-32822 | Lot 4, 22-9S-15E  | UTU66185       |
| 14-22    | 43-013-32823 | SESW, 22-9S-15E   | UTU66185       |
| 15-23    | 43-013-32831 | SWSE, 23-9S-15E   | UTU66185       |
| 11-23    | 43-013-32829 | NESW, 23-9S-15E   | UTU66185       |
| 6-23     | 43-013-32827 | SENW, 23-9S-15E   | UTU66185       |
| 14-23    | 43-013-32817 | SESW, 23-9S-15E   | UTU66185       |
| 13-24    | 43-013-32820 | SWSW, 24-9S-15E   | UTU02458       |
| 14-24    | 43-013-32821 | SESW, 24-9S-15E   | UTU02458       |
| 9-24     | 43-013-32819 | NESE, 24-9S-15E   | UTU02458       |
| 8-24     | 43-013-32818 | SENE, 24-9S-15E   | UTU02458       |
| 4-25     | 43-013-32884 | NWNW, 25-9S-15E   | UTU66185       |
| 4-26     | 43-013-32900 | NWNW, 26-9S-15E   | UTU027345      |
| 5-26     | 43-013-32901 | SWNW, 26, 9S-15E  | UTU66185       |
| 12-26    | 43-013-32905 | NWSW, 26, 9S-15E  | UTU66185       |
| 5-27     | 43-013-32836 | Lot 2, 27, 9S-15E | UTU66185       |
| 13-27    | 43-013-32878 | Lot 4, 27, 9S-15E | UTU74827       |
| 11-27    | 43-013-32877 | NESW, 27, 9S-15E  | UTU7489ECEIVED |

NOV 0 8 2006

| WELL NO | LAPINO.      | LOCATION         | LEASE NO. |
|---------|--------------|------------------|-----------|
| 14-27   | 43-013-32879 | SESW, 27, 9S-15E | UTU74827  |
| 7-27    | 43-013-32838 | SWNE, 27, 9S-15E | UTU66185  |
| 10-27   | 43-013-32876 | NWSE, 27, 9S-15E | UTU66185  |
| 15-27   | 43-013-32880 | SWSE, 27, 9S-15E | UTU66185  |
| 9-27    | 43-013-32875 | NESE, 27, 9S-15E | UTU66185  |
| 3-27    | 43-013-32835 | NENW, 27, 9S-15E | UTU66185  |
| 2-27    | 43-013-32834 | NWNE, 27, 92-15E | UTU027345 |

Copies of the approved request are being distributed to the appropriate agencies and one copy is returned herewith. Please advise all interested parties of the approval of the Consolidated Green River PA "A, B", Ashley Unit.

Sincerely,

/s/ Douglas F. Cook

Douglas F. Cook Chief, Branch of Fluid Minerals

bcc: Division of Oil, Gas & Mining

**SITLA** 

Ashley Unit w/enclosure

MMS - Data Management Division (Attn: James Sykes)

Field Manager - Vernal w/enclosure

Agr. Sec. Chron. Central Files

CSeare:cs (11/03/06)Ashley "A, B"Consolidated

FORM 3160-5 (September 2001)

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

FORM APPROVED OMB No. 1004-0135 Expires January 31,2004 5. Lease Serial No.

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

UTU66185

| abandoned w                                                                                                                                                                                                                                                | ell. Use Form 3160-3 (API                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | D) for such prop                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | osals.                                                                                     | 6. If Indian, Allott                                                                                      | tee or Tribe Name.                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| 1. Type of Well                                                                                                                                                                                                                                            | C TER VER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ngi seki.<br>Ngjaran                                                                       | ASHLEY PA A                                                                                               | greement, Name and/or No.                                                                                     |
| Oil Well Gas Well  2. Name of Operator                                                                                                                                                                                                                     | Other Unassigned                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                            | 8. Well Name and<br>ASHLEY FEDE                                                                           |                                                                                                               |
| NEWFIELD PRODUCTION CO                                                                                                                                                                                                                                     | MPANY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                            | 9. API Well No.                                                                                           |                                                                                                               |
| 3a. Address Route 3 Box 3630<br>Myton, UT 84052                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 3b. Phone No. (inch<br>435.646.3721                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | de are code)                                                                               | 4301332827<br>10. Field and Pool                                                                          | l, or Exploratory Area                                                                                        |
| 4. Location of Well (Footage, Sec                                                                                                                                                                                                                          | ., T., R., M., or Survey Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                            | Monument Butte                                                                                            |                                                                                                               |
| 1878 FNL 1888 FWL                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                            | 11. County or Par                                                                                         | ish, State                                                                                                    |
| SE/NW Section 23 T9S R1                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                            | Duchesne,UT                                                                                               |                                                                                                               |
| 12. CHECK                                                                                                                                                                                                                                                  | APPROPRIATE BOX(ES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | S) TO INIDICAT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | E NATURE OF 1                                                                              | NOTICE, OR OT                                                                                             | HER DATA                                                                                                      |
| TYPE OF SUBMISSION                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | TYPE OF ACTIO                                                                              | N                                                                                                         |                                                                                                               |
| ■ Notice of Intent  Subsequent Report  Final Abandonment Notice                                                                                                                                                                                            | Acidize Alter Casing Casing Repair Change Plans Convert to Injector                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Deepen Fracture Treat New Construct: Plug & Abando Plug Back                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Reclamation Recomp                                                                         |                                                                                                           | Water Shut-Off Well Integrity Other Weekly Status Report                                                      |
| involved operations. If the operatio Abandonment Notices shall be filed inspection.)  On 6/24/06 MIRU NDSI Rig csgn to 1,500 psi. Vernal B cement & shoe. Drill a 7.87 Dig/SP/GR log's TD to surf KB. Cement with 300 sks of All Spacers to reserve pit. I | med or provide the Bond No. on file was results in a multiple completion or reconly after all requirements, including g # 1. Set all equipment. Property of the second of | essure test Kelly, and office was noticed and office was not officed with the second office was not officed with the second office was not officed with the second officed with the s | TIW, Choke manifed of test. PU BH ay down drill strin collar, 135 jt's of 0 sks cement mix | ifold, & Bop's to 2<br>IA and tag cemer<br>g & BHA. Open to<br>5.5 J-55, 15.5# open to<br>ed @ 14.4 ppg & | 2,000 psi. Test 8.625<br>ht @ 280'. Drill out<br>hole log w/<br>csgn. Set @ 5925.76/<br>is 1.24 yld. Returned |
| I hereby certify that the foregoing i<br>Name (Printed/ Typed)                                                                                                                                                                                             | s true and correct                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                            |                                                                                                           |                                                                                                               |
| Don Bastian                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Drilling Fo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | - Cirian                                                                                   |                                                                                                           |                                                                                                               |
| Signature Date 06/30/20                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | )6                                                                                         |                                                                                                           | · · · · · · · · · · · · · · · · · · ·                                                                         |
|                                                                                                                                                                                                                                                            | COLUMN AND FORM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Production of the second                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                            |                                                                                                           |                                                                                                               |
|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Title                                                                                      | Da                                                                                                        | ite.                                                                                                          |
| Conditions of approval, if any, are attacl<br>certify that the applicant holds legal or e<br>which would entitle the applicant to con                                                                                                                      | quitable title to those rights in the subj<br>duct operations thereon.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ject lease                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Title Office                                                                               |                                                                                                           |                                                                                                               |
| Title 18 U.S.C. Section 1001 and Title 4                                                                                                                                                                                                                   | 3 U.S.C. Section 1212, make it a crim                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | e for any person knowin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ly and willfully to make                                                                   | to any department or ag                                                                                   | gency of the Office                                                                                           |

(Instructions on reverse)

States any false, fictitious and fraudulent statements or representations as to any matter within its jurisdiction

JUL 0 5 2006

### **NEWFIELD PRODUCTION COMPANY - CASING & CEMENT REPORT**

|              |               |               | 5 1/2"             | CASING SET     | AT                          | 5925.76       |                                       |              |               |
|--------------|---------------|---------------|--------------------|----------------|-----------------------------|---------------|---------------------------------------|--------------|---------------|
|              |               |               |                    |                | Fit clir @                  | 5906.01       |                                       |              |               |
| LAST CASIN   | G 8 5/8"      | SET A         | AT 3 <u>21.01'</u> |                | OPERATOR                    |               | Newfield I                            | Production C | ompany        |
| DATUM        |               |               |                    |                | WELL                        | Ashley Fed    | deral 6-23-                           | 9-15         |               |
|              |               |               | 12'                |                | FIELD/PROS                  |               |                                       |              |               |
| DATUM TO E   | BRADENHE/     | AD FLANGE     |                    |                | CONTRACT                    | OR & RIG#     |                                       | Patterson-U  | ITI Rig # 155 |
| TD DRILLER   | 5942'         | LOGGI         | 5942'              | ·              |                             |               |                                       |              |               |
| HOLE SIZE    |               |               |                    |                |                             |               |                                       |              |               |
|              |               |               |                    |                |                             |               |                                       |              |               |
| LOG OF CAS   | ING STRIN     | G:            |                    |                | · ·                         |               |                                       |              |               |
| PIECES       | OD            | ITEM -        | MAKE - DESCI       | RIPTION        | WT/FT                       | GRD           | THREAD                                | CONDT        | LENGTH        |
|              |               | Landing Jt    |                    |                |                             |               |                                       |              | 14            |
|              |               | Short jt      | 6.05 @ 3935.5      | 55             |                             |               |                                       |              |               |
| 134          | 5 1/2"        | ETC LT & C    | casing             |                | 15.5#                       | J-55          | 8rd                                   | A            | 5892.01       |
|              |               |               |                    |                |                             |               |                                       |              | 0.6           |
| 1            | 5 1/2"        | ETC LT&C      | csg                |                | 15.5#                       | J-55          | 8rd                                   | A            | 20.5          |
|              |               |               | GUIDE              | shoe           |                             |               | 8rd                                   | A            | 0.65          |
| CASING INV   | ENTORY BA     | AL.           | FEET               | JTS            | TOTAL LEN                   | GTH OF ST     | RING                                  |              | 5927.76       |
| TOTAL LENG   | TH OF STE     | RING          | 5927.76            | 135            | LESS CUT                    | OFF PIECE     |                                       |              | 14            |
| LESS NON C   | SG. ITEMS     |               | 15.25              |                | PLUS DATUM TO T/CUT OFF CSG |               | 12                                    |              |               |
| PLUS FULL    | JTS. LEFT C   | DUT           | 174.22             | 4              | CASING SE                   | T DEPTH       |                                       | Į            | 5925.76       |
|              | TOTAL         |               | 6086.73            | 139            | <u></u>                     |               |                                       |              |               |
| TOTAL CSG    | DEL. (W/O     | THRDS)        | 6086.73            | 139            |                             | RE            |                                       |              |               |
| TIMING       |               |               | 1ST STAGE          | 2nd STAGE      |                             |               |                                       |              |               |
| BEGIN RUN    | CSG.          |               | 9:30 PM            | 6/29/2006      | GOOD CIRC                   |               |                                       | _            |               |
| CSG. IN HOL  | .E            |               | 1:00AM             | 6/30/2006      | -1                          |               | · · · · · · · · · · · · · · · · · · · | All Spacers  |               |
| BEGIN CIRC   |               |               | 2:48 AM            | 6/30/2006      | RECIPROC                    | ATED PIPE     | FOR                                   | _THRUSTRO    | <u>KE</u>     |
| BEGIN PUM    | P CMT         |               | 2:59AM             | 6/30/2006      | DID BACK F                  | PRES. VALV    | E HOLD?                               |              |               |
| BEGIN DSPL   | CMT           |               | 3:45AM             | 6/30/2006      | BUMPED P                    | LUG TO        |                                       | 2090         | PSI           |
| PLUG DOWI    | N             |               | 4:07AM             | 6/30/2006      |                             |               |                                       |              |               |
| CEMENT US    | ED            |               |                    | CEMENT CO      |                             | B. J.         |                                       |              |               |
| STAGE        | # SX          |               |                    | CEMENT TY      |                             |               |                                       |              |               |
| 1            | 300           | Premlite II v | v/ 10% gel + 3     | % KCL, 3#'s /s | sk CSE + 2# s               | k/kolseal + ' | 1/4#'s/sk Ce                          | lo Flake     |               |
|              |               |               | 1.0 ppg W / 3.4    |                |                             |               |                                       |              |               |
| 2            | 450           | 50/50 poz \   | N/ 2% Gel + 3%     | 6 KCL, .5%EC   | 1,1/4# sk C.F               |               |                                       |              | 1.24 YLD      |
| CENTRALIZ    | ER & SCRA     | TCHER PLA     | CEMENT             |                |                             |               | KE & SPACI                            | NG           |               |
| Centralizers | s - Middle fi | irst, top sec | ond & third. T     | hen every thi  | rd collar for               | a total of 20 | )                                     |              |               |
|              |               |               |                    |                |                             |               |                                       |              |               |
|              |               |               |                    |                |                             |               |                                       |              |               |
|              |               |               |                    |                |                             |               |                                       |              |               |

| COMPANY REPRESENTATIVE | Don Bastian | DATE | 6/30/2006 |
|------------------------|-------------|------|-----------|
|------------------------|-------------|------|-----------|

FORM 3160-5 (September 2001)

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

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

| SUNDRY<br>Do not use the abandoned we                                                                                        | 6. If Indian, Allot                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | tee or Tribe Name.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                         |                                                                                                    |                                                                                                            |
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|                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                         | 7. If Unit or CA/A                                                                                 | Agreement, Name and/or                                                                                     |
| 1. Type of Well                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                         | ASHLEY PA A                                                                                        |                                                                                                            |
|                                                                                                                              | Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                         | 8. Well Name and                                                                                   | i No.                                                                                                      |
| 2. Name of Operator                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                         | ASHLEY 6-23-9                                                                                      | 9-15                                                                                                       |
| NEWFIELD PRODUCTION CO                                                                                                       | MPANY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | T-: -: : : : : : : : : : : : : : : : : :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                         | 9. API Well No.                                                                                    |                                                                                                            |
| 3a. Address Route 3 Box 3630                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 3b. Phone (include a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | re code)                                                                                | 4301332827                                                                                         | I P1 A                                                                                                     |
| Myton, UT 84052 4. Location of Well (Footage, S                                                                              | Sec., T., R., M., or Survey Descri                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 435.646.3721                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <del></del>                                                                             | MONUMENT I                                                                                         | l, or Exploratory Area                                                                                     |
| 1878 FNL 1888 FWL                                                                                                            | ec., 1., R., M., Or Survey Descri                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 11. County or Par                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                         |                                                                                                    |                                                                                                            |
| SENW Section 23 T9S R15E                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ·                                                                                       | DUCHESNE, U                                                                                        | JT                                                                                                         |
| 12. CHECK                                                                                                                    | APPROPRIATE BOX(E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | S) TO INIDICATE N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ATURE OF N                                                                              | OTICE, OR OT                                                                                       | THER DATA                                                                                                  |
| TYPE OF SUBMISSION                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | TY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | PE OF ACTION                                                                            | 1                                                                                                  |                                                                                                            |
| □ Notice of Intent □ Subsequent Report                                                                                       | Acidize Alter Casing Casing Repair                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Deepen Fracture Treat New Construction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Producti Reclama                                                                        |                                                                                                    | Water Shut-Off     Well Integrity     Other                                                                |
| <u> </u>                                                                                                                     | Change Plans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Plug & Abandon                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ☐ Tempora                                                                               | rily Abandon                                                                                       | Weekly Status Report                                                                                       |
| Final Abandonment                                                                                                            | Convert to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Plug Back                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ☐ Water D                                                                               | isposal                                                                                            |                                                                                                            |
| the well. A cement bond with 20/40 mesh sand. Po (5129'-5144'),(5064'-5080 Composite flow-through f moved over the well on 0 | ion procedures intiated in tog was run and a total of the procedures are as follows:  2'),(4980'-4997'); Stage #4 rac plugs were used between the procedure of | ive Green River intervollows: Stage #1 (5618) (4808'-4820'); Stage #1 (4808'); Stage #1 (4 | als were perfor<br>3'-5634'); Stag<br>45 (4604'-4612<br>e flowed back<br>Il was cleaned | rated and hydrau<br>e #2 (5248'-5260'<br>'). All perforation<br>through chokes.<br>to 5904'. Zones | ulically fracture treated<br>D');Stage #3<br>ns, were 4 JSPF.<br>A service rig was<br>were swab tested for |
| I hereby certify that the foregoing is                                                                                       | true and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                         |                                                                                                    |                                                                                                            |
| correct (Printed/ Typed)                                                                                                     | 1 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Production C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | lerk                                                                                    |                                                                                                    |                                                                                                            |
| Lana Nebekeri                                                                                                                | <del>///////</del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ICIK                                                                                    |                                                                                                    |                                                                                                            |
| May                                                                                                                          | ( buller)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 09/11/2006                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                         |                                                                                                    |                                                                                                            |
|                                                                                                                              | HING MENCE III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | de tiv britani kalinika 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | A SHE CHIEF                                                                             | 1 3 32                                                                                             |                                                                                                            |
|                                                                                                                              | A selection of the contract of the contract of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                         |                                                                                                    |                                                                                                            |
| Approved by                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                         | Dat                                                                                                | e                                                                                                          |
| Conditions of approval, if any, are attach certify that the applicant holds legal or e                                       | ed. Approval of this notice does not quitable title to those rights in the sub                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | warrant or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | e                                                                                       |                                                                                                    | ·                                                                                                          |
| which would entitle the applicant to cone<br>Title 18 U.S.C. Section 1001 and Title 4                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | e for any namer leaving!                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Lucill Galler to made - 4:                                                              | RECE                                                                                               | ency of the United                                                                                         |
| Title 18 U.S.C. Section 1001 and Title 4. States any false, fictitious and fraudulent                                        | statements or representations as to a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | iv matter within its jurisdiction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | - wintenty to make to                                                                   | any coparament of age                                                                              |                                                                                                            |

(Instructions on reverse)

Sundry Number: 33236 API Well Number: 43013328270000

|                                                                                                                       | STATE OF UTAH DEPARTMENT OF NATURAL RESOURCES                                                                                                                      |                                                                                                                             | FORM 9                                                                      |
|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| ı                                                                                                                     | DIVISION OF OIL, GAS, AND MINING                                                                                                                                   | 5.LEASE DESIGNATION AND SERIAL NUMBER: UTU-66185                                                                            |                                                                             |
| SUNDR                                                                                                                 | WELLS                                                                                                                                                              | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME:                                                                                       |                                                                             |
|                                                                                                                       | posals to drill new wells, significantly deep<br>reenter plugged wells, or to drill horizontal I<br>n for such proposals.                                          |                                                                                                                             | 7.UNIT or CA AGREEMENT NAME:<br>GMBU (GRRV)                                 |
| 1. TYPE OF WELL<br>Oil Well                                                                                           |                                                                                                                                                                    |                                                                                                                             | 8. WELL NAME and NUMBER:<br>ASHLEY FED 6-23-9-15                            |
| 2. NAME OF OPERATOR:<br>NEWFIELD PRODUCTION CO                                                                        | OMPANY                                                                                                                                                             |                                                                                                                             | 9. API NUMBER:<br>43013328270000                                            |
| 3. ADDRESS OF OPERATOR:<br>Rt 3 Box 3630 , Myton, UT                                                                  |                                                                                                                                                                    | NE NUMBER:<br>t                                                                                                             | 9. FIELD and POOL or WILDCAT:<br>MONUMENT BUTTE                             |
| 4. LOCATION OF WELL<br>FOOTAGES AT SURFACE:<br>1878 FNL 1888 FWL                                                      |                                                                                                                                                                    |                                                                                                                             | COUNTY:<br>DUCHESNE                                                         |
| QTR/QTR, SECTION, TOWNSH<br>Qtr/Qtr: SENW Section: 2                                                                  | HIP, RANGE, MERIDIAN:<br>23 Township: 09.0S Range: 15.0E Meridian:                                                                                                 | S                                                                                                                           | STATE:<br>UTAH                                                              |
| 11. CHECI                                                                                                             | K APPROPRIATE BOXES TO INDICATE NA                                                                                                                                 | ATURE OF NOTICE, REPOR                                                                                                      | T, OR OTHER DATA                                                            |
| TYPE OF SUBMISSION                                                                                                    |                                                                                                                                                                    | TYPE OF ACTION                                                                                                              |                                                                             |
| The subject well hinjection well on 1 State of Utah DOG above listed well. Opsig and charted for injecting during the | CHANGE TO PREVIOUS PLANS  CHANGE WELL STATUS  □ DEEPEN □ OPERATOR CHANGE □ PRODUCTION START OR RESUME □ REPERFORATE CURRENT FORMATION □ TUBING REPAIR □ CHANGE □ F | ucing oil well to an ris Jensen with the e initial MIT on the ressured up to 1620 ess. The well was not 400 psig during the | Accepted by the Utah Division of Oil, Gas and Mining Date: January 16, 2013 |
| NAME (DI EACE DOINT)                                                                                                  | DUONE NUMBER                                                                                                                                                       | TITLE                                                                                                                       |                                                                             |
| NAME (PLEASE PRINT) Lucy Chavez-Naupoto                                                                               | <b>PHONE NUMBER</b> 435 646-4874                                                                                                                                   | Water Services Technician                                                                                                   |                                                                             |
| SIGNATURE                                                                                                             |                                                                                                                                                                    | DATE<br>12/20/2012                                                                                                          |                                                                             |

Sundry Number: 33236 API Well Number: 43013328270000

# Mechanical Integrity Test Casing or Annulus Pressure Test

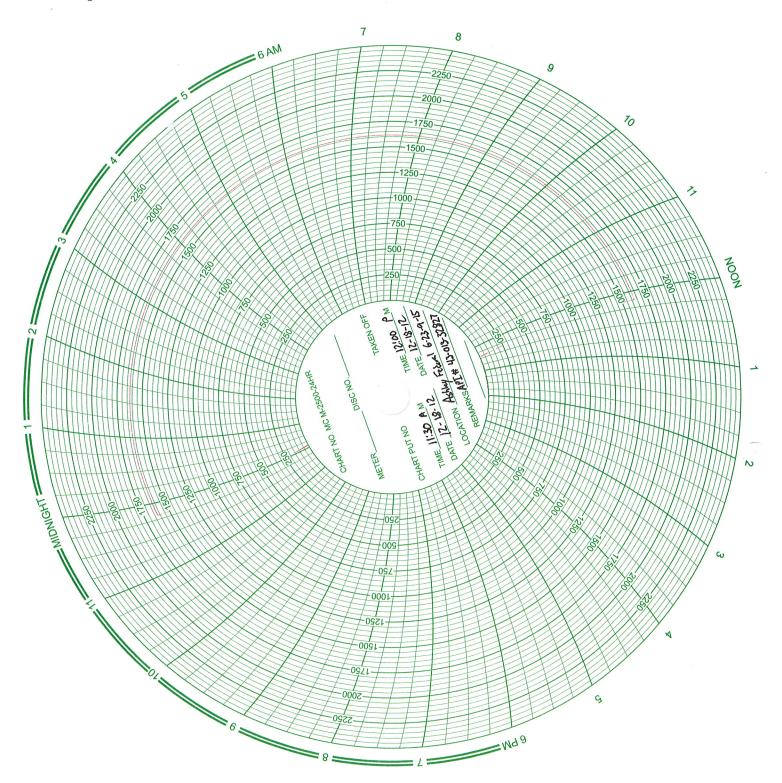
Newfield Production Company Rt. 3 Box 3630 Myton, UT 84052 435-646-3721

| Witness:                              | Date 12   18   12 Time   11:30 am | pm |
|---------------------------------------|-----------------------------------|----|
| Test Conducted by: Michael Jensen     |                                   |    |
| Others Present:                       | ·                                 | è  |
| Well: Ashley Feberal 6-23-9-15        | Field: Greater Monument Butte     |    |
| Well Location: Ashley Federal 6-23-9- |                                   |    |

| <u>Time</u>      | <b>Casing Pressure</b> |        |
|------------------|------------------------|--------|
| 0 min            | 1620                   | psig   |
| 5                | 1620                   | psig   |
| 10               | 1620                   | psig   |
| 15               | 1620                   | psig   |
| 20               | 1620                   | psig   |
| 25               | 1620                   | psig   |
| 30 min           | 1620                   | psig   |
| 35               |                        | psig   |
| 40               | •                      | _ psig |
| 45               |                        | _ psig |
| 50               |                        | _ psig |
| 55               |                        | _ psig |
| 60 min           |                        | _ psig |
| Tubing pressure: | 400                    | _ psig |
| Result:          | Pass                   | Fail   |

| Signature of Witness:          |       |         | •   |
|--------------------------------|-------|---------|-----|
| Signature of Person Conducting | Test: | Thebard | Mun |

Sundry Number: 33236 API Well Number: 43013328270000



Sundry Number: 33236 API Well Number: 43013328270000
Summary Rig Activity
Page 1 of 3

#### **Daily Activity Report**

Format For Sundry
ASHLEY 6-23-9-15
10/1/2012 To 2/28/2013

12/13/2012 Day: 2

Conversion

WWS# 7 on 12/13/2012 - Id rods, TIH breaking and doping - Flsuh rods w/30 bbls. Cont LD 45-slk 3/4, 30-4per3/4, 6-1-1/2 wt bats, stabilzer sub and pump. XO to tbg EQ. NDWH release TAC NU BOP ru tbg EO flush tbg w/30bw. TOOH tallying tbg breaking and green doping every connection w/143 jts 2-7/8 j55 tbg. LD 31 jts, TAC, 1 jnt, SN, 2 jts, NC flushed 1 more time w/50bw. TIH w/2-3/8 re-entry guide, 2-3/8 x/n nipple, 2-3/8 pup jnt, x/over, packer, on-off tool, 2-7/8 sn, 143 jts 2-7/8 J-55 tbg, pump 20bw, drop SV psi test tbg to 3000psi w/20bbls. - MIRUSU, pump 60 bbls down csg, RDPU, unseat pump, ld 1 1/2x 22 polish rod, flush rods w/30bbls. Spot pump psi test tbg to 3000psi w/20 bbls. Good test, LD 101 4-per 3/4. - Flsuh rods w/30 bbls. Cont LD 45-slk 3/4, 30-4per3/4, 6-1-1/2 wt bats, stabilzer sub and pump. XO to tbg EQ. NDWH release TAC NU BOP ru tbg EQ flush tbg w/30bw. TOOH tallying tbg breaking and green doping every connection w/143 jts 2-7/8 j55 tbg. LD 31 jts, TAC, 1 jnt, SN, 2 jts, NC flushed 1 more time w/50bw. TIH w/2-3/8 re-entry quide, 2-3/8 x/n nipple, 2-3/8 pup int, x/over, packer, on-off tool, 2-7/8 sn, 143 jts 2-7/8 J-55 tbg, pump 20bw, drop SV psi test tbg to 3000psi w/20bbls. - Flsuh rods w/30 bbls. Cont LD 45-slk 3/4, 30-4per3/4, 6-1-1/2 wt bats, stabilzer sub and pump. XO to tbg EQ. NDWH release TAC NU BOP ru tbg EQ flush tbg w/30bw. TOOH tallying tbg breaking and green doping every connection w/143 jts 2-7/8 j55 tbg. LD 31 jts, TAC, 1 jnt, SN, 2 jts, NC flushed 1 more time w/50bw. TIH w/2-3/8 re-entry guide, 2-3/8 x/n nipple, 2-3/8 pup jnt, x/over, packer, on-off tool, 2-7/8 sn, 143 jts 2-7/8 J-55 tbg, pump 20bw, drop SV psi test tbg to 3000psi w/20bbls. - MIRUSU, pump 60 bbls down csg, RDPU, unseat pump, ld 1 1/2x 22 polish rod, flush rods w/30bbls. Spot pump psi test tbg to 3000psi w/20 bbls. Good test, LD 101 4-per 3/4. - MIRUSU, pump 60 bbls down csg, RDPU, unseat pump, ld 1 1/2x 22 polish rod, flush rods w/30bbls. Spot pump psi test tbg to 3000psi w/20 bbls. Good test, LD 101 4per 3/4. - Flsuh rods w/30 bbls. Cont LD 45-slk 3/4, 30-4per3/4, 6-1-1/2 wt bats, stabilzer sub and pump. XO to tbg EQ. NDWH release TAC NU BOP ru tbg EQ flush tbg w/30bw. TOOH tallying the breaking and green doping every connection w/143 jts 2-7/8 j55 thg. LD 31 jts, TAC, 1 jnt, SN, 2 jts, NC flushed 1 more time w/50bw. TIH w/2-3/8 re-entry guide, 2-3/8 x/n nipple, 2-3/8 pup int, x/over, packer, on-off tool, 2-7/8 sn, 143 jts 2-7/8 J-55 tbg, pump 20bw, drop SV psi test tbg to 3000psi w/20bbls. - MIRUSU, pump 60 bbls down csg, RDPU, unseat pump, ld 1 1/2x 22 polish rod, flush rods w/30bbls. Spot pump psi test tbg to 3000psi w/20 bbls. Good test, LD 101 4-per 3/4. - MIRUSU, pump 60 bbls down csg, RDPU, unseat pump, ld 1 1/2x 22 polish rod, flush rods w/30bbls. Spot pump psi test tbg to 3000psi w/20 bbls. Good test, LD 101 4-per 3/4. - Flsuh rods w/30 bbls. Cont LD 45-slk 3/4, 30-4per3/4, 6-1-1/2 wt bats, stabilzer sub and pump. XO to tbg EQ. NDWH release TAC NU BOP ru tbg EQ flush tbg w/30bw. TOOH tallying tbg breaking and green doping every connection w/143 jts 2-7/8 j55 tbg. LD 31 jts, TAC, 1 jnt, SN, 2 jts, NC flushed 1 more time w/50bw. TIH w/2-3/8 reentry guide, 2-3/8 x/n nipple, 2-3/8 pup jnt, x/over, packer, on-off tool, 2-7/8 sn, 143 jts 2-7/8 J-55 tbg, pump 20bw, drop SV psi test tbg to 3000psi w/20bbls. - Flsuh rods w/30 bbls. Cont LD 45-slk 3/4, 30-4per3/4, 6-1-1/2 wt bats, stabilzer sub and pump. XO to tbg EQ. NDWH release TAC NU BOP ru tbg EQ flush tbg w/30bw. TOOH tallying tbg breaking and green doping every connection w/143 its 2-7/8 j55 tbg. LD 31 jts, TAC, 1 jnt, SN, 2 jts, NC flushed 1 more time w/50bw. TIH w/2-3/8 re-entry guide, 2-3/8 x/n nipple, 2-3/8 pup jnt, x/over, packer, on-off tool, 2-7/8 sn, 143 jts 2-7/8 J-55 tbg, pump 20bw, drop SV psi test tbg to 3000psi w/20bbls. - MIRUSU, pump 60 bbls down csq, RDPU, unseat pump, ld 1 1/2x 22 polish rod, flush rods w/30bbls. Spot pump psi test tbg to 3000psi w/20 bbls. Good test, LD 101 4-per 3/4. **Finalized** 

Daily Cost: \$0

**Cumulative Cost:** \$19,923

Sundry Number: 33236 API Well Number: 43013328270000 Page 2 of 3

#### 12/14/2012 Day: 3

Conversion

WWS# 7 on 12/14/2012 - press test TBG press up 3 times no test fish SV drop new SV - SITP 50 psi back up to the 3000psi lost 500psi in 40 minutes psi back up to 3000psi had to psi back up 3 more times @10:45 RET SV W/ sand line pump 20 BW drop new SV PSI test TBG to 3000 PSI- no test pressured back up 2 more times RU TBG EQ 2 1:00TOOH W/ tbg string PSI testing every 20 JTS on TOOH unable to locate leak changed 5 collars TIH w/ PKR assembly 20 JTS drop new SV psi test to 3000 psi-good test, TIH W/6JTS PSI TEST TOOH W/ 10 JTS PSI test TBG to 3000 psi- good test TIH W/6 JTS psi Test TBG to 3000PSI SWI ready to check. -SITP 50 psi back up to the 3000psi lost 500psi in 40 minutes psi back up to 3000psi had to psi back up 3 more times @10:45 RET SV W/ sand line pump 20 BW drop new SV PSI test TBG to 3000 PSI- no test pressured back up 2 more times RU TBG EQ 2 1:00TOOH W/ tbg string PSI testing every 20 JTS on TOOH unable to locate leak changed 5 collars TIH w/ PKR assembly 20 JTS drop new SV psi test to 3000 psi-good test, TIH W/6JTS PSI TEST TOOH W/ 10 JTS PSI test TBG to 3000 psi- good test TIH W/6 JTS psi Test TBG to 3000PSI SWI ready to check. -SITP 50 psi back up to the 3000psi lost 500psi in 40 minutes psi back up to 3000psi had to psi back up 3 more times @10:45 RET SV W/ sand line pump 20 BW drop new SV PSI test TBG to 3000 PSI- no test pressured back up 2 more times RU TBG EQ 2 1:00TOOH W/ tbg string PSI testing every 20 JTS on TOOH unable to locate leak changed 5 collars TIH w/ PKR assembly 20 JTS drop new SV psi test to 3000 psi-good test, TIH W/6JTS PSI TEST TOOH W/ 10 JTS PSI test TBG to 3000 psi- good test TIH W/6 JTS psi Test TBG to 3000PSI SWI ready to check.

Daily Cost: \$0

Cumulative Cost: \$21,903

#### 12/17/2012 Day: 4

Conversion

WWS# 7 on 12/17/2012 - psi tbg, set pkr - PSI back up to 3000psi, good test, cont TIH w/tbg. Redoping collars, psi test every 20 jts, on TIH w/final test 3000 psi. RU and RUH w/sandline ret SV. POOH and RD sandline. Mix pkr fluid w/fresh water pump H20 down csg. ND bop's set pkr @4549' for 15000#tension, SN@4542, XN @4557 EOT @4559. 45' above top perf, NU injection tree psi test csg to 1500 psi w/13 more bbls 1 hr to get good test RD rig. - PSI back up to 3000psi, good test, cont TIH w/tbg. Redoping collars, psi test every 20 jts, on TIH w/final test 3000 psi. RU and RUH w/sandline ret SV. POOH and RD sandline. Mix pkr fluid w/fresh water pump H20 down csg. ND bop's set pkr @4549' for 15000#tension, SN@4542, XN @4557 EOT @4559. 45' above top perf, NU injection tree psi test csg to 1500 psi w/13 more bbls 1 hr to get good test RD rig. - PSI back up to 3000psi, good test, cont TIH w/tbg. Redoping collars, psi test every 20 jts, on TIH w/final test 3000 psi. RU and RUH w/sandline ret SV. POOH and RD sandline. Mix pkr fluid w/fresh water pump H20 down csg. ND bop's set pkr @4549' for 15000#tension, SN@4542, XN @4557 EOT @4559. 45' above top perf, NU injection tree psi test csg to 1500 psi w/13 more bbls 1 hr to get good test RD rig. Finalized

Daily Cost: \$0

**Cumulative Cost: \$28,711** 

#### 12/20/2012 Day: 5

Conversion

Rigless on 12/20/2012 - Conduct initial MIT - On 12/17/2012 Chris Jensen with the State of Utah DOGM was contacted concerning the initial MIT on the above listed well. On 12/18/2012 the casing was pressured up to 1620 psig and charted for 30 minutes with no pressure loss. The well was not injecting during the test. The tubing pressure was 400 psig during the test. There was not a State representative available to witness the test. - On 12/17/2012 Chris Jensen with the State of Utah DOGM was contacted concerning the initial MIT on the above listed well. On 12/18/2012 the casing was pressured up to 1620 psig and charted for 30

Sundry Number: 33236 API Well Number: 43013328270000 Summary Rig Activity

Page 3 of 3

minutes with no pressure loss. The well was not injecting during the test. The tubing pressure was 400 psig during the test. There was not a State representative available to witness the test. - On 12/17/2012 Chris Jensen with the State of Utah DOGM was contacted concerning the initial MIT on the above listed well. On 12/18/2012 the casing was pressured up to 1620 psig and charted for 30 minutes with no pressure loss. The well was not injecting during the test. The tubing pressure was 400 psig during the test. There was not a State representative available to witness the test. **Finalized** 

Daily Cost: \$0

Cumulative Cost: \$110,568

**Pertinent Files: Go to File List** 

Sundry Number: 34377 API Well Number: 43013328270000

|                                                                  | STATE OF UTAH                                                                                                   |             |                                |                               | FORM 9                                                     |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-------------|--------------------------------|-------------------------------|------------------------------------------------------------|
| ı                                                                | DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS, AND MINING                                                |             |                                |                               | EDESIGNATION AND SERIAL NUMBER: 6185                       |
| SUNDR                                                            | RY NOTICES AND REPORTS                                                                                          | WELLS       | 6. IF INC                      | DIAN, ALLOTTEE OR TRIBE NAME: |                                                            |
|                                                                  | oposals to drill new wells, significantly<br>reenter plugged wells, or to drill horize<br>n for such proposals. |             |                                |                               | or CA AGREEMENT NAME:<br>(GRRV)                            |
| 1. TYPE OF WELL<br>Water Injection Well                          |                                                                                                                 |             |                                | 1 '                           | NAME and NUMBER:<br>EY FED 6-23-9-15                       |
| 2. NAME OF OPERATOR:<br>NEWFIELD PRODUCTION CO                   | DMPANY                                                                                                          |             |                                | <b>9. API N</b><br>43013      | UMBER:<br>328270000                                        |
| 3. ADDRESS OF OPERATOR:<br>Rt 3 Box 3630 , Myton, UT             | , 84052 435 646-482                                                                                             |             | NE NUMBER:<br>t                |                               | and POOL or WILDCAT:<br>MENT BUTTE                         |
| 4. LOCATION OF WELL<br>FOOTAGES AT SURFACE:<br>1878 FNL 1888 FWL |                                                                                                                 |             |                                | DUCHE                         |                                                            |
| QTR/QTR, SECTION, TOWNSH<br>Qtr/Qtr: SENW Section: 2             | HIP, RANGE, MERIDIAN:<br>23 Township: 09.0S Range: 15.0E Meri                                                   | idian:      | S                              | STATE:<br>UTAH                |                                                            |
| 11. CHECI                                                        | K APPROPRIATE BOXES TO INDICA                                                                                   | ATE N       | ATURE OF NOTICE, REPOR         | T, OR C                       | OTHER DATA                                                 |
| TYPE OF SUBMISSION                                               |                                                                                                                 |             | TYPE OF ACTION                 |                               |                                                            |
|                                                                  | ACIDIZE                                                                                                         |             | ALTER CASING                   |                               | CASING REPAIR                                              |
| NOTICE OF INTENT Approximate date work will start:               | CHANGE TO PREVIOUS PLANS                                                                                        |             | CHANGE TUBING                  |                               | CHANGE WELL NAME                                           |
| Approximate date work will start.                                | ✓ CHANGE WELL STATUS                                                                                            |             | COMMINGLE PRODUCING FORMATIONS | 1                             | CONVERT WELL TYPE                                          |
| SUBSEQUENT REPORT Date of Work Completion:                       | DEEPEN                                                                                                          |             | FRACTURE TREAT                 |                               | NEW CONSTRUCTION                                           |
| 2/1/2013                                                         | OPERATOR CHANGE                                                                                                 |             | PLUG AND ABANDON               |                               | PLUG BACK                                                  |
| <br>                                                             | PRODUCTION START OR RESUME                                                                                      |             | RECLAMATION OF WELL SITE       | _                             | RECOMPLETE DIFFERENT FORMATION                             |
| SPUD REPORT Date of Spud:                                        | REPERFORATE CURRENT FORMATION                                                                                   |             | SIDETRACK TO REPAIR WELL       |                               | TEMPORARY ABANDON                                          |
|                                                                  |                                                                                                                 |             |                                |                               | WATER DISPOSAL                                             |
| DRILLING REPORT                                                  | TUBING REPAIR                                                                                                   |             | /ENT OR FLARE                  | _                             | 1                                                          |
| Report Date:                                                     | WATER SHUTOFF                                                                                                   |             | SI TA STATUS EXTENSION         |                               | APD EXTENSION                                              |
|                                                                  | WILDCAT WELL DETERMINATION                                                                                      | <u></u> Ц ( | OTHER                          | ОТН                           | ER:                                                        |
|                                                                  | COMPLETED OPERATIONS. Clearly show                                                                              |             |                                | lepths, vo                    |                                                            |
| The above refe                                                   | erence well was put on injec<br>02/01/2013.                                                                     | tion        | at 10:15 AM on                 | ,                             | Accepted by the<br>Utah Division of<br>Oil, Gas and Mining |
|                                                                  |                                                                                                                 |             |                                | Date                          | : February 25, 2013                                        |
|                                                                  |                                                                                                                 |             |                                |                               | Roseill                                                    |
|                                                                  |                                                                                                                 |             |                                | By:_                          |                                                            |
|                                                                  |                                                                                                                 |             |                                |                               |                                                            |
|                                                                  |                                                                                                                 |             |                                |                               |                                                            |
|                                                                  |                                                                                                                 |             |                                |                               |                                                            |
|                                                                  |                                                                                                                 |             |                                |                               |                                                            |
|                                                                  |                                                                                                                 |             |                                |                               |                                                            |
|                                                                  |                                                                                                                 |             |                                |                               |                                                            |
| NAME (PLEASE PRINT)                                              | PHONE NUMB                                                                                                      | BER         | TITLE                          |                               |                                                            |
| Lucy Chavez-Naupoto                                              | 435 646-4874                                                                                                    |             | Water Services Technician      |                               |                                                            |
| SIGNATURE<br>N/A                                                 |                                                                                                                 |             | <b>DATE</b> 2/4/2013           |                               |                                                            |



June 28, 2005

State of Utah
Division of Oil, Gas & Mining
Attn: Diana Whitney
1594 West North Temple - Suite 1210
P.O. Box 145801
Salt Lake City, Utah 84114-5801

RE: Applications for Permit to Drill: Ashley Federal 10-22-9-15, 11-22-9-15, 6-23-9-15, 8-23-9-15, 11-23-9-15, 12-23-9-15, and 15-23-9-15.

Dear Diana:

Enclosed find APD's on the above referenced wells. If you have any questions, feel free to give either Shon Mckinnon or myself a call.

Sincerely,

Mandie Crozier

Regulatory Specialist

mç

enclosures

RECEIVED
JUL 0 1 2005

DIV. OF CIL, GAS & MINING

| Form 3160-3<br>(September 2001)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               | FORM APPROVE<br>OMB No. 1004-01                                 | 36               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------------------------------------------------|------------------|
| UNITED STATES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Expires January 31, 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 2004          |                                                                 |                  |
| DEPARTMENT OF THE IN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 5. Lease Serial No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |               |                                                                 |                  |
| BUREAU OF LAND MANAG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | GEMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |               | UTU-66185                                                       |                  |
| APPLICATION FOR PERMIT TO DE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | RILL OR REENTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               | 6. If Indian, Allottee or Tribe                                 | e Name           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Property Colonia Colon |               | N/A                                                             |                  |
| 1a. Type of Work: DRILL REENTE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |               | 7. If Unit or CA Agreement, 1                                   | Name and No.     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               | Ashley                                                          |                  |
| 1b. Type of Well: Oil Well Gas Well Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 🗵 Single Zone 🖵 Multi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ple Zone      | Lease Name and Well No.     Ashley Federal 6-23-9-19            | 5                |
| 2. Name of Operator  Newfield Production Company                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               | 9. API Well No.<br>43-C13-3                                     | 2827             |
| 3a. Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 3b. Phone No. (include area code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |               | 10. Field and Pool, or Explorat                                 | ory              |
| Route #3 Box 3630, Myton UT 84052                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (435) 646-3721                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |               | Monument Butte                                                  |                  |
| 4. Location of Well (Report location clearly and in accordance with                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               | 11. Sec., T., R., M., or Blk. and                               | l Survey or Area |
| At surface SE/NW 1878' FNL 1888' FWL 548153<br>At proposed prod. zone 442996                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | x 40.018513<br>77 -110.201393                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | }             | SE/NW Sec. 23, T9S                                              | R15E             |
| 14. Distance in miles and direction from nearest town or post office*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               | 12. County or Parish                                            | 13. State        |
| Approximatley 15.9 miles southwest of Myton, Utah                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               | Duchesne                                                        | UΤ               |
| 15. Distance from proposed* location to nearest property or lease line, ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 16. No. of Acres in lease                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 17. Spacir    | g Unit dedicated to this well                                   |                  |
| (Also to nearest drig. unit line, if any) Approx. 558' t/lse. 8672' t/unit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 2,286.43                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | -             | 40 Acres                                                        |                  |
| 18. Distance from proposed location* to nearest well, drilling, completed, applied for, on this lease, ft.  Approx. 1349'                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 19. Proposed Depth 5940'                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 20. BLM/      | BIA Bond No. on file UT0056                                     |                  |
| 21. Elevations (Show whether DF, KDB, RT, GL, etc.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 22. Approximate date work will sta                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <u></u>       | 23. Estimated duration                                          |                  |
| 6327' GL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 4th Quarter 2005                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | iit           | Approximately seven (7) days from spud to                       | n rig rotoppo    |
| 0027 GL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               | Approximately seven (7) days from spud to                       | ong release.     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 24. Attachments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                                                                 |                  |
| The following, completed in accordance with the requirements of Onsho                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | re Oil and Gas Order No.1, shall be at                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | tached to thi | s form:                                                         |                  |
| <ol> <li>Well plat certified by a registered surveyor.</li> <li>A Drilling Plan.</li> <li>A Surface Use Plan (if the location is on National Forest System<br/>SUPO shall be filed with the appropriate Forest Service Office).</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Lands, the Item 20 above).  5. Operator certification is a second of the | ation.        | ns unless covered by an existing ormation and/or plans as may b | ,                |
| 25. Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Name (Printed/Typed)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |               | Date                                                            | 77 (79) (40)     |
| Themplesseo.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Mandie Crozier                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |               |                                                                 | al 28/05         |
| Title Regulatory Specialist                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                                                                 | 450              |
| Approved by (Signature)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Name (Printed/Typed)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | *             | Date                                                            |                  |
| The Mark of the Ma | BRADIEV C LIII                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |               | (N)                                                             | 11-25            |

Application approval does not warrant or certify the the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

ENVIRONMENTAL SCIENTIST III

Conditions of approval, if any, are attached.

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

Federal Approval of this Action is Necessary

\*(Instructions on reverse)

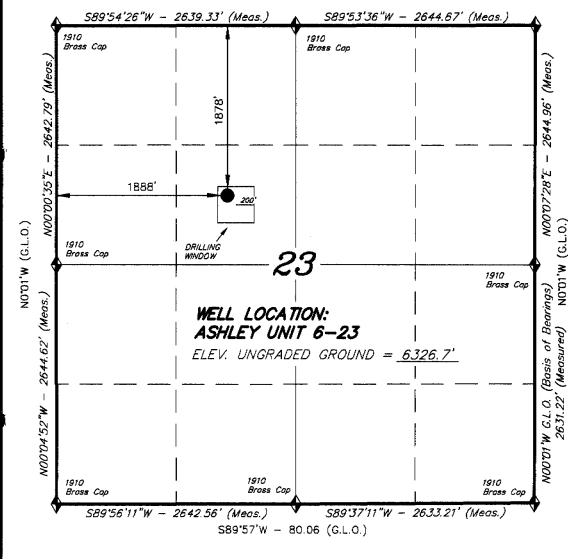
RECEIVED

JUL 0 1 2005

#### T9S, R15E, S.L.B.&M.

S89\*59'W - 80.14 (G.L.O.)

Comer missing. (Reestablished Proportionately)



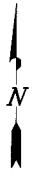
#### •

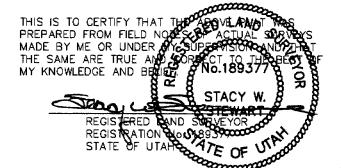
= SECTION CORNERS LOCATED

BASIS OF ELEV; U.S.G.S. 7-1/2 min QUAD (MYTON SW)

#### NEWFIELD PRODUCTION COMPANY

WELL LOCATION, ASHLEY UNIT 6-23, LOCATED AS SHOWN IN THE SE 1/4 NW 1/4 OF SECTION 23, T9S, R15E, S.L.B.&M. DUCHESNE COUNTY, UTAH.





#### TRI STATE LAND SURVEYING & CONSULTING

180 NORTH VERNAL AVE. - VERNAL, UTAH 84078 (435) 781-2501

| SCALE: 1" = 1000' | SURVEYED BY: D.P. |
|-------------------|-------------------|
| DATE: 6-14-05     | DRAWN BY: F.T.M.  |
| NOTES:            | FILE #            |

#### NEWFIELD PRODUCTION COMPANY ASHLEY FEDERAL #6-23-9-15 SE/NW SECTION 23, T9S, R15E DUCHESNE COUNTY, UTAH

#### ONSHORE ORDER NO. 1

#### **DRILLING PROGRAM**

#### 1. GEOLOGIC SURFACE FORMATION:

Uinta formation of Upper Eocene Age

#### 2. <u>ESTIMATED TOPS OF IMPORTANT GEOLOGIC MARKERS:</u>

Uinta

0' - 2540'

Green River

2540'

Wasatch

5940'

#### 3. <u>ESTIMATED DEPTHS OF ANTICIPATED WATER, OIL, GAS OR MINERALS:</u>

Green River Formation 2540' - 5940' - Oil

#### 4. <u>PROPOSED CASING PROGRAM</u>

Please refer to the Monument Butte Field Standard Operation Procedure (SOP).

#### 5. MINIMUM SPECIFICATIONS FOR PRESSURE CONTROL:

Please refer to the Monument Butte Field SOP. See Exhibit "C".

#### 6. TYPE AND CHARACTERISTICS OF THE PROPOSED CIRCULATION MUDS:

Please refer to the Monument Butte Field SOP.

#### 7. <u>AUXILIARY SAFETY EQUIPMENT TO BE USED:</u>

Please refer to the Monument Butte Field SOP.

#### 8. <u>TESTING, LOGGING AND CORING PROGRAMS:</u>

Please refer to the Monument Butte Field SOP.

#### 9. <u>ANTICIPATED ABNORMAL PRESSURE OR TEMPERATURE:</u>

The anticipated maximum bottom hole pressure is 1800 psi. It is not anticipated that abnormal temperatures will be encountered.

#### 10. ANTICIPATED STARTING DATE AND DURATION OF THE OPERATIONS:

Please refer to the Monument Butte Field SOP.

#### NEWFIELD PRODUCTION COMPANY ASHLEY FEDERAL #6-23-9-15 SE/NW SECTION 23, T9S, R15E DUCHESNE COUNTY, UTAH

#### ONSHORE ORDER NO. 1

#### MULTI-POINT SURFACE USE & OPERATIONS PLAN

#### 1. EXISTING ROADS

See attached Topographic Map "A"

To reach Newfield Production Company well location site Ashley Federal #6-23-9-15 located in the SE 1/4 NW 1/4 Section 23, T9S, R15E, Duchesne County, Utah:

Proceed southwesterly out of Myton, Utah along Highway 40 - 1.6 miles  $\pm$  to the junction of this highway and UT State Hwy 53; proceed southwesterly along Hwy 53 - 1.8 miles  $\pm$  to it's junction with an existing road to the southwest; proceed southwesterly -12.5 miles  $\pm$  to it's junction with the beginning of the proposed access road; proceed along the proposed access road  $140^{\circ} \pm$  to the proposed well location.

#### 2. PLANNED ACCESS ROAD

See Topographic Map "B" for the location of the proposed access road.

#### 3. LOCATION OF EXISTING WELLS

Refer to Exhibit "B".

#### 4. LOCATION OF EXISTING AND/OR PROPOSED FACILITIES

All permanent surfaces equipment will be painted Olive Black.

Please refer to the Monument Butte Field Standard Operating Procedure (SOP).

#### 5. <u>LOCATION AND TYPE OF WATER SUPPLY</u>

Please refer to the Monument Butte Field SOP. See Exhibit "A".

#### 6. SOURCE OF CONSTRUCTION MATERIALS

Please refer to the Monument Butte Field SOP.

#### 7. <u>METHODS FOR HANDLING WASTE DISPOSAL</u>

Please refer to the Monument Butte Field SOP.

#### 8. <u>ANCILLARY FACILITIES</u>

Please refer to the Monument Butte Field SOP.

#### 9. WELL SITE LAYOUT

See attached Location Layout Diagram.

#### 10. PLANS FOR RESTORATION OF SURFACE

Please refer to the Monument Butte Field SOP.

#### 11. SURFACE OWNERSHIP - Bureau Of Land Management

#### 12. OTHER ADDITIONAL INFORMATION

The Archaeological Resource Survey and Paleontological Resource Survey for this area are attached. MOAC Report #03-59, 9/15/03. Paleontological Resource Survey prepared by, Wade E. Miller, 6/7/03. See attached report cover pages, Exhibit "D".

For the Ashley Federal #6-23-9-15 Newfield Production Company requests 140' of disturbed area be granted in Lease UTU-66185 to allow for construction of the proposed access road. Refer to Topographic Map "B". The proposed access road will be an 18' crown road (9' either side of the centerline) with drainage ditches along either side of the proposed road whether it is deemed necessary in order to handle any run-off from normal meteorological conditions that are prevalent to this area. The maximum grade will be less than 8%. There will be no culverts required along this access road. There will be barrow ditches and turnouts as needed along this road. There are no fences encountered along this proposed road. There will be no new gates or cattle guards required. All construction material for this access road will be borrowed material accumulated during construction of the access road.

Newfield Production Company requests 140' of disturbed area be granted in Lease UTU-66185 to allow for construction of the proposed gas lines. It is proposed that the disturbed area will be 50' wide to allow for construction of a 6" gas gathering line, and a 3" poly fuel gas line. Both lines will tie in to the existing pipeline infrastructure. **Refer to Topographic Map "C."** For a ROW plan of development, please refer to the Monument Butte Field SOP.

#### Water Disposal

Immediately upon first production, all produced water will be confined to a steel storage tank. If the production water meets quality guidelines, it is transported to the Ashley, Monument Butte, Jonah, and Beluga water injection facilities by company or contract trucks. Subsequently, the produced water is injected into approved Class II wells to enhance Newfield's secondary recovery project.

Water not meeting quality criteria, is disposed at Newfield's Pariette #4 disposal well (Sec. 7, T9S R19E) or at State of Utah approved surface disposal facilities.

### Threatened, Endangered, And Other Sensitive Species None.

#### Reserve Pit Liner

A 12 mil liner will be required at the operators own discretion. Please refer to the Monument Butte Field SOP.

#### Location and Reserve Pit Reclamation

Please refer to the Monument Butte Field SOP.

The following seed mixture will be used on the topsoil stockpile, to the recontoured surface of the reserve pit, and for final reclamation: (All poundages are in pure live seed)

Wyoming Big Sagebrush

any Cercocarpus montanus Raf.

1 lbs/acre

Birchleaf Mountain Mohogany

Stipa Comata

6 lbs/acre

Needle and Thread Grass Stipa (

5 lbs/acre

#### **Details of the On-Site Inspection**

The proposed Ashley Federal #6-23-9-15 was on-sited on 4/12/05. The following were present, Shon Mckinnon (Newfeild Production), Brad Mecham (Newfield Production), and Byron Tolman (Bureau of Land Management). Weather conditions were clear.

#### 13. LESSEE'S OR OPERATORS REPRESENTATIVE AND CERTIFICATION

#### Representative

Name:

Shon Mckinnon

Address:

Route #3 Box 3630

Myton, UT 84052

Telephone:

(435) 646-3721

#### Certification

Please be advised that NEWFIELD PRODUCTION COMPANY is considered to be the operator of well #6-23-9-15 SE/NW Section 23, Township 9S, Range 15E: Lease UTU-66185 Duchesne County, Utah: and is responsible under the terms and conditions of the lease for the operations conducted upon the leased lands. Bond coverage is provided by Hartford Accident #4488944.

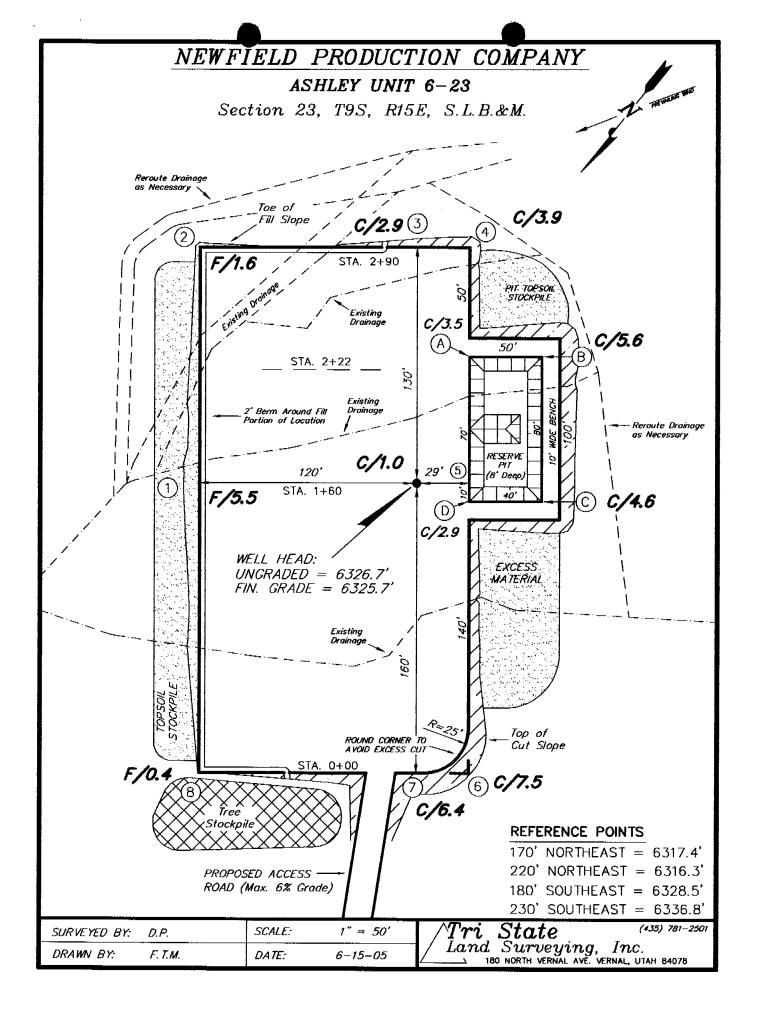
I hereby certify that the proposed drillsite and access route have been inspected, and I am familiar with the conditions which currently exist; that the statements made in this plan are true and correct to the best of my knowledge; and that the work associated with the operations proposed here will be performed by Newfield Production Company and its contractors and subcontractors in conformity with this plan and the terms and conditions under which it is approved. This statement is subject to the provisions of 18 U.S.C. 1001 for the filling of a false statement.

Date

Mandie Crozier

Regulatory Specialist

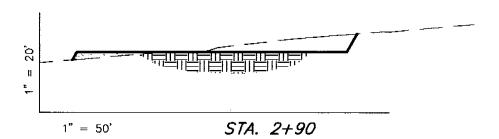
**Newfield Production Company** 

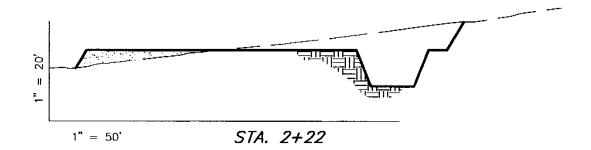


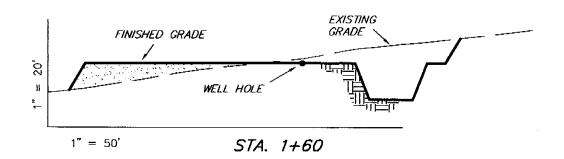
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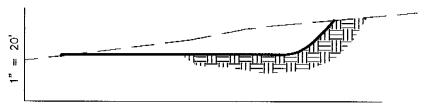
CROSS SECTIONS

#### ASHLEY UNIT 6-23









1'' = 50'

STA. 0+00

ESTIMATED EARTHWORK QUANTITIES
(No Shrink or swell adjustments have been used)
(Expressed in Cubic Yards)

| 1 .    |       |       | •                          |        |  |  |
|--------|-------|-------|----------------------------|--------|--|--|
| ITEM   | CUT   | FILL  | 6" TOPSOIL                 | EXCESS |  |  |
| PAD    | 2,120 | 2,110 | Topsoil is<br>not included | 10     |  |  |
| PIT    | 640   | 0     | in Pod Cut                 | 640    |  |  |
| TOTALS | 2,760 | 2,110 | 1,000                      | 650    |  |  |

NOTE: UNLESS OTHERWISE NOTED ALL CUT/FILL SLOPES ARE AT 1.5:1

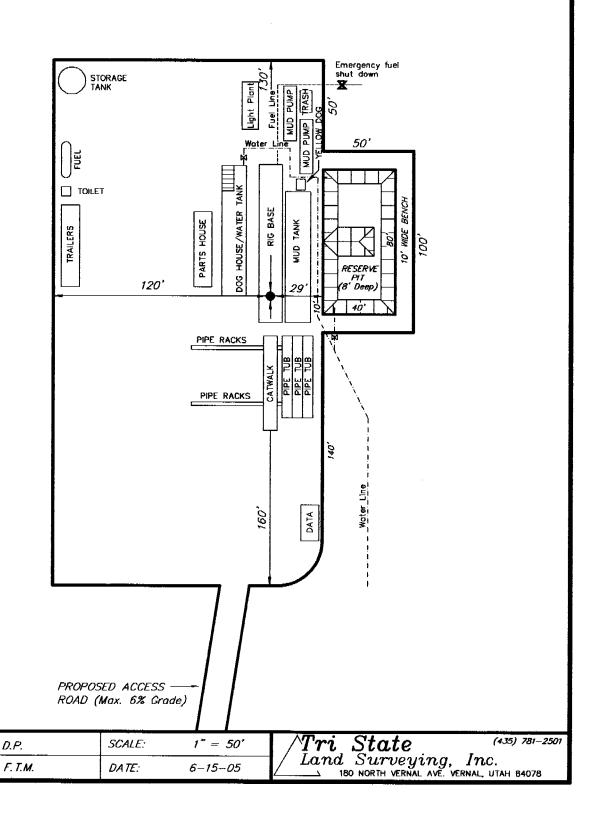
| SURVEYED BY: | D.P.    | SCALE. | 1" = 50' |
|--------------|---------|--------|----------|
| DRAWN BY:    | F. T.M. | DATE:  | 6-15-05  |

Tri State (435) 781-2501

Land Surveying, Inc.

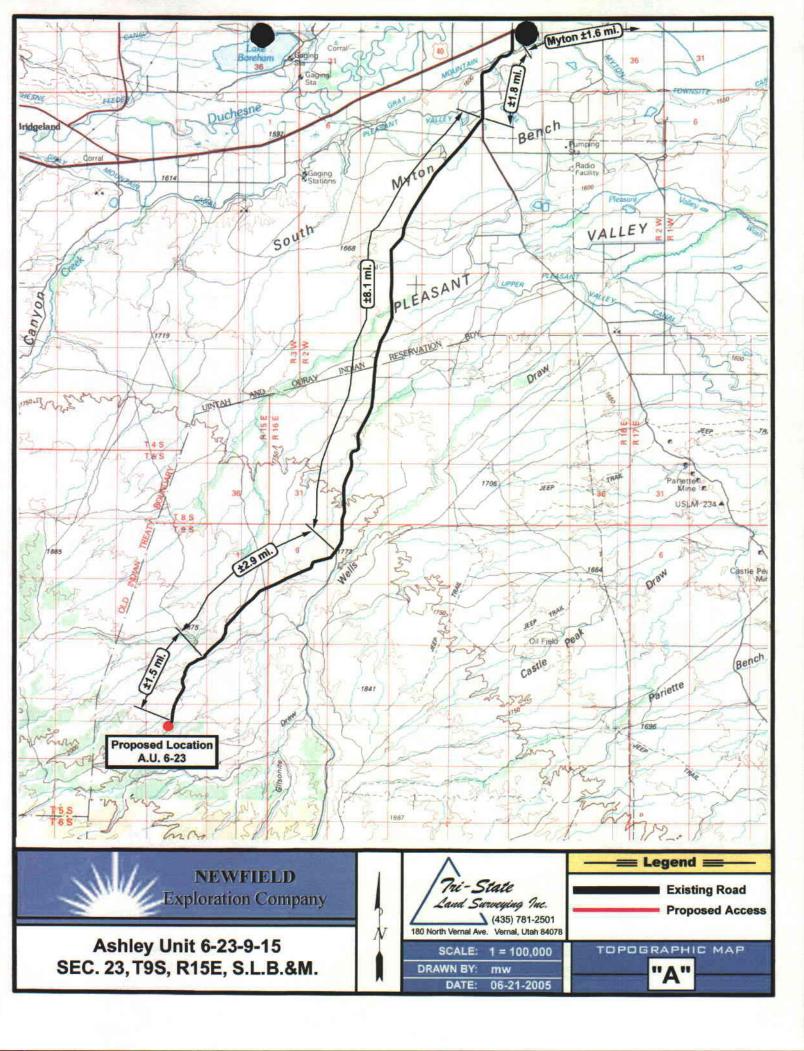
180 NORTH VERNAL AVE. VERNAL, UTAH 84078

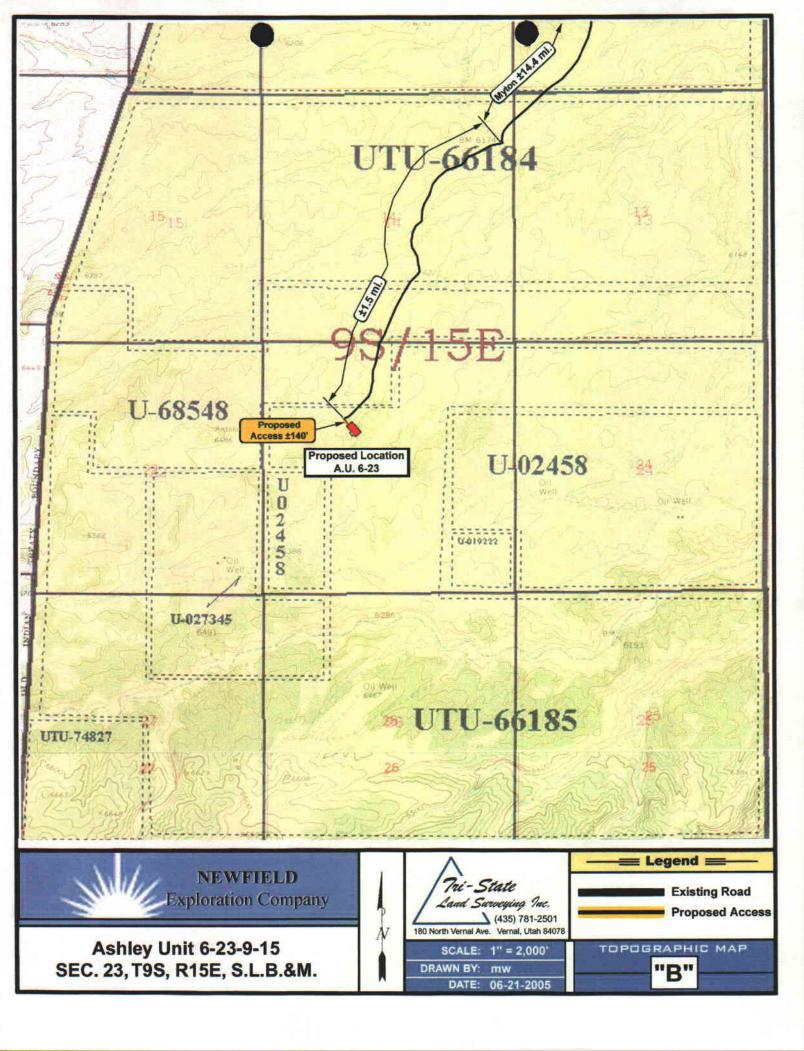
# NEWFIELD PRODUCTION COMPANY TYPICAL RIG LAYOUT ASHLEY UNIT 6-23

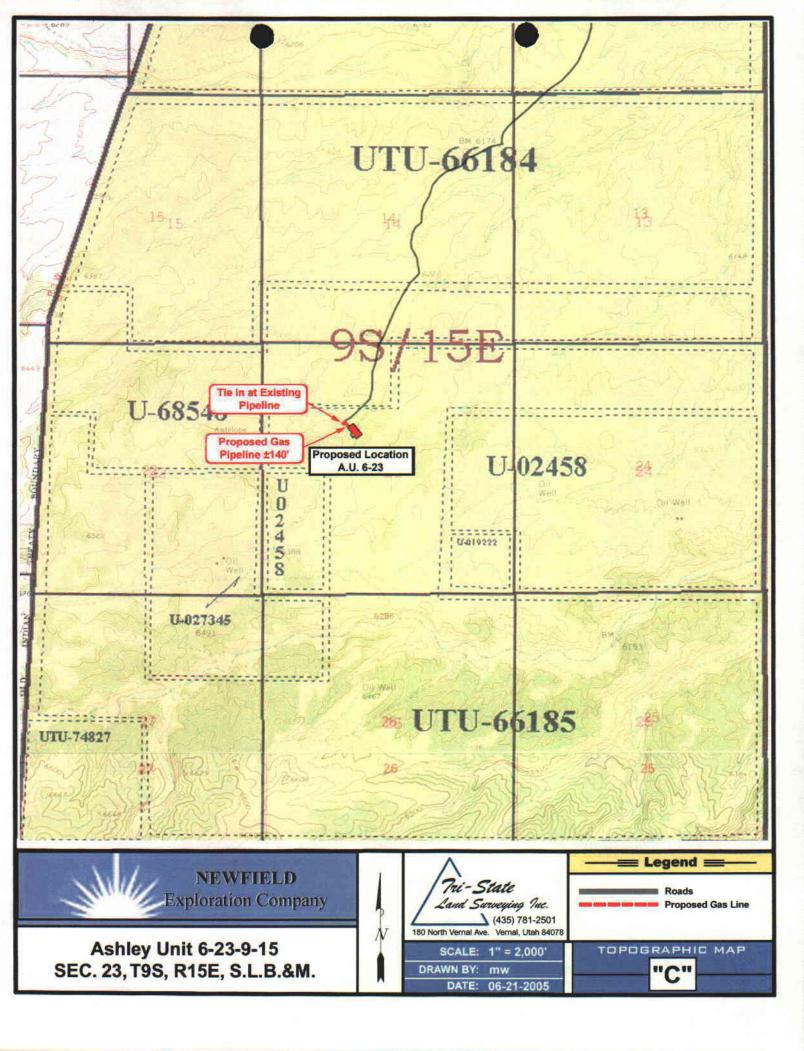


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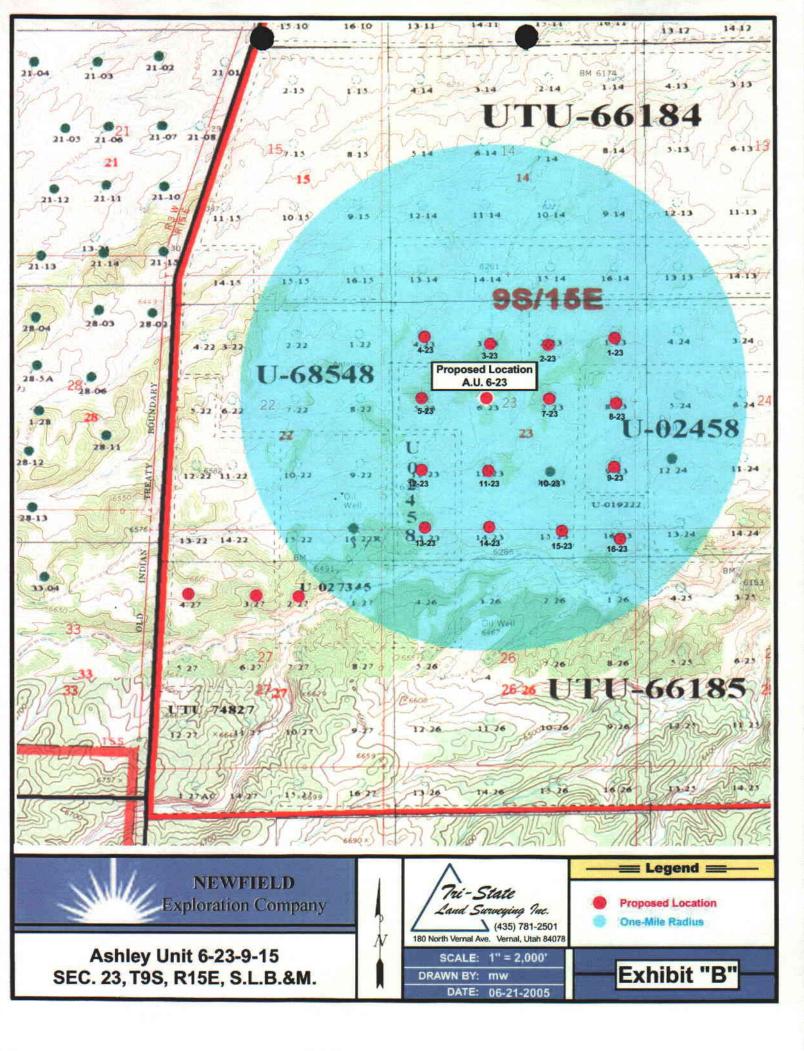
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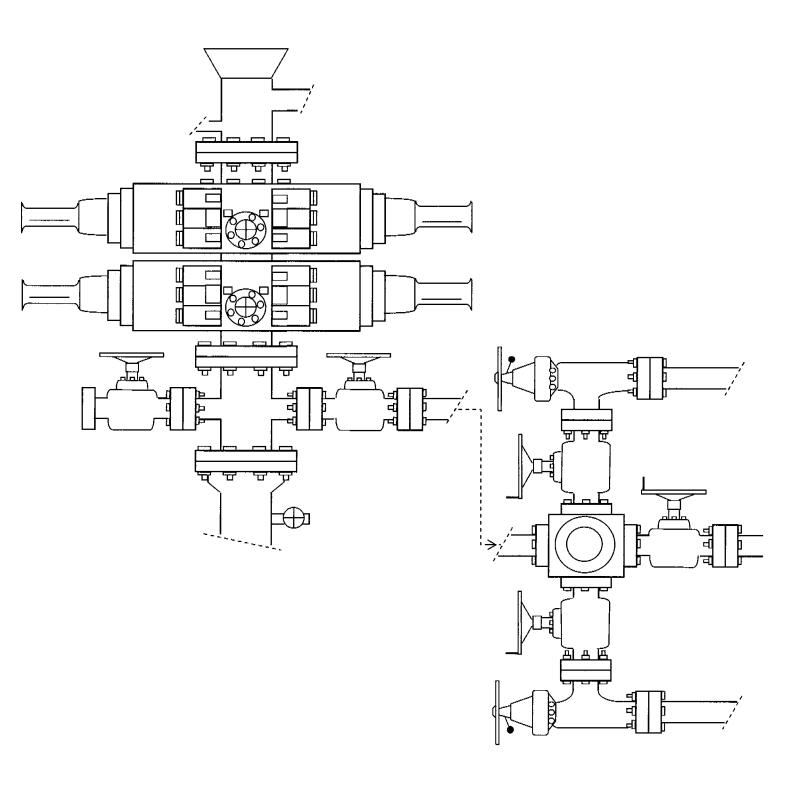


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#### 2-M SYSTEM

Blowout Prevention Equipment Systems



**EXHIBIT C** 

Exhibit D' Page 1 of 4

CULTURAL RESOURCE INVENTORY OF INLAND RESOURCES' 1573 ACRE ASHLEY UNIT, IN TOWNSHIP 9S, RANGE 15E, SECTIONS 22, 23 AND 24. DUCHESNE COUNTY, UTAH

By:

Christopher M Nicholson and Keith R. Montgomery

Prepared For:

Bureau of Land Management Vernal Field Office Vernal, Utah

Prepared Under Contract With:

Inland Resources Route 3, Box 3630 Myton, UT 84052

Prepared By:

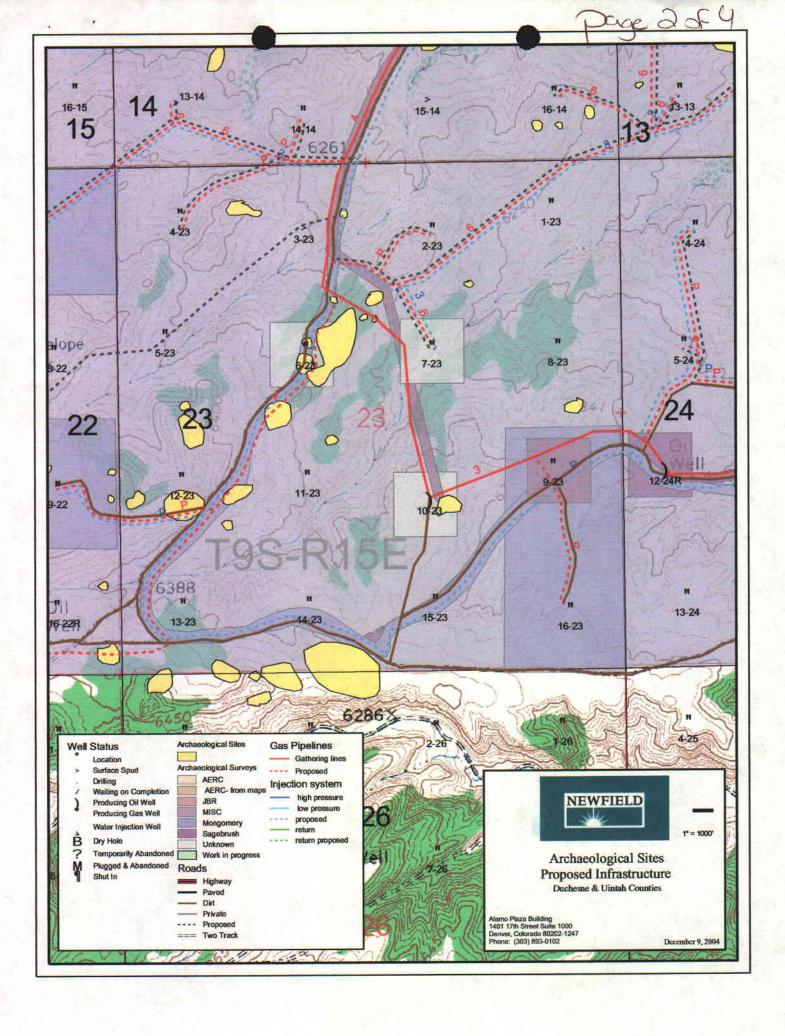
Montgomery Archaeological Consultants P.O. Box 147 Moab, Utah 84532

MOAC Report No. 03-59

September 15, 2003

United States Department of Interior (FLPMA) Permit No. 03-UT-60122

State of Utah Antiquities Project (Survey) Permit No. U-03-MQ-0392b



Page 3 f y

#### INLAND RESOURCES, INC.

# PALEONTOLOGICAL FIELD SURVEY OF PROPOSED PRODUCTION DEVELOPMENT AREAS, DUCHESNE COUNTY, UTAH

(South half Section 13, south half Section 14, south half Section 15, entire Sections 22, 23, 24, T 9 S, R 15 E; Section 5 minus SW & SE 1/4, SE 1/4, and existing well site at NW 1/4, NE 1/4, T 9 S, R 18 E)

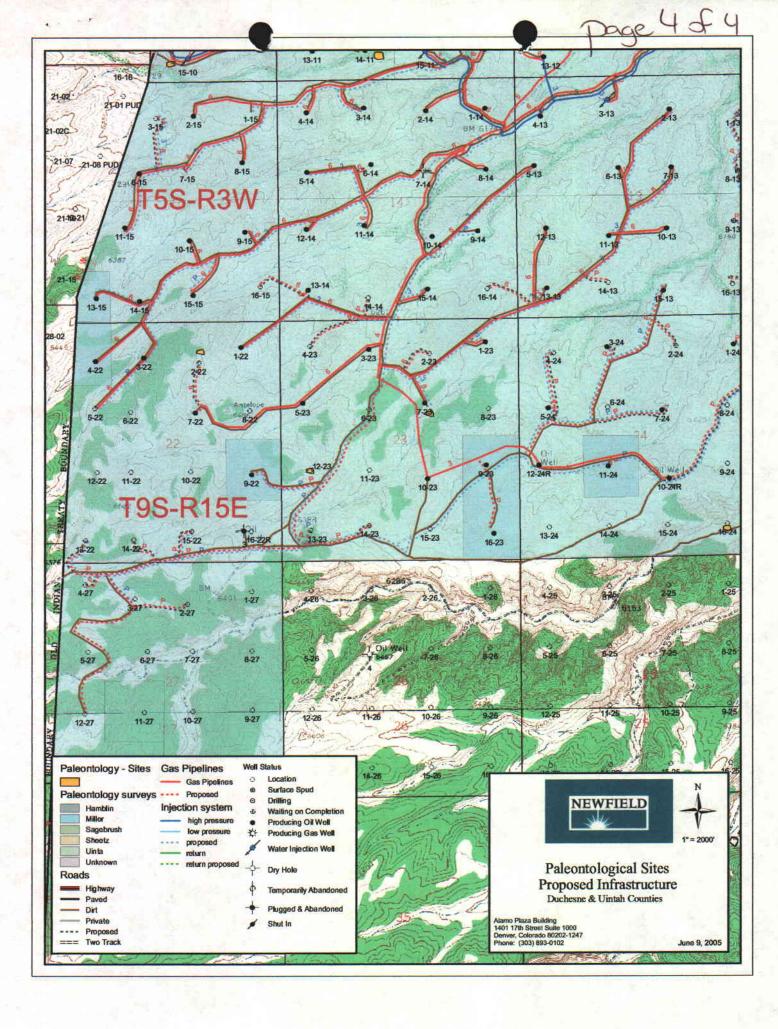
#### REPORT OF SURVEY

Prepared for:

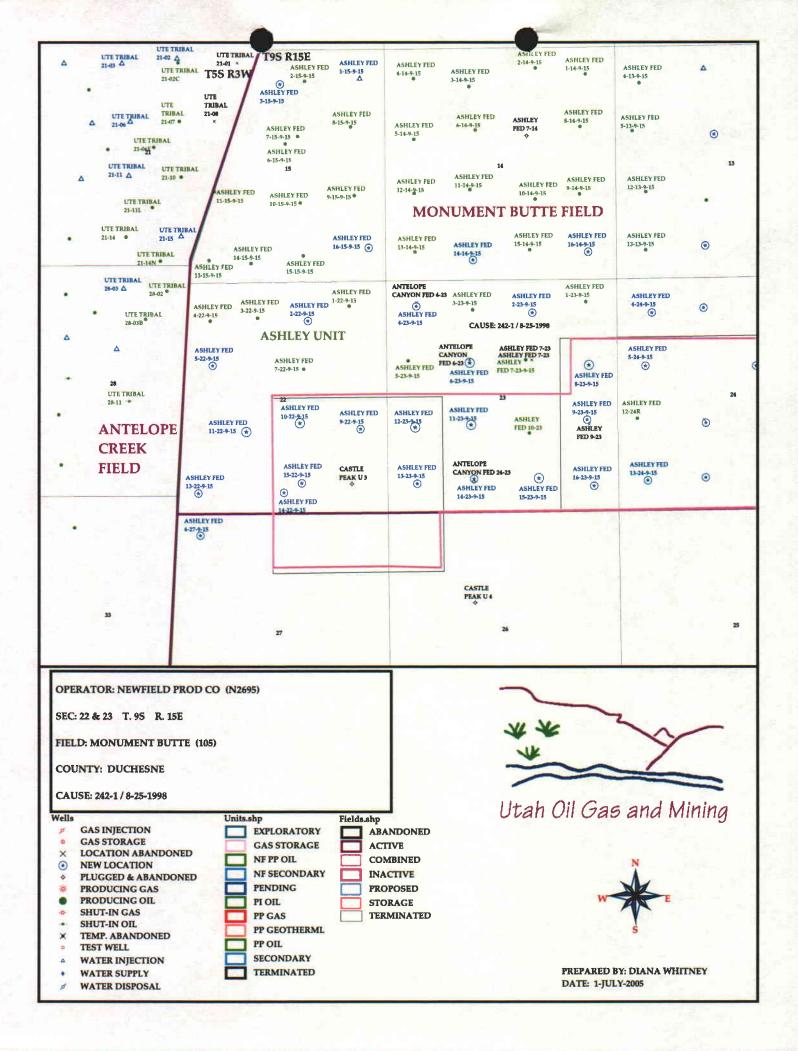
Inland Resources, Inc.

Prepared by:

Wade E. Miller Consulting Paleontologist June 7, 2003



| APD RECEIVED: 07/01/2005                                                                                                                                                                                                                                 | API NO. ASSIGNED: 43-013-32827                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| WELL NAME: ASHLEY FED 6-23-9-15  OPERATOR: NEWFIELD PRODUCTION ( N2695  CONTACT: MANDIE CROZIER  PROPOSED LOCATION:  SENW 23 090S 150E  SURFACE: 1878 FNL 1888 FWL  BOTTOM: 1878 FNL 1888 FWL  DUCHESNE  MONUMENT BUTTE ( 105 )  LEASE TYPE: 1 - Federal | PHONE NUMBER: 435-646-3721  INSPECT LOCATN BY: / /  Tech Review Initials Date  Engineering  Geology  Surface                                                                             |
| LEASE NUMBER: UTU-66185  SURFACE OWNER: 1 - Federal  PROPOSED FORMATION: GRRV  COALBED METHANE WELL? NO                                                                                                                                                  | LATITUDE: 40.01851 LONGITUDE: -110.2014                                                                                                                                                  |
| RECEIVED AND/OR REVIEWED:  Plat Bond: Fed[1] Ind[] Sta[] Fee[] (No. UT0056 )  No. UT0056 )  Potash (Y/N) Oil Shale 190-5 (B) or 190-3 or 190-13  Water Permit (No. MUNICIPAL )  RDCC Review (Y/N) (Date: )  No. Minimize (Y/N) (Date: )                  | LOCATION AND SITING:  R649-2-3.  Unit ASHLEY  R649-3-2. General         Siting: 460 From Qtr/Qtr & 920' Between Wells         R649-3-3. Exception  Drilling Unit         Board Cause No: |
| STIPULATIONS:                                                                                                                                                                                                                                            | pprance C                                                                                                                                                                                |



## United States Department of the Interior

#### **BUREAU OF LAND MANAGEMENT**

Utah State Office P.O. Box 45155 Salt Lake City, Utah 84145-0155

IN REPLY REFER TO: 3160 (UT-922)

July 7, 2005

#### Memorandum

To:

Assistant District Manager Minerals, Vernal District

From:

Michael Coulthard, Petroleum Engineer

Subject:

2005 Plan of Development Ashley Unit,

Duchesne County, Utah.

Pursuant to email between Diana Whitney, Division of Oil, Gas and Mining, and Mickey Coulthard, Utah State Office, Bureau of Land Management, the following wells are planned for calendar year 2005 within the Ashley Unit, Duchesne County, Utah.

API#

WELL NAME

LOCATION

#### (Proposed PZ Green River)

43-013-32825 Ashley Fed 10-22-9-15 Sec 22 T09S R15E 2035 FSL 2023 FEL 43-013-32826 Ashley Fed 11-22-9-15 Sec 22 T09S R15E 1880 FSL 1582 FWL 43-013-32827 Ashley Fed 6-23-9-15 Sec 23 T09S R15E 1878 FNL 1888 FWL 43-013-32828 Ashley Fed 8-23-9-15 Sec 23 T09S R15E 1970 FNL 0665 FEL 43-013-32829 Ashley Fed 11-23-9-15 Sec 23 T09S R15E 1981 FSL 1911 FWL 43-013-32830 Ashley Fed 12-23-9-15 Sec 23 T09S R15E 1950 FSL 0623 FWL 43-013-32831 Ashley Fed 15-23-9-15 Sec 23 T09S R15E 0743 FSL 1837 FEL

This office has no objection to permitting the wells at this time.

/s/ Michael L. Coulthard

bcc: File - Ashley Unit

Division of Oil Gas and Mining

Central Files
Agr. Sec. Chron
Fluid Chron

MCoulthard:mc:7-7-05



State of Utah

#### Department of Natural Resources

MICHAEL R. STYLER Executive Director

Division of Oil, Gas & Mining

JOHN R. BAZA
Division Director

JON M. HUNTSMAN, JR.

GARY R. HERBERT Lieutenant Governor

July 11, 2005

Newfield Production Company Rt. #3, Box 3630 Myton, Ut 84052

Re: Ashley Federal 6-23-9-15 Well, 1878' FNL, 1888' FWL, SE NW, Sec. 23, T. 9 South, R. 15 East, Duchesne County, Utah

#### Gentlemen:

Pursuant to the provisions and requirements of Utah Code Ann.§ 40-6-1 et seq., Utah Administrative Code R649-3-1 et seq., and the attached Conditions of Approval, approval to drill the referenced well is granted.

This approval shall expire one year from the above date unless substantial and continuous operation is underway, or a request for extension is made prior to the expiration date. The API identification number assigned to this well is 43-013-32827.

Sincerely,

Gil Hunt

**Acting Associate Director** 

pab Enclosures

cc: Duchesne County Assessor

Bureau of Land Management, Vernal District Office

| Operator:          | Newfield Production Company |                   |            |  |  |  |
|--------------------|-----------------------------|-------------------|------------|--|--|--|
| Well Name & Number | Ashley                      | Federal 6-23-9-15 |            |  |  |  |
| API Number:        | 43-013-32827                |                   |            |  |  |  |
| Lease:             | UTU-6                       |                   |            |  |  |  |
| Location: SE NW    | Sec. 23                     | T. 9 South        | R. 15 East |  |  |  |

#### **Conditions of Approval**

#### 1. General

Compliance with the requirements of Utah Admin. R. 649-1 et seq., the Oil and Gas Conservation General Rules, and the applicable terms and provisions of the approved Application for permit to drill.

#### 2. Notification Requirements

Notify the Division within 24 hours of spudding the well.

Contact Carol Daniels at (801) 538-5284.

Notify the Division prior to commencing operations to plug and abandon the well.

Contact Dan Jarvis at (801) 538-5338

#### 3. Reporting Requirements

All required reports, forms and submittals will be promptly filed with the Division, including but not limited to the Entity Action Form (Form 6), Report of Water Encountered During Drilling (Form 7), Weekly Progress Reports for drilling and completion operations, and Sundry Notices and Reports on Wells requesting approval of change of plans or other operational actions.

4. State approval of this well does not supersede the required federal approval, which must be obtained prior to drilling.

1 2005

Form 3160-3 (September 2001)

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

#### FORM APPROVED OMB No. 1004-0136 Expires January 31, 2004

Lease Serial No. UTU-66185

|  | 6. | If Indian, | Allottee | or ' | Tribe Nar | ne |
|--|----|------------|----------|------|-----------|----|
|--|----|------------|----------|------|-----------|----|

| APPLICATION FOR PERMIT TO DE                                                                                                                                                    | 6. If Indian, Allottee or T                         | ribe Name   |                                                             |                     |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-------------|-------------------------------------------------------------|---------------------|--|
| 1a. Type of Work: DRILL REENTE                                                                                                                                                  | R                                                   |             | 7. If Unit or CA Agreemen                                   | nt, Name and No.    |  |
| 1b. Type of Well:                                                                                                                                                               | Single Zone Mui                                     | ltiple Zone | 8. Lease Name and Well N<br>Ashley Federal 6-23-            |                     |  |
| Name of Operator     Newfield Production Company                                                                                                                                |                                                     |             | 9. API Well No. 42, 013, 3                                  | 7686                |  |
| 3a. Address Route #3 Box 3630, Myton UT 84052                                                                                                                                   | 3b. Phone No. (include area code)<br>(435) 646-3721 |             | 10. Field and Pool, or Explo<br>Monument Butte              | oratory             |  |
| <ol> <li>Location of Well (Report location clearly and in accordance with<br/>At surface SE/NW 1878' FNL 1888' FWL<br/>At proposed prod. zone</li> </ol>                        | any State requirements.*)                           |             | 11. Sec., T., R., M., or Blk. SE/NW Sec. 23, T              |                     |  |
| <ol> <li>Distance in miles and direction from nearest town or post office*</li> <li>Approximatley 15.9 miles southwest of Myton, Utah</li> </ol>                                |                                                     |             | 12. County or Parish Duchesne                               | 13. State<br>UT     |  |
| 15. Distance from proposed* location to nearest property or lease line, ft. (Also to nearest drig. unit line, if any) Approx. 558' f/lse, 8672' f/unit                          | 16. No. of Acres in lease 2,286.43                  | 17. Spacin  | g Unit dedicated to this well 40 Acres                      |                     |  |
| 8. Distance from proposed location* to nearest well, drilling, completed, applied for, on this lease, ft. Approx. 1349'  19. Proposed Depth 20. BLM/BIA Bond No. on file UT0056 |                                                     |             |                                                             |                     |  |
| 21. Elevations (Show whether DF, KDB, RT, GL, etc.) 22. Approximate date work will start*  6327' GL  4th Quarter 2005                                                           |                                                     | tart*       | 23. Estimated duration  Approximately seven (7) days from s | oud to rig release. |  |
|                                                                                                                                                                                 | 24 Attachments                                      |             |                                                             |                     |  |

The following, completed in accordance with the requirements of Onshore Oil and Gas Order No.1, shall be attached to this form:

- 1. Well plat certified by a registered surveyor.
- 2. A Drilling Plan.
- A Surface Use Plan (if the location is on National Forest System Lands, the SUPO shall be filed with the appropriate Forest Service Office).
- Bond to cover the operations unless covered by an existing bond on file (see Item 20 above).
- Operator certification.
- Such other site specific information and/or plans as may be required by the authorized officer.

| 25. Signature           | Name (Printed/Typed)  Mandie Crozier | Date (0/28/0 |
|-------------------------|--------------------------------------|--------------|
| Title                   | 0                                    | <del></del>  |
| Regulatory Specialist   |                                      |              |
| Approved by (Signature) | Name (Printed/Typed)                 | Date         |
| MOUNTER DE VARIANT      | AC                                   | 05/03/2006   |
| Title A Title           | Office                               |              |

Application approval does not warrant or certify the the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Conditions of approval, if any, are attached.

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

\*(Instructions on reverse)

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



MAY 1 1 2006

DIV. OF OIL, GAS & MINING





#### UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT VERNAL FIELD OFFICE

170 South 500 East

(Notify Petroleum Engineer)

**VERNAL, UT 84078** 

(435) 781-4400



#### CONDITIONS OF APPROVAL FOR APPLICATION FOR PERMIT TO DRILL

Company: Newfield Production Company Location: SENW, Sec 23, T9S, R15E

Well No: Ashley Federal 6-23-9-15 Lease No: UTU-66185 API No: 43-013-32827 Agreement: Ashley Unit

| Petroleum Engineer:               | Matt Baker     | Office: 435-781-4490 | Cell: 435-828-4470 |
|-----------------------------------|----------------|----------------------|--------------------|
| Petroleum Engineer:               | Michael Lee    | Office: 435-781-4432 | Cell: 435-828-7875 |
| Petroleum Engineer:               | Roger Hall     | Office: 435-781-4470 |                    |
| Supervisory Petroleum Technician: | Jamie Sparger  | Office: 435-781-4502 | Cell: 435-828-3913 |
| Environmental Scientist:          | Paul Buhler    | Office: 435-781-4475 | Cell: 435-828-4029 |
| Environmental Scientist:          | Karl Wright    | Office: 435-781-4484 |                    |
| Natural Resource Specialist:      | Holly Villa    | Office: 435-781-4404 |                    |
| Natural Resource Specialist:      | Melissa Hawk   | Office: 435-781-4476 |                    |
| Natural Resource Specialist:      | Nathaniel West | Office: 435-781-4447 |                    |
| Natural Resource Specialist:      | Chris Carusona | Office: 435-781-4441 |                    |
| Natural Resource Specialist:      | Scott Ackerman | Office: 435-781-4437 |                    |
| After Hours Contact Number: 435-  | 781-4513       | Fax: 435-781-4410    |                    |

## A COPY OF THESE CONDITIONS SHALL BE FURNISHED TO YOUR FIELD REPRESENTATIVE TO INSURE COMPLIANCE

All lease and/or unit operations are to be conducted in such a manner that full compliance is made with the applicable laws, regulations (43 CFR Part 3160), and this approved Application for Permit to Drill including Surface and Downhole Conditions of Approval. The operator is considered fully responsible for the actions of his subcontractors. A copy of the approved APD must be on location during construction, drilling, and completion operations. This permit is approved for a one-year period. An additional year extension may be applied for by sundry notice prior to expiration.

#### NOTIFICATION REQUIREMENTS

|                                                      | _ |                                                                                  |
|------------------------------------------------------|---|----------------------------------------------------------------------------------|
| Location Construction<br>(Notify Scott Ackerman)     | - | Forty-Eight (48) hours prior to construction of location and access roads.       |
| Location Completion (Notify Scott Ackerman)          | - | Prior to moving on the drilling rig.                                             |
| Spud Notice<br>(Notify Petroleum Engineer)           | - | Twenty-Four (24) hours prior to spudding the well.                               |
| Casing String & Cementing (Notify Jamie Sparger)     | - | Twenty-Four (24) hours prior to running casing and cementing all casing strings. |
| BOP & Related Equipment Tests (Notify Jamie Sparger) | - | Twenty-Four (24) hours prior to initiating pressure tests.                       |
| First Production Notice                              | - | Within Five (5) business days after new well begins or production                |

days.

resumes after well has been off production for more than ninety (90)

COAs: Page 2 of 8 Well: Ashley Federal 6-23-9-15

#### SURFACE USE PROGRAM CONDITIONS OF APPROVAL (COAs)

- 1. This well is being approved in accordance with Washington Instruction Memorandum 2005-247 and Section 390 (Category 3) of the Energy Policy Act which establishes statutory categorical exclusions (CX) under the National Environmental Policy Act (NEPA). Category 3 states that an oil or gas well can be drilled within a developed field for which an approved land use plan or any environmental document prepared pursuant to NEPA analyzed drilling as a reasonably foreseeable activity, so long as such plan or document was approved within five (5) years prior to the date of spudding the well. This well is covered under the *Final Environmental Impact Statement and Record of Decision Castle Peak and Eightmile Flat Oil and Gas Exploration Project Newfield Rocky Mountains Inc.*, signed November 21, 2005. If the well has not been spudded by November 21, 2010, a new environmental document will have to be prepared prior to the approval of the APD.
- 2. All applicable local, state, and/or federal laws, regulations, and/or statutes must be complied with.
- 3. The proposed buried pipelines will be laid adjacent to the access roads, using the road as a working surface. The pipeline trench shall be dug in the borrow ditch of the road and the trench material side cast into the existing vegetation. Upon completion of backfilling the trenches, reclaim with a seed drill using the seed mix listed below. Seeding shall include the area where the trench material was set aside.
- 4. Construction related traffic shall be restricted to approved routes. Cross-country vehicle travel will not be allowed.
- 5. If additional erosion occurs during the life of this project, more culverts, low water crossings, berms, wing ditches or etc. will be needed to control the erosion.
- 6. The reserve pit will be lined with a 16 ml or greater liner.
- 7. No vehicle travel, construction or routine maintenance activities shall be performed during periods when the soil is too wet to adequately support vehicles and/or construction equipment. If such equipment creates ruts in excess of four inches deep, the soil shall be deemed too wet to adequately support construction equipment.
- 8. The liner is to be cut at the level of the cuttings or treated to prevent the reemergence of the pit liner and pit material to the surface or its interference with long-term successful re-vegetation.

  Any excess liner material removed from the pit is to be disposed of at an authorized disposal site.
- 9. When the reserve pit contains fluids or toxic substances, the operator must ensure that animals do not ingest or become entrapped in pit fluids.
- 10. Drill cuttings and mud will remain in the reserve pit until **DRY**. The reserve pit must be free of oil and other liquid and solid wastes, allowed to dry, be pumped dry, or solidified in-situ prior to filling. The reserve pit will not be "squeezed," (filled with soil while still containing fluids) or

COAs: Page 3 of 8 Well: Ashley Federal 6-23-9-15

"cut" (puncturing the pit liner while still containing fluids to allow pit fluids to drain from the pit).

11. Prevent fill and stock piles from entering drainages.

#### CULTURAL AND PALEONTOLOGICAL RESOURCES STIPULATION

- 1. Any cultural and/or paleontological resource (historic or prehistoric site or object or fossil) discovered by the holder, or any person working on his behalf, on public or Federal land shall be immediately reported to the authorized officer. Holder shall suspend all operations in the immediate area of such discovery until written authorization to proceed is issued by the authorized officer. An evaluation of the discovery will be made by the authorized officer to determine appropriate actions to prevent the loss of significant cultural or scientific values. The holder will be responsible for the cost of evaluation and a decision as to proper mitigation measures shall be made by the authorized officer after consulting with the holder.
- 2. The access road will be crowned and ditched. Flat-bladed roads are **NOT** allowed.
- 3. Notify the Authorized Officer two (2) weeks prior to surface disturbing activities so the BLM archeologist can schedule to be onsite during the initial construction stage.
- 4. All well facilities not OSHA regulated will be painted Olive Black.
- 5. Trees which must be removed from the location must be piled separately off location and saved for final reclamation purposes.
- 6. Interim Reclamation (see below):
  - a. The first 4-6 inches of topsoil from the construction site will be stripped and piled separately from other excavated material.
  - b. Where areas will be set aside on an interim basis (areas due to receive further disturbance prior to final reclamation) these sites will be re-contoured as much as possible, have needed top soil re-spread and planted with the seed mix below:

Galleta grass ilaria jamesil 15 lbs/acre
Western wheatgrass ascopyrum smithii 6 lbs/acre
Per Live Seed Total 21 lbs/acre

- c. Once the location is plugged and abandoned contact the Authorized Officer for final reclamation plans.
- d. The seed mix listed in the APD (Wyoming big sage, birchleaf mountain mahogany, needle and thread grass) shall be used to seed all unused portions of the pad no longer needed for ongoing or future operation. Re-seeding may be required if the first seeding is not successful.
- e. All seed mixtures shall be weed free.

COAs: Page 4 of 8

Well: Ashley Federal 6-23-9-15

f. The seed shall be drilled or hand broadcast and harrowed into the ground during September of the year following earthwork for initial or final reclamation. Planting depth shall not exceed one-half inch using a seed drill. Weed seed free mulch shall also be applied to the planting area sufficiently to uniformly cover 80% of the seeded area. Hydro seeding and mulching can also be used, but seeding rates will need to be doubled.

COAs: Page 5 of 8 Well: Ashley Federal 6-23-9-15

#### DOWNHOLE CONDITIONS OF APPROVAL

All provisions outlined in Onshore Oil & Gas Order #2 Drilling Operations shall be strictly adhered to. The following items are emphasized:

#### SITE SPECIFIC DOWNHOLE CONDITIONS OF APPROVAL

1. None.

#### DRILLING/COMPLETION/PRODUCING OPERATING STANDARDS

- 1. There shall be no deviation from the proposed drilling, completion, and/or workover program as approved. Safe drilling and operating practices must be observed. All wells, whether drilling, producing, suspended, or abandoned, shall be identified in accordance with 43 CFR 3162.6. There shall be a sign or marker with the name of the operator, lease serial number, well number, and surveyed description of the well. Any changes in operation must have prior approval from the BLM, Vernal Field Office Petroleum Engineers.
- 2. The spud date and time shall be reported orally to Vernal Field Office within 24 hours of spudding.
- 3. Notify Vernal Field Office Supervisory Petroleum Engineering Technician at least 24 hours in advance of casing cementing operations and BOPE & casing pressure tests.
- 4. Blowout prevention equipment (BOPE) shall remain in use until the well is completed or abandoned. Closing unit controls shall remain unobstructed and readily accessible at all times. Choke manifolds shall be located outside of the rig substructure.

All BOPE components shall be inspected daily and those inspections shall be recorded in the daily drilling report. Components shall be operated and tested as required by Onshore Oil & Gas Order No. 2 to insure good mechanical working order. All BOPE pressure tests shall be performed by a test pump with a chart recorder and **NOT** by the rig pumps. Test shall be reported in the driller's log.

BOP drills shall be initially conducted by each drilling crew within 24 hours of drilling out from under the surface casing and weekly thereafter as specified in Onshore Oil & Gas Order No. 2.

Casing pressure tests are required before drilling out from under all casing strings set and cemented in place.

No aggressive/fresh hard-banded drill pipe shall be used within casing.

- 5. All shows of fresh water and minerals shall be reported and protected. A sample shall be taken of any water flows and a water analysis furnished the BLM, Vernal Field Office. All oil and gas shows shall be adequately tested for commercial possibilities, reported, and protected.
- 6. No location shall be constructed or moved, no well shall be plugged, and no drilling or workover equipment shall be removed from a well to be placed in a suspended status without prior approval of the BLM, Vernal Field Office. If operations are to be suspended for more than 30

COAs: Page 6 of 8 Well: Ashley Federal 6-23-9-15

days, prior approval of the BLM, Vernal Field Office shall be obtained and notification given before resumption of operations.

7. Chronologic drilling progress reports shall be filed directly with the BLM, Vernal Field Office on a weekly basis in sundry, letter format or e-mail to the Petroleum Engineers until the well is completed.

Any change in the program shall be approved by the BLM, Vernal Field Office. "Sundry Notices and Reports on Wells" (Form BLM 3160-5) shall be filed for all changes of plans and other operations in accordance with 43 CFR 3162.3-2.

Emergency approval may be obtained orally, but such approval does not waive the written report requirement. Any additional construction, reconstruction, or alterations of facilities, including roads, gathering lines, batteries, etc., which will result in the disturbance of new ground, shall require the filing of a suitable plan pursuant to Onshore Oil & Gas Order No. 1 of 43 CFR 3164.1 and prior approval by the BLM, Vernal Field Office.

In accordance with 43 CFR 3162.4-3, this well shall be reported on the "Monthly Report of Operations" (Oil and Gas Operations Report ((OGOR)) starting with the month in which operations commence and continue each month until the well is physically plugged and abandoned. This report shall be filed in duplicate, directly with the Minerals Management Service, P.O. Box 17110, Denver, Colorado 80217-0110, or call 1-800-525-7922 (303) 231-3650 for reporting information.

8. Whether the well is completed as a dry hole or as a producer, "Well Completion and Recompletion Report and Log" (BLM Form 3160-4) shall be submitted not later than 30 days after completion of the well or after completion of operations being performed, in accordance with 43 CFR 3162.4-1. Two copies of all logs run, core descriptions, and all other surveys or data obtained and compiled during the drilling, workover, and/or completion operations, shall be filed on BLM Form 3160-4. Submit with the well completion report a geologic report including, at a minimum, formation tops, and a summary and conclusions. Also include deviation surveys, sample descriptions, strip logs, core data, drill stem test data, and results of production tests if performed. Samples (cuttings, fluid, and/or gas) shall be submitted only when requested by the BLM, Vernal Field Office.

A cement bond log (CBL) will be run from the production casing shoe to the surface casing shoe and shall be utilized to determine the bond quality for the production casing. Submit a field copy of the CBL to this office.

Please submit an electronic copy of all other logs run on this well in LAS format to UT\_VN\_Welllogs@BLM.gov. This submission will supersede the requirement for submittal of paper logs to the BLM.

9. All off-lease storage, off-lease measurement, or commingling on-lease or off-lease shall have prior written approval from the BLM, Vernal Field Office.

All measurement points shall be identified as point of sales or allocation for royalty determination prior to the installation of facilities.

COAs: Page 7 of 8 Well: Ashley Federal 6-23-9-15

- 10. Oil and gas meters shall be calibrated in place prior to any deliveries. The Field Office Petroleum Engineers will be provided with a date and time for the initial meter calibration and all future meter proving schedules. A copy of the meter calibration reports shall be submitted to the BLM, Vernal Field Office. All measurement facilities will conform to the API standards for liquid hydrocarbons and the AGA standards for natural gas measurement.
- 11. A schematic facilities diagram as required by Onshore Oil & Gas Order No. 3 shall be submitted to the BLM, Vernal Field Office within 30 days of installation or first production, whichever occurs first. All site security regulations as specified in Onshore Oil & Gas Order No. 3 shall be adhered to. All product lines entering and leaving hydrocarbon storage tanks will be effectively sealed in accordance with Onshore Oil & Gas Order No. 3.
- 12. This APD is approved subject to the requirement that, should the well be successfully completed for production, the BLM, Vernal Field office must be notified when it is placed in a producing status. Such notification will be by written communication and must be received in this office by not later than the fifth business day following the date on which the well is placed on production. The notification shall provide, as a minimum, the following informational items:
  - a. Operator name, address, and telephone number.
  - b. Well name and number.
  - c. Well location (1/41/4, Sec., Twn, Rng, and P.M.).
  - d. Date well was placed in a producing status (date of first production for which royalty will be paid).
  - e. The nature of the well's production, (i.e., crude oil, or crude oil and casing head gas, or natural gas and entrained liquid hydrocarbons).
  - f. The Federal or Indian lease prefix and number on which the well is located; otherwise the non-Federal or non-Indian land category, i.e., State or private.
  - g. Unit agreement and / or participating area name and number, if applicable.
  - h. Communitization agreement number, if applicable.
- 13. Any venting or flaring of gas shall be done in accordance with Notice to Lessees (NTL) 4A and needs prior approval from Field Office Petroleum Engineers.
- 14. All undesirable events (fires, accidents, blowouts, spills, discharges) as specified in NTL 3A will be reported to the BLM, Vernal Field Office. Major events as defined in NTL3A, shall be reported verbally within 24 hours, followed by a written report within 15 days. "Other than Major Events" will be reported in writing within 15 days. "Minor Events" will be reported on the Monthly Report of Operations and Production

COAs: Page 8 of 8 Well: Ashley Federal 6-23-9-15

15. Pursuant to Onshore Oil & Gas Order No. 7, this is authorization for pit disposal of water produced from this well for a period of 90 days from the date of initial production. A permanent disposal method must be approved by this office and in operation prior to the end of this 90-day period. In order to meet this deadline, an application for the proposed permanent disposal method shall be submitted along with any necessary water analyses, as soon as possible, but no later than 45 days after the date of first production. Any method of disposal which has not been approved prior to the end of the authorized 90-day period will be considered as an Incident of Noncompliance and will be grounds for issuing a shut-in order until an acceptable manner for disposing of said water is provided and approved by this office.

16. Unless the plugging is to take place immediately upon receipt of oral approval, the Field Office Petroleum Engineers must be notified at least 24 hours in advance of the plugging of the well, in order that a representative may witness plugging operations. If a well is suspended or abandoned, all pits must be fenced immediately until they are backfilled. The "Subsequent Report of Abandonment" (Form BLM 3160-5) must be submitted within 30 days after the actual plugging of the well bore, showing location of plugs, amount of cement in each, and amount of casing left in hole, and the current status of the surface restoration.

## DIVISION OF OIL, GAS AND MINING

#### **SPUDDING INFORMATION**

| Name of Company:       | NEWFIELD PRODUCTION COMPANY |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
|------------------------|-----------------------------|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| Well Name:             | ASHLEY FED 6-23-9-15        |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| Api No: 43-013-32      | DERAL                       |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| Section 23 Township    | 09S Range 1                 | 5E County_ | DUCHESNE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |
| Drilling Contractor    | NDSI                        | R          | IG # <u>NS#1</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |
| SPUDDED:  Date         | 06/14/06                    | _          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| Time                   | 9:00 AM                     |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| How                    | DRY                         | •          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| Drilling will Comme    | nce:                        |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| Reported by            | TROY ZUFEI                  | T          | MARKET THE STATE OF THE STATE O |  |  |  |
| Telephone #            | (435) 823-601               | 3          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| Date <u>06/15/2006</u> | Signed                      | CHD        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |

#### RECEIVED

| STATE OF UTAH                   |
|---------------------------------|
| DIVISION OF OIL, GAS AND MINING |
| ENTITY ACTION FORM FORM         |

JUN 2 1 2006

OPERATOR: NEWFIELD PRODUCTION COMPANY

ADDRESS: RT. 3 BOX 3630

MYTON, UT 84052

OPERATOR ACCT. NO.

N 2695

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86/21/2006

DIV. OF OIL, GAS & MINING CURRENT API NUMBER WELL NAME **EFFECTIVE** ACTION NEW WELL LOCATION SFUD CODE ENTETY NO. ENTITY NO. 8 SC. RG COUNTY DATE 32821 43-013-3<del>0073</del> **ASHLEY FEDERAL 6-23-9-15** SEAW 23 98 15E 06/14/06 Α 99999 DUCHENSE IVELL 1 COMMENTS: WELL NAME WELL LOCATION EFFECTIVE ACTION CUPRENT API NUMBER SC RG COMMIY DATE CODE **ENTITY NO.** ENTETY NO 8 TP 43-013-32835 06/15/06 99999 **ASHLEY FEDERAL 3-27-9-15** HEINW 27 98 15E DUCHESNE VIELL NAME WELL LOCATION EFFECTIVE. ACTION **CURRENT** NEW API MUNI BERI SPED COUNTY CODE CM YTEME QQ. TP RG DATE ENTITY NO. SC 99999 43-013-32838 ASHLEY FEDERAL 7-27-9-15 27 18 15E 06/16/06 SMINE DUCHESNE A ACTION CLIRRENT NEW API NUMBER WELL HAVE WELL LOCATION SPUD EFFECTIVE CODE ENTRY NO. ENTITY NO. 20 TP COUNTY DATE 22 **ASHLEY FEDERAL 10-27-9-15** 98 06/19/D6 99999 43-013-32876 NWISE 27 15E DUCHESNE TIELL MULE METT TOCALION BITECTIVE ACTION CURRENT NEW API NUMBER SPIO QQ COUNTY DATE DATE CODE ENTITY NO. ENTITY NO SC \* RG 22/06 98 18E 06/20/06 43-047-35778 **STATE 6-2-9-18** UNITAH 99999 SEMW WELL 5 COMMENTS: ACTION CURRENT APPREMISER WELL NAME WELL LOCATION SPEED EFFECTME COUNTY CODE ENTITY NO. ENTRY NO. QD 90 TP DATE DATE WELL GOWNENTS:

ACTION CODES (See Instructions on back of form)

- A. Exhibits now with far new well (ringle well only)
- B Add now well to existing entity (group or still well)
- C Re-assign well from one substing earlily to enother extering entity
- D- Ra-ensign well from one wristing entity to a new certity
- E Ofter (explain in commants excitor)

Lana Nebeker

Production Clerk

June 21-2006

HOTE: Use COMMENT median in explain why each Action Code was selected.

▼ → TORM 3260-5

# UNIT

| FORM A      | PPROVED      |
|-------------|--------------|
| OMB No.     | 1004-0135    |
| Expires Jan | uary 31.2004 |

| (September 2001)                                                                                                                        | EPARTMENT OF THE I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | NTE                               | RIOR                                                                                   |                    |                                        |                                                                                                                | Expi                | res January 31,2004                                                    |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------------------------------------------------------|--------------------|----------------------------------------|----------------------------------------------------------------------------------------------------------------|---------------------|------------------------------------------------------------------------|--|--|
|                                                                                                                                         | BUREAU OF LAND MANA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                   |                                                                                        |                    |                                        | 5. Lease Seri                                                                                                  | 5. Lease Serial No. |                                                                        |  |  |
| SUNDRY                                                                                                                                  | NOTICES AND REPO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ŖŢŞ                               | ON WELLS                                                                               |                    |                                        | UTU66185                                                                                                       |                     |                                                                        |  |  |
| Do not use t<br>abandoned w                                                                                                             | his form for proposals to<br>ell. Use Form 3160-3 (AP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Orili<br>D) fo                    | or to re-enter<br>or such propo                                                        | an<br>sals.        |                                        | 6. If Indian, A                                                                                                | Allotte             | e or Tribe Name.                                                       |  |  |
|                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | V 44 24 24                        |                                                                                        | COLUM              |                                        |                                                                                                                |                     | . N                                                                    |  |  |
| A SUBNILLINA                                                                                                                            | RIPPICATE:=:@therijns                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ruct                              |                                                                                        | e stit             |                                        |                                                                                                                |                     | greement, Name and/or No.                                              |  |  |
| 1. Type of Well                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3.73                              |                                                                                        |                    |                                        | ASHLEY P.                                                                                                      | A A                 |                                                                        |  |  |
|                                                                                                                                         | X Other Unassigned                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |                                                                                        |                    |                                        | 8. Well Name                                                                                                   | and l               | No.                                                                    |  |  |
| 2. Name of Operator                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                                                                                        |                    |                                        | ASHLEY F                                                                                                       | EDEI                | RAL 6-23-9-15                                                          |  |  |
| NEWFIELD PRODUCTION CO                                                                                                                  | DMPANY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1                                 |                                                                                        |                    |                                        | 9, API Well I                                                                                                  |                     |                                                                        |  |  |
| 3a. Address Route 3 Box 3630                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   | Phone No. (includ                                                                      | le are co          | ode)                                   | 430133282                                                                                                      |                     | or Exploratory Area                                                    |  |  |
| Myton, UT 84052<br>4. Location of Well (Footage, Sec                                                                                    | c T R M or Survey Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                   | 646.3721                                                                               |                    |                                        | Monument                                                                                                       |                     |                                                                        |  |  |
| 1878 FNL 1888 FWL                                                                                                                       | ., 1., K., W., or But vey Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ,                                 |                                                                                        |                    |                                        | 11. County of                                                                                                  |                     |                                                                        |  |  |
| SE/NW Section 23 T9S R                                                                                                                  | 15E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                   |                                                                                        |                    |                                        | Duchesne,U                                                                                                     | ľТ                  |                                                                        |  |  |
|                                                                                                                                         | *******                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                   |                                                                                        |                    |                                        |                                                                                                                |                     | ***                                                                    |  |  |
| 12. CHECI                                                                                                                               | X APPROPRIATE BOX(E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | S) T(                             | O INIDICATE                                                                            | NAT                | TURE O                                 | F NOTICE, OR                                                                                                   | OTI                 | HER DATA                                                               |  |  |
| TYPE OF SUBMISSION                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   | 7                                                                                      | ГҮРЕ               | OF ACT                                 | ION                                                                                                            |                     |                                                                        |  |  |
|                                                                                                                                         | Acidize                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                   | Deepen                                                                                 |                    | Proc                                   | luction(Start/Resum                                                                                            | e)                  | Water Shut-Off                                                         |  |  |
| ☐ Notice of Intent                                                                                                                      | Acidize  Alter Casing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | H                                 | Fracture Treat                                                                         |                    | _                                      | lamation                                                                                                       | -,                  | Well Integrity                                                         |  |  |
| ☑ Subsequent Report                                                                                                                     | Casing Repair                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Ä                                 | New Construction                                                                       | n                  | =                                      | omplete                                                                                                        |                     | X Other                                                                |  |  |
| Subsequent Report                                                                                                                       | Change Plans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | $\overline{\Box}$                 | Plug & Abandon                                                                         |                    | Tem                                    | porarily Abandon                                                                                               |                     | Spud Notice                                                            |  |  |
| Final Abandonment Notice                                                                                                                | Convert to Injector                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | _                                 | Plug Back                                                                              |                    | ☐ Wat                                  | er Disposal                                                                                                    |                     |                                                                        |  |  |
| involved operations. If the operation Abandonment Notices shall be filed inspection.)  On 6/14/2006 MIRU NDSI csgn. Set @ 321.01'/ KB 0 | rmed or provide the Bond No. on file on results in a multiple completion or rid only after all requirements, including NS #1. Spud well @ 9:00 A On 6/15/2006 cement with sturned 4 bbls cement to pit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ecompl<br>reclam<br>M. D<br>160 s | etion in a new interv<br>nation, have been cor<br>rill 320' of 12 1<br>ks of class "G' | /al, a Formpleted, | rm 3160-4<br>, and the op<br>ole with  | shall be filed once testi<br>erator has determined (<br>air mist. TIH W/                                       | ing has<br>that the | s been completed. Final strength is ready for final s 8 5/8" J-55 24 # |  |  |
|                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                                                                                        |                    |                                        |                                                                                                                |                     |                                                                        |  |  |
| I hereby certify that the foregoing i                                                                                                   | s true and correct                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   | Title                                                                                  |                    |                                        |                                                                                                                |                     |                                                                        |  |  |
| Name (Printed/ Typed) Troy Zufelt                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   | Drilling Fore                                                                          | eman               |                                        |                                                                                                                |                     |                                                                        |  |  |
| Signature                                                                                                                               | 11/2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                   | Date                                                                                   |                    |                                        |                                                                                                                |                     |                                                                        |  |  |
|                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | TO ASSESSED AND                   | 06/18/2006                                                                             |                    | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 150-151 TS TO THE TOTAL TO THE T | (1) TO THE          |                                                                        |  |  |
|                                                                                                                                         | AND THE STATE OF T |                                   | Montexpet):                                                                            |                    | VIIIE (O) E                            |                                                                                                                |                     |                                                                        |  |  |
| Approved by                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   | T                                                                                      | itle               |                                        |                                                                                                                | Date                | • <u> </u>                                                             |  |  |

which would entitle the applicant to conduct operations thereon. any department or agency of the United Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any departments any false, fictitious and fraudulent statements or representations as to any matter within its jurisdiction

Office

Approved by

Conditions of approval, if any, are attached. Approval of this notice does not warrant or
certify that the applicant holds legal or equitable title to those rights in the subject lease

|                         |                  | •           | 8 5/8        | CASING SET          | AT                       | 321.01       |                  |              |        |
|-------------------------|------------------|-------------|--------------|---------------------|--------------------------|--------------|------------------|--------------|--------|
| LAST CASIN              | NG <u>8 5/8"</u> | set @       | 321.01       |                     |                          |              |                  | Production ( |        |
| DATUM                   | 12' KB           |             |              | <del></del>         |                          |              |                  | deral 6-23-9 | -15    |
| DATUM TO CUT OFF CASING |                  |             |              | <del></del>         |                          |              | Monument         |              |        |
| DATUM TO                | BRADENHE.        | AD FLANGË   |              | <del></del>         | CONTRACT                 | OR & RIG #   | <u> </u>         | NDSI NS#     | 1      |
| TD DRILLER              | 320'             | LOGGE       | ER           | <del></del>         |                          |              |                  |              |        |
| HOLE SIZE               | 12 1/4           |             |              | <del></del>         |                          |              |                  |              |        |
| LOG OF CA               | SING STRIN       | G:          |              |                     |                          |              |                  |              |        |
| PIECES                  | QD               | ITEM - I    | MAKE - DESCI | RIPTION             | WT/FT                    | GRD          | THREAD           | CONDT        | LENGTH |
|                         |                  |             |              |                     |                          |              |                  |              |        |
|                         |                  |             |              |                     | ļ                        |              |                  |              |        |
|                         |                  | Shoe        | Joint 37.24' |                     |                          |              |                  | _            |        |
|                         |                  | WHI - 92 cs |              |                     |                          | _            | 8rd              | A            | 0.95   |
| 8                       | 8 5/8"           | Maverick ST |              |                     | 24#                      | J-55         | 8rd              | A            | 309.16 |
|                         |                  |             |              | shoe                |                          |              | 8rd              | Α            | 2.0    |
| CASING INV              | ENTORY BA        | AL.         | FEET         | JTS                 | TOTAL LENGTH OF STRING 3 |              |                  |              |        |
| TOTAL LEN               |                  |             | 311.01       |                     | LESS CUT                 |              |                  |              | 12     |
| LESS NON                |                  |             | 1.85         | PLUS DATUM TO T/CUT |                          |              |                  |              |        |
| PLUS FULL               |                  | DUT         | 0            |                     | CASING SE                | IDEPIH       |                  | l            | 321.01 |
|                         | TOTAL            |             | 309.16       |                     | ┨}                       |              |                  |              |        |
| TOTAL CSG               | , DEL. (W/O      | THRDS)      | 309.16       | 8                   | COMPAR                   | RE           |                  |              |        |
| TIMING                  |                  |             | 1ST STAGE    |                     | ┨                        |              | _                |              |        |
| BEGIN RUN               |                  | Spud        |              | 9:00 AM             | 7                        |              | 3                | -            |        |
| CSG. IN HO              |                  |             | 6/14/2006    | 2:30 PM             | ~1                       |              | RFACE            |              |        |
| BEGIN CIRC              |                  |             | 6/15/2006    | 9:43 AM             | RECIPROC                 | ATED PIPE    | FOR              | <u>N</u> /A  |        |
| BEGIN PUMP CMT          |                  |             | 6/15/2006    | 9:55 AM             | ┨                        |              | _                |              | DO!    |
| BEGIN DSPL. CMT         |                  |             | 6/15/2006    | 10:06 AM            | BUMPED P                 | LUG TO _     | 440              |              | PSI    |
| PLUG DOW                |                  |             | 6/15/2006    | 10:15 AM            | <u></u>                  | <b>D</b> 1   |                  |              |        |
| CEMENT US               | 1                |             |              | CEMENT CO           |                          | B. J.        |                  |              |        |
| STAGE                   | # SX             |             |              | CEMENT TY           |                          |              |                  |              |        |
| 1                       | 160              | Class "G" w | 2% CaCL2 +   | 1/4#/sk Cello-I     | Flake mixed @            | 2 15.8 ppg 1 | 1.17 ct/sk yield | <u> </u>     |        |
|                         |                  | <u> </u>    |              |                     |                          |              |                  |              |        |

| COMPANY REPRESENTATIVE | Troy Zufelt | DATE _ | 6/15/2006 |
|------------------------|-------------|--------|-----------|

SHOW MAKE & SPACING

CENTRALIZER & SCRATCHER PLACEMENT

Centralizers - Middle first, top second & third for 3

FORM 3160-5 (September 2001)

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

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

5. Lease Serial No.

| SUNDR\ Do not use t abandoned w                                | Y NOTICES AND REI<br>this form for proposals<br>/ell. Use Form 3160-3 | PORTS ON WELLS<br>s to drill or to re-enter an<br>(APD) for such proposals. | 6. If Indian, Allottee or Tribe Name.                                                                                |
|----------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| 1. Type of Well                                                | RIPLICATE - Other I                                                   | instructions on reverse side                                                | 7. If Unit or CA/Agreement, Name and/or ASHLEY PA A                                                                  |
| Oil Well Gas Well  2. Name of Operator  NEWFIELD PRODUCTION CO | Other OMPANY                                                          |                                                                             | 8. Well Name and No.<br>ASHLEY 6-23-9-15                                                                             |
| 3a. Address Route 3 Box 3630<br>Myton, UT 84052                | Sec., T., R., M., or Survey Des                                       | 3b. Phone (include are code<br>435.646.3721<br>scription)                   | 10. Field and Pool, or Exploratory Area  MONUMENT BUTTE  11. County or Parish, State                                 |
| 12. CHECK                                                      | APPROPRIATE BOX                                                       | (ES) TO INIDICATE NATU                                                      | RE OF NOTICE, OR OTHER DATA                                                                                          |
| TYPE OF SUBMISSION                                             |                                                                       | TYPE OF                                                                     | ACTION                                                                                                               |
| ☑ Notice of Intent ☐ Subsequent Report ☐ Final Abandonment     | Acidize Alter Casing Casing Repair Change Plans Convert to            | Deepen Fracture Treat New Construction Plug & Abandon Plug Back             | Production(Start/Resume)  Reclamation  Recomplete  Temporarily Abandon  Water Shut-Off  Well Integrity  Other  Other |

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final

Formation water is produced to a steel storage tank. If the production water meets quality guidelines, it is transported to the Ashley, Monument Butte, Jonah, and Beluga water injection facilities by company or contract trucks. Subsequently, the produced water is injected into approved Class II wells to enhance Newfield's secondary recovery project.

Water not meeting quality criteria, is disposed at Newfield's Pariette #4 disposal well (Sec. 7, T9S R19E) or at State of Utah approved surface disposal facilities.

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

| Title                      | <u> </u>                                                       |                                                                            |
|----------------------------|----------------------------------------------------------------|----------------------------------------------------------------------------|
| Regulatory Specialist      |                                                                |                                                                            |
| Date<br>08/04/2006         | ·· <del>-</del> ·                                              |                                                                            |
| FEDERAL OR STATE           | OFFICE USE                                                     |                                                                            |
| Title                      |                                                                | Date                                                                       |
| rrant or<br>t lease Office |                                                                |                                                                            |
|                            | Regulatory Specialist Date 08/04/2006  EFEDERAL OR STATE Title | Regulatory Specialist  Date 08/04/2006  REPERAL OR STATE OFFICE USE  Title |

(Instructions on reverse)

AUG 07 2006

FORM 3160-5 (September 2001)

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

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

5. Lease Serial No.

| SUNDR'<br>Do not use t                                                                                                               | LTU                                                                        | 6. If Indian, Allottee or Tribe Name,                                      |                  |                                 |                                                |
|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------|------------------|---------------------------------|------------------------------------------------|
|                                                                                                                                      |                                                                            | (APD) for such proposal                                                    |                  | 6. If Indian, Allot             | ttee or Tribe Name.                            |
|                                                                                                                                      | RIPLICATE - Other                                                          | Instructions on reverse s                                                  | ide              | 7. If Unit or CA/A              | Agreement, Name and/or                         |
| 1. Type of Well  Oil Well  Gas Well                                                                                                  | Other                                                                      |                                                                            |                  | 8. Well Name and                | d No                                           |
| 2. Name of Operator                                                                                                                  |                                                                            |                                                                            |                  | ASHLEY 6-23-9                   |                                                |
| 3a. Address Route 3 Box 3630                                                                                                         | OMPANY                                                                     | 3b. Phone (include at                                                      | re code)         | 9. API Well No.                 |                                                |
| Myton, UT 84052                                                                                                                      |                                                                            | 435,646.3721                                                               |                  | 4301332827<br>10. Field and Poo | l, or Exploratory Area                         |
| 4. Location of Well (Footage, 1878 FNL 1888 FWL                                                                                      | Sec., T., R., M., or Survey De                                             | scription)                                                                 |                  | MONUMENT I                      |                                                |
| SENW Section 23 T9S R15E                                                                                                             |                                                                            |                                                                            |                  |                                 | •                                              |
| 12 CHEC                                                                                                                              | Z APPROPRIATE BOX                                                          | K(ES) TO INIDICATE N                                                       | ATURE OF         | DUCHESNE, U                     |                                                |
| TYPE OF SUBMISSION                                                                                                                   | X AITROIRIATE BOX                                                          |                                                                            | PE OF ACTIO      |                                 | THERDATA                                       |
| TITE OF GODINIDATOR                                                                                                                  | Acidize                                                                    |                                                                            |                  |                                 | T W. A. Stand Off                              |
| ☑ Notice of Intent                                                                                                                   | Actuize  Alter Casing                                                      | Deepen Fracture Treat                                                      | Reclam           | tion(Start/Resume)<br>ation     | ☐ Water Shut-Off ☐ Well Integrity              |
| Subsequent Report                                                                                                                    | Casing Repair                                                              | New Construction                                                           | Recom            |                                 | Other                                          |
| Final Abandonment                                                                                                                    | Change Plans                                                               | Plug & Abandon                                                             |                  | rarily Abandon                  | Variance                                       |
| Final Abandonment                                                                                                                    | Convert to                                                                 | Plug Back                                                                  | Water I          | Disposal                        |                                                |
|                                                                                                                                      | thief hatches are open.                                                    | ons. Crude oil production<br>While gauging tanks, leas<br>ditions          |                  |                                 |                                                |
| hereby certify that the foregoing i                                                                                                  | a true and                                                                 | Title                                                                      |                  |                                 |                                                |
| correct (Printed/Typed)                                                                                                              | - wes affer                                                                |                                                                            | * 4* .           |                                 |                                                |
| Mandie Caozier                                                                                                                       | <u> </u>                                                                   | Regulatory Sp<br>Date                                                      | ecialist         |                                 | **************************************         |
| Il Jami U                                                                                                                            | ozen                                                                       | 08/04/2006                                                                 |                  |                                 |                                                |
| _                                                                                                                                    | U THIS SPACE                                                               | FOR FEDERAL OR                                                             |                  | on that                         |                                                |
| Conditions of approval, if any, are attack<br>ertify that the applicant holds legal or e<br>which would entitle the applicant to con | quitable title to those rights in the duct operations thereon.             | not warrant or<br>subject lease Date                                       | Gas and          | S DE                            | ederal Approval Of This<br>Action is Necessary |
| Fitle 18 U.S.C. Section 1001 and Title 4<br>States any false, fightings and fraudulent                                               | 3 U.S.C. Section 1212, make it a c<br>t statements or representations as t | crime for any person knowingly and<br>to any matter within it the stiction | willfut (to Wak) | department or age               | ency of the United                             |
| Instructions on reverse)                                                                                                             |                                                                            |                                                                            |                  | RECEN                           | /ED                                            |

FORM 3160-4 (July 1992)

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

WELL COMPLETION OR RECOMPLETION REPORT AND LOG\*

SUBMIT IN DUPLICA

(See other instructions ons reverse side)

| ATE*<br>- | FORM APPROVED<br>OMB NO. 1004-013       |          |                |
|-----------|-----------------------------------------|----------|----------------|
| 5<br>1    | Expires: February 28                    | 8, 1     | 995            |
| ,         | 5. LEASE DESIGNATION A                  | ND       | SERIAL NO.     |
|           | UTU-                                    | 66       | 185            |
|           | 6. IF INDIAN, ALLOTTEE                  | OR<br>IA | TRIBE NAME     |
|           | 7. UNIT AGREEMENT NA                    | ME       |                |
|           | As                                      | hle      | ey             |
|           |                                         |          |                |
|           | 8. FARM OR LEASE NAM                    | E. W     | ELL NO.        |
|           | Ashley Fede                             | era      | l 6-23-9-15    |
|           | 9. WELL NO.                             |          |                |
|           | 43-013                                  |          |                |
|           | Monum                                   |          |                |
|           | 11. SEC., T., R., M., OR BLO<br>OR AREA | ж        | AND SURVEY     |
|           | Sec. 23, <sup>3</sup>                   | T9:      | S, R15E        |
|           |                                         |          |                |
|           | 12. COUNTY OR PARISH                    |          | 13. STATE      |
|           | Duchesne                                |          | UT             |
|           |                                         | 10 1     | HEV CASINGHEAD |

| 1a. TYPE OF WORK                        |                                        | _                       |                    |                     | _            |                        |                  |             | 7. UNIT AGR     | HEMENT NA    | AME                                |          |
|-----------------------------------------|----------------------------------------|-------------------------|--------------------|---------------------|--------------|------------------------|------------------|-------------|-----------------|--------------|------------------------------------|----------|
|                                         |                                        | OIL<br>WELL             | X GA:              |                     | DRY          | Other                  |                  |             |                 | As           | shley                              |          |
| Ib. TYPE OF WELL                        |                                        | -                       |                    |                     |              |                        |                  |             |                 |              |                                    |          |
| NEW 💟                                   | work [                                 | ٦ r                     | PLU                | c —                 | DIFF         | 7                      |                  |             | 8. FARM OR      | LEASE NAM    | ИE, WELL NO.                       |          |
| WELL X                                  | OVER                                   | DEEPEN                  | BAG                |                     | RESVR.       | Other                  |                  |             | As              | hley Fed     | eral 6-23-9-15                     |          |
| 2. NAME OF OPERATOR                     |                                        |                         |                    |                     |              |                        |                  |             | 9. WELL NO.     |              |                                    |          |
| ANDRESS AND SPECIES                     | Haviraia                               | Ne                      | wfield Exploi      | ation C             | ompany       | !<br>                  |                  |             | 10. FIELD AN    |              | 3-32827                            | _        |
| 3. ADDRESS AND TELEP                    |                                        | 1401 17th               | St. Suite 10       | 00 Der              | wer CC       | 80202                  |                  |             | IU. FIELD AN    |              | nent Butte                         |          |
| 4. LOCATION OF WEI                      |                                        |                         |                    |                     |              |                        |                  |             | 11. SEC., T., F |              | OCK AND SURVEY                     |          |
| At Surface                              | ( <b>/</b>                             |                         | FNL & 1888' F      |                     |              |                        |                  |             | OR AREA         |              |                                    |          |
| At top prod. Interval rep               | orted below                            |                         |                    |                     |              |                        |                  |             |                 | Sec. 23,     | T9S, R15E                          |          |
|                                         |                                        |                         | <del></del>        |                     |              |                        |                  |             | ļ               |              |                                    |          |
| At total depth                          |                                        |                         | 14. API 1          |                     |              | DATE ISSUEI            |                  |             | 12. COUNTY      |              | 13. STATE                          |          |
|                                         | 1                                      |                         |                    | <del>13-013-3</del> |              |                        | 7/11/05          | ne . t      | Duc             | hesne        | UT                                 |          |
| 15. DATE SPUDDED<br>6/14/06             | 16. DATE T.D.                          | REACHED<br><b>29/06</b> | 17. DATE COM       | 8/2/06              | prod.)       |                        | DF, RKB, RT, GR. | ETC.)*      | 6339' K         | R            | 19. ELEV. CASINGHEA                | ט        |
| 20. TOTAL DEPTH, MD &                   | <u> </u>                               |                         | K T.D., MD & TVD   |                     | . IF MULTIPL |                        | 23. INTERVALS    | RO          | TARY TOOLS      |              | CABLE TOOLS                        |          |
|                                         |                                        |                         |                    |                     | HOW MANY     | <b>/*</b>              | DRILLED BY       |             |                 |              | 1                                  |          |
| 5942'                                   |                                        |                         | 5904'              |                     |              |                        | >                |             | X               |              |                                    |          |
| 24. PRODUCING INTERV                    | AL(S). OF THIS                         | COMPLETION              |                    |                     |              |                        |                  |             |                 |              | 25. WAS DIRECTIONAL<br>SURVEY MADE |          |
|                                         |                                        |                         | Gree               | n River             | 4604'        | -5260'                 |                  |             |                 |              | No                                 |          |
| A THE ELECTRIC AND                      | OTHER LOCK                             | DIN                     |                    |                     |              |                        |                  |             | <u></u>         |              | 27. WAS WELL CORED                 |          |
| 26. TYPE ELECTRIC AND<br>Dual Induction | Guard SI                               | RUN<br>P. Compe         | nsated Den         | sity. Co            | mpensa       | ted Neutron.           | GR. Calipe       | r. Cem      | ent Bond        | Loa          | No                                 |          |
| 23.                                     | <del>Juana, J</del>                    | , остро                 |                    |                     |              | ort all strings set in |                  | ,           |                 | 3            |                                    |          |
| CASING SIZE/O                           |                                        | WEIGHT.                 | LB./FT.            | EPTH SET (          |              | HOLE SIZE              | TOP OF C         |             | EMENTING REC    |              | AMOUNT PULLED                      | _        |
| 8-5/8" - 、                              |                                        | 24                      |                    | 321'                |              | 12-1/4"                | 1                |             | 0 sx Class "    |              | <del>-</del>                       |          |
| 5-1/2" - 3                              | J-55                                   | 15.8                    | D#                 | 5926'               |              | 7-7/8"                 | 300 sx Pren      | nlite II ar | nd 450 sx 50    | 0/50 Poz     |                                    |          |
|                                         |                                        |                         |                    |                     |              |                        | 120              |             | TUDING DE       | CODD         |                                    |          |
| 29.<br>SIZE                             | TOP                                    |                         | BOTTOM (MD)        | I SACK              | KS CEMENT*   | SCREEN (MD)            | 30.<br>SIZE      | 1           | TUBING RE       |              | PACKER SET (MD                     |          |
| SIZE                                    | 101                                    | (MD)                    | BOTTOM (MD)        | 3ACF                | 13 CEMENT    | SCREEN (MD)            | 2-7/8"           |             | EOT @           | 10,          | TA @                               |          |
|                                         |                                        |                         |                    |                     |              |                        | 1                |             | 5714            |              | 5583'                              |          |
| 31. PERFORATION REC                     | ORD (Interval, s                       | size and number)        |                    |                     |              | 32.                    |                  | r, FRACT    | URE, CEME       |              |                                    |          |
| INT                                     | ERVAL                                  |                         | SIZE               |                     | NUMBER       |                        | ERVAL (MD)       | ļ <u>.</u>  |                 |              | MATERIAL USED                      | _        |
|                                         |                                        | 5618'-5634'             | .46"               |                     | 4/64         |                        | -5634'           |             |                 |              | and in 394 bbls flui               |          |
|                                         |                                        | 5248'-5260'             | .43"               |                     | 4/48         |                        | -5260'           |             |                 |              | and in 543 bbls flui               |          |
| ,3,&LODC) 4980'-9                       |                                        |                         | .43"               |                     | 4/192        |                        | -5144'           |             | ,               |              | and in 1315 bbls flu               |          |
|                                         |                                        | 4808'-4820'             | .43"               |                     | 4/48         |                        | -4820'           |             |                 |              | and in 380 bbls flui               |          |
|                                         | (D1) 4                                 | 4604'-4612'             | .43"               |                     | 4/32         | 4604'                  | -4612'           | Frac        | : w/ 43,995#    | ‡ 20/40 sa   | and in 375 bbls flui               | <u>d</u> |
|                                         |                                        |                         |                    |                     |              |                        |                  | <u> </u>    |                 |              |                                    |          |
|                                         |                                        |                         |                    |                     |              |                        |                  |             |                 |              |                                    |          |
|                                         |                                        |                         |                    |                     |              |                        |                  |             |                 |              |                                    |          |
|                                         |                                        |                         |                    |                     |              |                        |                  | <u> </u>    |                 |              |                                    |          |
| 33.*<br>DATE FIRST PRODUCTION           | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | L pp op I/CT/O          | N METHOD (Flowing  | and lift man        | PRODUC       |                        |                  |             |                 | WELLST       | ATUS (Producing or shut-           | in)      |
| 8/2/06                                  |                                        | PRODUCTION              | 2-1/2"             | x 1-1/2             | ''' x 14' F  | RHAC SM PIL            | ınger Pump       | )           |                 |              | RODUCING                           | ,        |
| DATE OF TEST                            |                                        | JRS TESTED              | CHOKE SIZE         | PROD'N              | I. FOR O     | ILBBLS.                | GASMCF.          |             | RBBL.           |              | GAS-OIL RATIO                      | _        |
| 20 4                                    | _                                      |                         |                    | TEST PI             |              | 63                     | 89               | 1           | 23              |              | 1413                               |          |
| 30 day av                               |                                        | SING PRESSURE           | CALCULATED         |                     | ><br>IBBl    | GASMCF.                | 09               | WATER       |                 | OIL GRAVIT   | Y-API (CORR.)                      |          |
| LOW, TUBING PRESS.                      | CAS                                    | SING PRESSURE           | 24-HOUR RATE       | 107                 | 110101       |                        |                  |             | 11111           | OII. OKA VII | 1-7(11(COKK.)                      |          |
|                                         |                                        |                         | >                  |                     |              | R                      | ECEIVE           | <u>‡D</u>   |                 |              |                                    |          |
| 4. DISPOSITION OF GAS                   | (Sold, used for fu                     | uel, vented, etc.)      |                    |                     |              |                        |                  |             | TEST WITNES     | SED BY       |                                    |          |
|                                         |                                        |                         | Sold & Use         | ed for F            | uel          | S                      | EP 1 1 20        | 06          | <u> </u>        |              |                                    |          |
| 5. LIST OF ATTACHME                     | NTS                                    | 1                       |                    |                     |              | _                      |                  |             |                 |              |                                    |          |
|                                         | _//                                    | /                       |                    |                     |              | DIV OF                 | OIL. GAS &       | MININC      | <del></del>     |              |                                    |          |
| 66. I hereby certify that               | the logegoing a                        | ind attached in         | ormation is comple | e and corre         |              | DIV. OF                | ulatory Spe      | cialist     |                 |              | 9/8/2006                           |          |
| SIGNI D                                 | 1 10                                   | 1700                    | V175               | 9                   | 1011         | Regi                   | uiatury Spe      | uali5t      |                 | DAH.         | 3/0/2000                           |          |
|                                         |                                        |                         | ` '                |                     |              |                        |                  |             |                 |              |                                    | 4 1 4    |

| FORMATION | ТОР |        | DESCRIPTION CONTENTS FTC    |                                |                | D               |
|-----------|-----|--------|-----------------------------|--------------------------------|----------------|-----------------|
|           |     | воттом | DESCRIPTION, CONTENTS, ETC. | NAME                           | то             | TRUE            |
|           |     |        |                             | 1772                           | MEAS. DEPTH    | VERT. DEPTI     |
|           |     |        | Well Name                   | Garden Gulch Mkr               | 3567'          | , E.N. 12 E. V. |
|           |     |        | Ashley Federal 6-23-9-15    | Garden Gulch 1                 | 3807'          |                 |
|           |     |        |                             | Garden Gulch 2                 | 3913'          |                 |
|           |     |        |                             | Point 3 Mkr                    | 4160'          |                 |
|           |     |        |                             | X Mkr                          | 4430'          |                 |
|           |     |        |                             | Y-Mkr                          | 4466'          |                 |
|           |     |        |                             | Douglas Creek Mkr              | 4567'          |                 |
|           |     |        |                             | BiCarbonate Mkr                | 4800'          |                 |
|           |     |        |                             | B Limestone Mkr<br>Castle Peak | 4894'<br>5475' |                 |
|           |     |        |                             | Basal Carbonate                | 5475<br>5918'  |                 |
|           |     |        |                             | Total Depth (LOGGERS           | 5942'          |                 |
|           |     |        |                             | Total 2 sp. (20 0021.5         | 65.2           |                 |
|           |     |        |                             |                                |                |                 |
|           |     |        |                             |                                |                |                 |
|           |     |        |                             |                                |                |                 |
|           |     |        |                             |                                |                |                 |
|           |     |        |                             |                                |                |                 |
|           |     |        |                             |                                |                |                 |
|           |     |        |                             |                                |                |                 |
|           |     |        |                             |                                |                |                 |
|           |     |        |                             |                                |                |                 |
|           |     |        |                             |                                |                |                 |
|           |     |        |                             |                                |                |                 |
|           |     |        |                             |                                |                |                 |
|           |     |        |                             |                                |                |                 |
|           |     |        |                             |                                |                |                 |
|           |     |        |                             |                                |                |                 |
|           |     |        |                             |                                |                |                 |

| STATE OF DEVISION ENTITY | OF OIL, GAS           | NIO MINING<br>FORM -FOR | MS |
|--------------------------|-----------------------|-------------------------|----|
| ACTEMA                   | CURRENT<br>ENTITY NO. | NEW<br>ENTITY NO.       | Γ  |

OPERATOR: NEWFIELD PRODUCTION COMPANY ADDRESS: RT. 3 BOX 3630 MYTON, UT 84052

N2695 OPERATOR ACCT. NO.

|              | CHARGE T               | NEW                                                                         | API NUMBER                | WELL NAME                   |                |            |                                                  | CATION   |                           | EPU0         | EFFECTIVE          |
|--------------|------------------------|-----------------------------------------------------------------------------|---------------------------|-----------------------------|----------------|------------|--------------------------------------------------|----------|---------------------------|--------------|--------------------|
| DDE          | CURRENT<br>ENTITY NO.  | ESTITY NO.                                                                  | 14                        |                             | 00             | SC.        | TP                                               | RG       | COPINITY                  | DATE         | OKTE               |
| C            | 15479                  | 12419                                                                       | 43-013-32817              | ASHLEY FEDERAL 14-23-9-16   | SEJSW          | 23         | 98                                               | 15E      | DUCHESNE                  |              | 11/20/06           |
| ELL 1 COI    |                        |                                                                             | D PARTICIPATIN            | G AREA EXPANSION EFFECTIV   | E 7/1,         | 2006       | . G                                              | RRV      |                           |              | <b>/</b>           |
|              |                        | HEW                                                                         | APIREMBER                 | WELL NAME                   | <del></del>    |            | YELL LOCATI                                      | DK       |                           | SPUD.        | EFFECTIVE          |
| CHON<br>CODE | CURRENT<br>ENTITY NO.  | ENTITY NO.                                                                  |                           |                             | 90             | BC         | TP                                               | ING      | COMMITY                   | DATE         | ONTE               |
| c            | 15579                  | 12419                                                                       | 43-013-32823              | ASHLEY FEDERAL 14-22-9-15   | SESW           | 22         | 98                                               | 15E      | DUCHESNE                  |              | 11/20/06           |
| -            | BLM                    | APPROVI                                                                     | ED PARTICIPATIN           | G AREA EXPANSION EFFECTIV   | E 7/1          | /2006      | . G                                              | RRV      |                           |              |                    |
| спон         | CURRENT                | NEW                                                                         | API NUMBER                | WELL HABE                   |                |            |                                                  | HOITAGO  |                           | SP-JD        | EFFECTIVE          |
| COOE         | ENTITY NO.             | ENTITY NO.                                                                  |                           |                             | <del>  %</del> | SC_        | TP                                               | RG       | COUNTY                    | OATE         | 100/00/00          |
| c            | 15374                  | 12419                                                                       | 43-013-32822              | ASHLEY FEDERAL 13-22-9-15   | SWISW          | 22         | 98                                               | 15E      | DUCHESNE                  |              | 11/20/06           |
|              | CURRENT                | NEA!                                                                        | API NUMBER                | WELLIAME                    | -              |            | WBIT                                             | RG       | COLATIY                   | SPUD<br>DATE | BFFECTIVE<br>DATE  |
| CODE         | CLIRRENT<br>ENTITY NO. | ENTITY NO.                                                                  | API NUMBER                |                             | 90             | SC.        | <b>T</b>                                         | ReG      |                           |              | 11/20/06           |
| C            | 15443                  | 12419                                                                       | 43-013-32827              | ASHLEY FEDERAL 6-23-9-15    | SESW           | 23         | 95                                               | 15E      | DUCHESNE                  |              | 11/00/04           |
|              | BLM                    | APPROV                                                                      | ED PARTICIPATIN           | NG AREA EXPANSION EFFECTIVE | 7E 7/1         | /2006      | . G                                              | RRV      |                           |              |                    |
| ACTION       | CURRENT                | NEW                                                                         | API NUMBER                | WELL NAME                   | T              |            | WELL                                             | LOCATION | COUNTY                    | SPUD         | EFFECTIVE.<br>DATE |
| C00€         | EMITY NO.              | ENTITY NO.                                                                  |                           |                             | - 40           | sc sc      | <del>                                     </del> | 100      | LOURIN                    | DAIE         | 1 1                |
| c            | 15409                  | 12419                                                                       | 43-013-32831              | ASHLEY FEDERAL 15-23-9-15   | SVMSE          | 23         | 98                                               | 15E      | DUCHESNE                  |              | 11/20/06           |
|              | CARLENTS               |                                                                             |                           |                             | /1             | 1000       | . ,                                              | זממו     |                           |              | ,                  |
|              | BLN                    | APPROV                                                                      | ED PARTICIPATII           | NG AREA EXPANSION EFFECTIVE | /E //I         | / 2006     |                                                  | RRV      |                           |              |                    |
| ACTION       | CURRENT                | HEW                                                                         | APINUMBER                 | WELLWARE                    | 1              | T-2-       |                                                  | LOCATION | COUNTY                    | SPUD         | OFFECTIVE DATE     |
| CODE         | ENTITY NO.             | ENTITY NO.                                                                  |                           | A011 TV PERFORM 44 PE 0 45  | NEASY          | 9C<br>/ 23 | 98                                               | 15E      | DUCHESNE                  | JANE .       | 11/80/06           |
| С            | 15436                  | 12419                                                                       | 43-013-32829              | ASHLEY FEDERAL 11-23-9-15   | I NESST        | 1 20       | 1 33                                             | 1 100    | DOUNCEME                  | <u> </u>     | 11/2/01            |
| METT 2 C     | DLI                    | M APPROV                                                                    | ED PARTICIPATI            | NG AREA EXPANSION EFFECTIVE | VE 7/1         | /2006      | 5. (                                             | GRRV     |                           | 001          |                    |
| A-           | Establish new solf     | cliens on beck of form<br>ly for now well fairs/o<br>duling oddly (group or | well aniff)               | REC                         | CEIV           | ED         |                                                  |          | Lana L                    | ekeles       | Lana Nebek         |
| C-           | the analysis wall free |                                                                             | e anather existing entity | NOV                         | 1 6 2          | 006        |                                                  | 0        | Signature  Production Cle | dk           | NOVEMBER 13,200    |

HOTTE: Use COMMENT section to explain valy each Action Code was salected.

DIV. OF OIL, GAS & MINING



#### **United States Department of the Interior**



BUREAU OF LAND MANAGEMENT
Utah State Office
P.O. Box 45155
Salt Lake City, UT 84145-0155
http://www.blm.gov

IN REPLY REFER TO: 3180 UT-922

NOV 0 6 2006

Newfield Exploration Company Attn: Laurie Deseau 1401 Seventeenth Street, Suite 1000 Denver, CO 80202

> Re: Initial Consolidated Green River Formation PA "A, B" Ashley Unit Duchesne County, Utah

The Initial consolidated Green River Formation "A, B" Ashley Unit, CRS UTU73520C, is hereby approved effective as of July 1, 2006, pursuant to Section 11 of the Ashley Unit Agreement, Duchesne County, Utah.

The Initial Consolidated Green River Formation PA "A, B" results in the Initial Participating Area of 6,710.49 acres, and is based upon the completion of the following wells as being capable of producing unitized substances in paying quantities:

| WEEL NO. | APINO.       | LOCATION          | LEASE NO.      |
|----------|--------------|-------------------|----------------|
| 13-22    | 43-013-32822 | Lot 4, 22-9S-15E  | UTU66185       |
| 14-22    | 43-013-32823 | SESW, 22-9S-15E   | UTU66185       |
| 15-23    | 43-013-32831 | SWSE, 23-9S-15E   | UTU66185       |
| 11-23    | 43-013-32829 | NESW, 23-9S-15E   | UTU66185       |
| 6-23     | 43-013-32827 | SENW, 23-9S-15E   | UTU66185       |
| 14-23    | 43-013-32817 | SESW, 23-9S-15E   | UTU66185       |
| 13-24    | 43-013-32820 | SWSW, 24-9S-15E   | UTU02458       |
| 14-24    | 43-013-32821 | SESW, 24-9S-15E   | UTU02458       |
| 9-24     | 43-013-32819 | NESE, 24-9S-15E   | UTU02458       |
| 8-24     | 43-013-32818 | SENE, 24-9S-15E   | UTU02458       |
| 4-25     | 43-013-32884 | NWNW, 25-9S-15E   | UTU66185       |
| 4-26     | 43-013-32900 | NWNW, 26-9S-15E   | UTU027345      |
| 5-26     | 43-013-32901 | SWNW, 26, 9S-15E  | UTU66185       |
| 12-26    | 43-013-32905 | NWSW, 26, 9S-15E  | UTU66185       |
| 5-27     | 43-013-32836 | Lot 2, 27, 9S-15E | UTU66185       |
| 13-27    | 43-013-32878 | Lot 4, 27, 9S-15E | UTU74827       |
| 11-27    | 43-013-32877 | NESW, 27, 9S-15E  | UTU7484 CEIVED |

NOV 0 8 2006

| WELL NO. | ARLNO.       | LOCATION         | LEASE NO. |
|----------|--------------|------------------|-----------|
| 14-27    | 43-013-32879 | SESW, 27, 9S-15E | UTU74827  |
| 7-27     | 43-013-32838 | SWNE, 27, 9S-15E | UTU66185  |
| 10-27    | 43-013-32876 | NWSE, 27, 9S-15E | UTU66185  |
| 15-27    | 43-013-32880 | SWSE, 27, 9S-15E | UTU66185  |
| 9-27     | 43-013-32875 | NESE, 27, 9S-15E | UTU66185  |
| 3-27     | 43-013-32835 | NENW, 27, 9S-15E | UTU66185  |
| 2-27     | 43-013-32834 | NWNE, 27, 92-15E | UTU027345 |

Copies of the approved request are being distributed to the appropriate agencies and one copy is returned herewith. Please advise all interested parties of the approval of the Consolidated Green River PA "A, B", Ashley Unit.

Sincerely,

/s/ Douglas F. Cook

Douglas F. Cook Chief, Branch of Fluid Minerals

bcc: Division of Oil, Gas & Mining

**SITLA** 

Ashley Unit w/enclosure

MMS - Data Management Division (Attn: James Sykes)

Field Manager - Vernal w/enclosure

Agr. Sec. Chron. Central Files

CSeare:cs (11/03/06)Ashley "A, B"Consolidated

FORM 3160-5 (September 2001)

# UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

| FORM A       | PPROVED     |
|--------------|-------------|
| OMB No.      | 1004-0135   |
| Expires Janu | uary 31,200 |

SUNDRY NOTICES AND REPORTS ON WELLS

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

UTU66185

Lease Serial No.

| abandoned we                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ell. Use Form 3160-3 (AP                                                                                                              | D) for such prop                                                                                                                                                                                           | osals.                                                                                                                                                                                  | 6. If Indian, Allon                                                                                                                                             | ee or Tribe Name.                                                                                                                 |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|--|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | e ni kewaka dalah me<br>Lambahan Malah                                                                                                |                                                                                                                                                                                                            |                                                                                                                                                                                         | 7. If Unit or CA/A                                                                                                                                              | greement, Name and/or No.                                                                                                         |  |  |
| 1. Type of Well Oil Well Gas Well                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Other Unassigned                                                                                                                      |                                                                                                                                                                                                            |                                                                                                                                                                                         | 8. Well Name and                                                                                                                                                |                                                                                                                                   |  |  |
| 2. Name of Operator<br>NEWFIELD PRODUCTION CO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | MPANY                                                                                                                                 |                                                                                                                                                                                                            |                                                                                                                                                                                         | ASHLEY FEDE                                                                                                                                                     | RAL 6-23-9-15                                                                                                                     |  |  |
| 3a. Address Route 3 Box 3630                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                       | 3b. Phone No. (incl                                                                                                                                                                                        | ude are code)                                                                                                                                                                           | 4301332827                                                                                                                                                      |                                                                                                                                   |  |  |
| Myton, UT 84052                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                       | 435.646.3721                                                                                                                                                                                               |                                                                                                                                                                                         | 10. Field and Pool<br>Monument Butte                                                                                                                            | , or Exploratory Area                                                                                                             |  |  |
| 4. Location of Well (Footage, Sec. 1878 FNL 1888 FWL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ., T., R., M., or Survey Descriptio                                                                                                   | n)                                                                                                                                                                                                         |                                                                                                                                                                                         | 11. County or Parish, State                                                                                                                                     |                                                                                                                                   |  |  |
| SE/NW Section 23 T9S R1:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | SE.                                                                                                                                   |                                                                                                                                                                                                            |                                                                                                                                                                                         | Duchesne,UT                                                                                                                                                     |                                                                                                                                   |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                       | D) TO INTIDICAT                                                                                                                                                                                            | TE NATURE OF N                                                                                                                                                                          |                                                                                                                                                                 | THER DATA                                                                                                                         |  |  |
| 12. CHECK TYPE OF SUBMISSION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | APPROPRIATE BOX(E                                                                                                                     | S) TO INIDICAT                                                                                                                                                                                             | TYPE OF ACTION                                                                                                                                                                          |                                                                                                                                                                 | HERDATA                                                                                                                           |  |  |
| □ Notice of Intent □ Subsequent Report □ Final Abandonment Notice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Acidize Alter Casing Casing Repair Change Plans Convert to Injector                                                                   | Deepen Fracture Treat New Construct Plug & Abando Plug Back                                                                                                                                                | Reclama                                                                                                                                                                                 | lete<br>arily Abandon                                                                                                                                           | Water Shut-Off Well Integrity Other Weekly Status Report                                                                          |  |  |
| under which the work will be perfor involved operations. If the operation Abandonment Notices shall be filed inspection.)  On 6/24/06 MIRU NDSI Riccsgn to 1,500 psi. Vernal B cement & shoe. Drill a 7.87 Dig/SP/GR log's TD to surf KB. Cement with 300 sks c All Spacers to reserve pit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | LM field, & Roosevelt DOG 5 hole with fresh water to a ace. PU & TIH with Guide s ement mixed @ 11.0 ppg & Nipple down Bop's. Drop sl | with BLM/BIA. Require completion in a new intreclamation, have been reclamation, have been resure test Kelly, 6M office was not a depth of 5942'. I shoe, shoe jt, float 3.43 yld. The 45 ips @ 95,000 #'s | d subsequent reports shall erval, a Form 3160-4 shall completed, and the operator, TIW, Choke manififed of test. PU BH, Lay down drill string at collar, 135 jt's of 50 sks cement mixe | be filed within 30 days be filed once testing he or has determined that the fold, & Bop's to 2 A and tag cemer g & BHA. Open 1 5.5 J-55, 15.5# ced @ 14.4 ppg & | e site is ready for final  2,000 psi. Test 8.625  at @ 280'. Drill out  alole log w/  csgn. Set @ 5925.76/  at 1.24 yld. Returned |  |  |
| I hereby certify that the foregoing is true and correct  Name (Printed/ Typed)  Don Bastian  Title  Drilling Foreman                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                       |                                                                                                                                                                                                            |                                                                                                                                                                                         |                                                                                                                                                                 |                                                                                                                                   |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                       |                                                                                                                                                                                                            |                                                                                                                                                                                         |                                                                                                                                                                 |                                                                                                                                   |  |  |
| Signature Por Basti                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                       | Date<br>06/30/20                                                                                                                                                                                           | 006                                                                                                                                                                                     |                                                                                                                                                                 |                                                                                                                                   |  |  |
| Von Nasin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                       | 1848 B. J. J. M. L.                                                                                                                                                                                        |                                                                                                                                                                                         |                                                                                                                                                                 |                                                                                                                                   |  |  |
| and the second second second                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                       |                                                                                                                                                                                                            |                                                                                                                                                                                         |                                                                                                                                                                 |                                                                                                                                   |  |  |
| Approved by                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                       |                                                                                                                                                                                                            | Title                                                                                                                                                                                   | Da                                                                                                                                                              | te                                                                                                                                |  |  |
| Conditions of approval, if any, are attack<br>certify that the applicant holds legal or e<br>which would entitle the applicant to con-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | quitable title to those rights in the sub<br>duct operations thereon.                                                                 | ject lease                                                                                                                                                                                                 | Office                                                                                                                                                                                  |                                                                                                                                                                 |                                                                                                                                   |  |  |
| Title 18 U.S.C. Section 1001 and Title 4<br>States any false, fictitious and fraudulen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 3 U.S.C. Section 1212, make it a crim                                                                                                 | e for any person knowin<br>ny matter within its juris                                                                                                                                                      | ngly and willfully to make diction                                                                                                                                                      | to any department or ag                                                                                                                                         | gency of the United                                                                                                               |  |  |
| The state of the s |                                                                                                                                       |                                                                                                                                                                                                            |                                                                                                                                                                                         |                                                                                                                                                                 | ストヘニニノニン                                                                                                                          |  |  |

(Instructions on reverse)

HECEIVED
JUL 0.5 2006

### NEWFIELD PRODUCTION COMPANY - CASING & CEMENT REPORT

|                                         |             |               | 5 1/2"             | CASING SET    | AT                          | 5925.76        |              |                                       |              |
|-----------------------------------------|-------------|---------------|--------------------|---------------|-----------------------------|----------------|--------------|---------------------------------------|--------------|
|                                         |             |               |                    |               | Fit clir @                  |                |              |                                       |              |
| LAST CASIN                              | G 8 5/8"    | SET A         | AT 3 <u>21.01'</u> |               | OPERATOR                    |                | Newfield I   | Production C                          | ompany       |
| DATUM                                   |             |               | <u></u>            |               | WELL                        | Ashley Fed     | deral 6-23-  | 9-15                                  |              |
| -                                       |             |               | 12'                |               | FIELD/PROS                  | SPECT          | Monumen      | t Butte                               |              |
| DATUM TO E                              |             | -             |                    | <del></del>   | CONTRACT                    | OR & RIG#      |              | Patterson-U                           | TI Rig # 155 |
|                                         |             |               | 5942'              | •             |                             |                |              |                                       |              |
| HOLE SIZE                               |             |               |                    |               |                             |                |              |                                       |              |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |             |               |                    |               |                             |                |              |                                       |              |
| LOG OF CAS                              | SING STRIN  | G:            |                    |               |                             |                |              | · · · · · · · · · · · · · · · · · · · |              |
| PIECES                                  | OD          |               | MAKE - DESCI       | RIPTION       | WT/FT                       | GRD            | THREAD       | CONDT                                 | LENGTH       |
|                                         |             | Landing Jt    |                    |               |                             |                |              |                                       | 14           |
|                                         |             |               | 6.05 @ 3935.5      | 55            |                             |                |              |                                       |              |
| 134                                     | 5 1/2"      | ETC LT & C    | casing             |               | 15.5#                       | J-55           | 8rd          | A                                     | 5892.01      |
|                                         |             |               |                    |               |                             |                |              |                                       | 0.6          |
| 1                                       | 5 1/2"      | ETC LT&C      | csg                |               | 15.5#                       | J-55           | 8rd          | A                                     | 20.5         |
|                                         |             |               | GUIDE              | shoe          |                             |                | 8rd          | A                                     | 0.65         |
| CASING INV                              | ENTORY BA   | AL.           | FEET               | JTS           | TOTAL LEN                   | GTH OF ST      | RING         | ].                                    | 5927.76      |
| TOTAL LENG                              | STH OF STE  | RING          | 5927.76            | 135           | LESS CUT OFF PIECE          |                |              | 14                                    |              |
| LESS NON C                              | SG. ITEMS   |               | 15.25              |               | PLUS DATUM TO T/CUT OFF CSG |                |              | 12                                    |              |
| PLUS FULL                               | JTS. LEFT C | DUT           | 174.22             | 4             | CASING SET DEPTH            |                |              | 5925.76                               |              |
|                                         | TOTAL       |               | 6086.73            | 139           | <u>ا</u> ر                  |                |              |                                       |              |
| TOTAL CSG                               |             | THRDS)        | 6086.73            | 139           | COMPARE                     |                |              |                                       |              |
| TIMING                                  |             |               | 1ST STAGE          | 2nd STAGE     |                             |                |              |                                       |              |
| BEGIN RUN                               | CSG.        |               | 9:30 PM            | 6/29/2006     | GOOD CIRC THRU JOB Yes      |                |              |                                       |              |
| CSG. IN HO                              | LE          |               | 1:00AM             | 6/30/2006     | Bbls CMT C                  | IRC TO SUF     | RFACE        | All Spacers                           |              |
| BEGIN CIRC                              | ;           |               | 2:48 AM            | 6/30/2006     | RECIPROC                    | ATED PIPE      | FOR          | _THRUSTROM                            | <u>(E</u>    |
| BEGIN PUM                               | P CMT       |               | 2:59AM             | 6/30/2006     | DID BACK I                  | PRES. VALV     | E HOLD?      | Yes                                   |              |
| BEGIN DSPI                              | L. CMT      |               | 3:45AM             | 6/30/2006     | BUMPED P                    | LUG TO _       |              | 2090                                  | PSI          |
| PLUG DOW                                | N           |               | 4:07AM             | 6/30/2006     |                             |                |              |                                       |              |
| CEMENT US                               | SED         |               |                    | CEMENT CO     | MPANY-                      | B. J.          |              | <del></del>                           |              |
| STAGE                                   | # SX        |               |                    |               | PE & ADDITI                 |                |              |                                       |              |
| 1                                       | 300         | Premlite II v | v/ 10% gel + 3     | % KCL, 3#'s / | sk CSE + 2# s               | sk/kolseal + ′ | 1/4#'s/sk Ce | lo Flake                              |              |
|                                         |             |               | 1.0 ppg W / 3.4    |               |                             |                |              |                                       |              |
| 2                                       | 450         | 50/50 poz \   | N/ 2% Gel + 3%     | KCL, .5%EC    | 1,1/4# sk C.F               |                |              |                                       | 1.24 YLD     |
| CENTRALIZ                               |             |               |                    |               |                             |                | KE & SPAC    | NG                                    |              |
|                                         |             |               | ond & third. T     | hen every th  | ird collar for              | a total of 20  | ).           |                                       |              |
|                                         |             |               |                    |               |                             |                |              |                                       |              |
|                                         |             |               |                    |               |                             |                |              |                                       |              |
|                                         |             |               |                    |               |                             |                |              |                                       |              |

| COMPANY REPRESENTATIVE | Don Bastian | DATE _ | 6/30/2006 |
|------------------------|-------------|--------|-----------|
|                        |             |        |           |

FORM 3160-5 (September 2001)

# UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

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

| SUNDRY<br>Do not use to<br>abandoned we                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 6. If Indian, Allo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 6. If Indian, Allottee or Tribe Name.                                                                                      |                                                                                         |                                                                                                   |                                            |                                                                                |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------------------------------|--|--|
| de 1919 de la companya de la company |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                            |                                                                                         |                                                                                                   | 7. If Unit or CA/Agreement, Name and/or    |                                                                                |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                            |                                                                                         | ASHLEY PA A                                                                                       |                                            |                                                                                |  |  |
| 1. Type of Well Gas Well [                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                            |                                                                                         | 8. Well Name and                                                                                  | d No                                       |                                                                                |  |  |
| 2. Name of Operator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                            |                                                                                         | ASHLEY 6-23-                                                                                      |                                            |                                                                                |  |  |
| NEWFIELD PRODUCTION CO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | MPANY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                            |                                                                                         | 9. API Well No.                                                                                   |                                            | <del></del>                                                                    |  |  |
| 3a. Address Route 3 Box 3630                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3b. Phone (include a                                                                                                       | re code)                                                                                | 4301332827                                                                                        |                                            |                                                                                |  |  |
| Myton, UT 84052                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 435.646.3721                                                                                                               |                                                                                         | 10. Field and Poo                                                                                 | ol, or E                                   | cploratory Area                                                                |  |  |
| , .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Sec., T., R., M., or Survey Descrip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | tion)                                                                                                                      |                                                                                         |                                                                                                   | MONUMENT BUTTE                             |                                                                                |  |  |
| 1878 FNL 1888 FWL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                            |                                                                                         | 11. County or Par                                                                                 | 11. County or Parish, State                |                                                                                |  |  |
| SENW Section 23 T9S R15E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                            |                                                                                         | DUCHESNE, I                                                                                       | UT                                         |                                                                                |  |  |
| 12. CHECK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | APPROPRIATE BOX(ES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | S) TO INIDICATE N                                                                                                          | IATURE OF N                                                                             | OTICE, OR OT                                                                                      | THER                                       | DATA                                                                           |  |  |
| TYPE OF SUBMISSION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | TY                                                                                                                         | PE OF ACTION                                                                            | Ī                                                                                                 |                                            |                                                                                |  |  |
| Notice of Intent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Acidize Alter Casing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Deepen Fracture Treat                                                                                                      | Producti Reclama                                                                        | on(Start/Resume)<br>tion                                                                          | _                                          | Water Shut-Off Well Integrity                                                  |  |  |
| Subsequent Report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Casing Repair                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | New Construction                                                                                                           | Recomp                                                                                  |                                                                                                   | X (                                        | Other                                                                          |  |  |
| ☐ Final Abandonment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Change Plans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Plug & Abandon                                                                                                             | =                                                                                       | rily Abandon                                                                                      |                                            | Weekly Status Report                                                           |  |  |
| T ma Adardonnen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Convert to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Plug Back                                                                                                                  | <b>∐</b> Water D                                                                        | isposai                                                                                           |                                            |                                                                                |  |  |
| the well. A cement bond with 20/40 mesh sand. Po (5129'-5144'),(5064'-5080 Composite flow-through to moved over the well on 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ion procedures intiated in the log was run and a total of fiverforated intervals are as fool),(4980'-4997'); Stage #4 frac plugs were used betwe 17-31-2006. Bridge plugs were betwe loge to be root pump was run in the loge plugs were root pump was run in the loge plugs were root pump was run in the loge plugs were root pump was run in the loge plugs were root pump was run in the loge plugs were root pump was run in the loge plugs were root pump was run in the loge plugs were root pump was run in the loge plugs were root pump was run in the loge plugs were root pump was run in the loge plugs were root pump was run in the loge plugs were root pump was run in the loge plugs were root pump was run in the loge plugs were root pump was run in the loge plugs were root pump was run in the loge plugs were root pump was run in the loge plugs were root pump was run in the loge plugs were root pump was run in the loge plugs were root pump was run in the loge plugs were root pump was run in the loge plugs were root pump was run in the loge plugs were root pump was run in the loge plugs were root pump was run in the loge plugs were root pump was run in the loge plugs were root pump was run in the loge plugs were root pump was run in the loge plugs were root pump was run in the loge plugs were root pump was run in the loge plugs were root pump was run in the loge plugs were root pump was run in the loge plugs were root pump was run in the loge plugs were root pump was run in the loge plugs were root pump was run in the loge plugs were root pump was run in the loge plugs were root pump was run in the loge plugs were root pump was run in the loge plugs were root pump was run in the loge plugs were root pump was run in the loge plugs were root pump was run in the loge plugs were root pump was run in the loge plugs were root pump was run in the loge plugs were root pump was run in the loge plugs were root pump was run in the loge plugs were root pump was run in the loge plugs were root pump was run in the loge plugs were root pump | ve Green River interv<br>llows: Stage #1 (561)<br>(4808'-4820'); Stage i<br>en stages. Fracs wer<br>ere drilled out and we | als were perfor<br>8'-5634'); Stag<br>#5 (4604'-4612<br>e flowed back<br>Il was cleaned | rated and hydrau<br>e #2 (5248'-5260<br>'). All perforation<br>through chokes.<br>to 5904'. Zones | ulically<br>0');Stans, we<br>A ser<br>were | y fracture treated<br>age #3<br>are 4 JSPF.<br>vice rig was<br>swab tested for |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                            |                                                                                         |                                                                                                   |                                            |                                                                                |  |  |
| I hereby certify that the foregoing is                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | s true and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Title                                                                                                                      |                                                                                         |                                                                                                   |                                            |                                                                                |  |  |
| COTTect (Printed/ Typed)  Lana Nebekef)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1 1 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Production C                                                                                                               | lerk                                                                                    |                                                                                                   |                                            |                                                                                |  |  |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                            |                                                                                         |                                                                                                   |                                            |                                                                                |  |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | THE RESIDENCE THE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | retubbilitent mits                                                                                                         |                                                                                         |                                                                                                   |                                            |                                                                                |  |  |
| t and the second | the Attached and the Article of the State of | <u>an ag fagadhalla an la ar an ag an San tao</u>                                                                          |                                                                                         |                                                                                                   |                                            | ·                                                                              |  |  |
| Approved by                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Title                                                                                                                      |                                                                                         | Dat                                                                                               | te                                         |                                                                                |  |  |
| Conditions of approval, if any, are attach<br>certify that the applicant holds legal or e-<br>which would entitle the applicant to con-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | quitable title to those rights in the subje                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                            | ce                                                                                      | חרסרי                                                                                             | \/ <b>_</b>                                | n                                                                              |  |  |
| Title 18 U.S.C. Section 1001 and Title 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | for any person knowingly an                                                                                                | d willfully to make to                                                                  | any department or ac                                                                              | ency of                                    | the United                                                                     |  |  |
| States any false, fictitious and fraudulent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | statements or representations as to any                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | matter within its jurisdiction                                                                                             | to make the                                                                             | ,                                                                                                 | == AA                                      |                                                                                |  |  |

(Instructions on reverse)

SEP 1 3 2006



October 21, 2011

Mr. Mark Reinbold State of Utah Division of Oil, Gas and Mining 1594 W North Temple Salt Lake City, Utah 84114-5801

RE:

Permit Application for Water Injection Well

Ashley Federal #6-23-9-15

Monument Butte Field, Lease #UTU-66185

Section 23-Township 9S-Range 15E

Duchesne County, Utah

Dear Mr. Reinbold:

Newfield Production Company herein requests approval to convert the Ashley Federal #6-23-9-15 from a producing oil well to a water injection well in the Monument Butte (Green River) Field.

I hope you find this application complete; however, if you have any questions or require additional information, please contact me at (303) 893-0102.

Sincerely,

Eric Sundberg Regulatory Lead

HEGEIVED

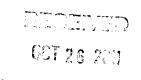
# NEWFIELD PRODUCTION COMPANY APPLICATION FOR APPROVAL OF CLASS II INJECTION WELL ASHLEY FEDERAL #6-23-9-15 MONUMENT BUTTE FIELD (GREEN RIVER) FIELD LEASE #UTU-66185

**OCTOBER 21, 2011** 

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WELLBORE DIAGRAM OF PROPOSED PLUGGED WELL



ATTACHMENT H-1

#### STATE OF UTAH DIVISION OF OIL, GAS AND MINING

**ADDRESS** 

#### APPLICATION FOR INJECTION WELL - UIC FORM 1

1001 17th Street, Suite 2000 Denver, Colorado 80202

OPERATOR Newfield Production Company

| Well Name and nu                                                                             | mber:                                      | Asnley Fed                      | deral #6-23                   | 3 <del>-</del> 9-15                   |                              |                   |               |          |          |
|----------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------|-------------------------------|---------------------------------------|------------------------------|-------------------|---------------|----------|----------|
| Field or Unit name:                                                                          | Monument B                                 | utte (Green                     | River)                        |                                       |                              |                   | Lease No.     | UTU-6618 | 35       |
| Well Location: QQ                                                                            | SENW                                       | section                         | 23                            | township                              | 98                           | _range            | 15E           | county   | Duchesne |
| Is this application for                                                                      | or expansion o                             | f an existing                   | project?.                     |                                       |                              | Yes[X]            | No [ ]        |          | ·        |
| Will the proposed v                                                                          |                                            |                                 | Enhanced<br>Disposal?         | Recovery?                             |                              | Yes[X]<br>Yes[] N | No[]<br>lo[X] |          |          |
| Is this application for this application is has a casing test Date of test:  API number: 43- | for an existing<br>been performe           | well,                           |                               |                                       |                              |                   |               |          |          |
| Proposed injection<br>Proposed maximum<br>Proposed injection<br>mile of the well.            | n injection:                               | from<br>rate<br>[x ] oil, [ ] g | 3911<br>500 bpd<br>as, and/or | to<br>_pressure<br>[ ] fresh wa       | 5747<br>1639<br>ter within 1 | _<br>_psig<br>1/2 |               |          |          |
|                                                                                              | IMPORT                                     | TANT:                           |                               | information by this form.             | as require                   | d by R615-        | 5-2 should    |          |          |
| List of Attachments                                                                          | £                                          | Attachmen                       | ts "A" thro                   | ugh "H-1"                             |                              |                   |               |          |          |
|                                                                                              |                                            |                                 | ******                        |                                       |                              |                   |               |          |          |
| Title Re                                                                                     | c Sundberg<br>gulatory Lead<br>3) 893-0102 | complete to                     | o the best o                  | of my knowle<br>_ Signature<br>_ Date | dge.                         | - fee             |               |          | <b>-</b> |
| (State use only)<br>Application approve                                                      | ed by                                      |                                 |                               |                                       |                              | Title             |               |          |          |

OCT 26 2001

مرسوم نا الدائد الدائل الماما فأن المستور

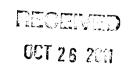
#### Ashley Federal 6-23-9-15

Spud Date: 06/14/2006 **Initial Production:** BOPD, Put on Production: 08/02/2006 Proposed Injection MCFD, BWPD GL: 6327' KB: 6339' Wellbore Diagram SURFACE CASING FRAC JOB CSG SIZE: 8-5/8' 07/28/06 5618-5634 Frac CP2 sands as follows: GRADE: J-55 34,075# 20/40 sand in 394 bbls Lightning 17 TOC @ 275 frac fluid. Treated@ avg press of 1597 psi WEIGHT: 24# w/avg rate of 24.9 BPM. ISIP 1675 psi. Calc Casing Shoe @ 321 flush: 5616 gal. Actual flush: 5124 gal Frac LODC sands as follows: LENGTH: 8 jts. (309.16') 07/28/06 5248-5260\* DEPTH LANDED: 321.01' KB 69,111# 20/40 sand in 543 bbls Lightning 17 frac fluid. Treated @ avg press of 2325 psi w/avg rate of 24.7 BPM. ISIP 2450 psi. Calc HOLE SIZE: 12-1/4" CEMENT DATA: 160 sxs Class "G" cmt, est 4 bbls cmt to surf. flush: 5246 gal. Actual flush: 4788 gal. 07/28/06 5129-4997 Frac LODC, A3, & A1 sands as follows: 198,857# 20/40 sand in 710 bbls Lightning 17 frac fluid. Treated @ avg press of 2698 psi w/avg rate of 26.7 BPM. ISIP 3150 psi. Calc flush: 5127 gal. Actual flush: 4536 gal. Frac B.5 sands as follows: 33,850# 20/40 sand in 380 bbls Lightning 17 07/28/06 4808-48203 PRODUCTION CASING frac fluid. Treated @ avg press of 2084 psi w/avg rate of 24.5 BPM. ISIP 2090 psi. Calc CSG SIZE: 5-1/2 flush: 4806 gal. Actual flush: 4326 gal. GRADE: J-55 07/28/06 4604-4612\* Frac D1 sands as follows: 43,995# 20/40 sand in 375 bbls Lightning 17 WEIGHT: 15,5# frac fluid. Treated @ avg press of 1928 psi w/avg rate of 25.5 BPM. ISIP 2450 psi. Calc LENGTH: 135 jts. (5912.51') flush: 4602 gal. Actual flush: 4536 gal. DEPTH LANDED: (5925.76') KB 10/23/06 Pump Change Rod & Tubing detail updated. **HOLE SIZE: 7-7/8\*** Pump change. Updated rod & tubing details. 12/31/2011 Parted Rods. Rod & tubing detail updated. CEMENT DATA: 300 sxs Prem. Lite II mixed & 450 sxs 50/50 POZ. CEMENT TOP: 275 **TUBING** SIZE/GRADE/WT.: 2-7/8" / J-55 NO. OF JOINTS: 174 jts (5507.09') TUBING ANCHOR: 5507.9° NO. OF JOINTS: 2 its (63.4') SEATING NIPPLE: 2-7/8" (1.10") SN LANDED AT: 5574' NO. OF JOINTS: 2 jts (63.30') TOTAL STRING LENGTH: EOT @5638.4 PERFORATION RECORD 07/28/06 5618-5634' 07/28/06 5248-5260' 4 JSPF 48 holes Packer @ 4554' 07/28/06 5129-5144° 07/28/06 5064-5080° 4604-4612 4 JSPF 60 holes 4 ISPF 64 holes 4980-4997 07/28/06 4 JSPF 68 holes 4808-4820 07/28/06 4808-4820' 4 JSPF 48 holes 07/28/06 4604-4612 4 JSPF 32 holes 4980-4997 5064-5080\* 5129-5144 5248-5260 5618-5634' EOT @ 5639' NEWFIELD PBTD @ 5747' RECEIVED SHOE @ 5926' Ashley Federal 6-23-9-15 OCT 26 2011 TD @ 5942\* 1878' FNL & 1888' FWL SE/NW Section 23-T9S-R15E DIM OF CITY OF THE STATE OF Duchesne County, Utah

API #43-013-32827; Lease #UTU-66185

#### WORK PROCEDURE FOR INJECTION CONVERSION

- 1. Rig up hot oil truck to casing. Pump water. Unseat pump. Flush rods. Trip out of hole with rods and pump.
- 2. Trip out of hole with tubing, breaking and doping every connection. Trip in hole with packer and tubing. Rig up water truck to casing. Pump packer fluid. Set packer.
- 3. Test casing and packer.
- 4. Rig down and move out.



مسترضا ما معمولات مساح

## REQUIREMENTS FOR INJECTION OF FLUIDS INTO RESERVOIRS RULE R615-5-1

- 1. Operations to increase ultimate recovery, such as cycling of gas, the maintenance of pressure, the introduction of gas, water or other substances into a reservoir for the purpose of secondary or other enhanced recovery or for storage and the injection of water into any formation for the purpose of water disposal shall be permitted only by order of the Board after notice and hearing.
- 2. A request for agency action for authority for the injection of gas, liquified petroleum gas, air, water or any other medium into any formation for any reason, including but not necessarily limited to the establishment of or the expansion of waterflood projects, enhanced recovery projects, and pressure maintenance projects shall contain:
  - 2.1 The name and address of the operator of the project.

Newfield Production Company 1001 17<sup>th</sup> Street, Suite 2000 Denver, Colorado 80202

A plat showing the area involved and identifying all wells, including all proposed injection wells, in the project area and within one-half mile of the project area.

See Attachment A.

2.3 A full description of the particular operation for approval is requested.

Approval is requested to convert the Ashley Federal #6-23-9-15 from a producing oil well to a water injection well in Monument Butte (Green River) Field.

2.4 A description of the pools from which the identified wells are producing or have produced.

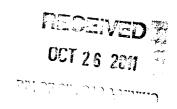
The proposed injection well will inject into the Green River Formation.

2.5 The names, description and depth of the pool or pools to be affected.

The injection zone is in the Green River Formation. For the Ashley Federal #6-23-9-15 well, the proposed injection zone is from Garden Gulch to Basal Carbonate (3911' - 5747'). The confining strata directly above and below the injection zones are the Garden Gulch and the top of the Wasatch Formation or TD, which ever is shallower. The Garden Gulch Marker top is at 3566' and the TD is at 5942'.

2.6 A copy of a log of a representative well completed in the pool.

The referenced log for the Ashley Federal #6-23-9-15 is on file with the Utah Division of Oil, Gas and Mining.



2.7 A statement as to the type of fluid to be used for injection, its source and the estimated amounts to be injected daily.

The primary type and source of fluid to be used for injection will be culinary water commingled with produced water. The average estimated injection of fluids will be at a rate of 300 BPD, and the estimated maximum injection will be at a rate of 500 BPD.

2.8 A list of all operators and surface owners within one-half mile radius of the proposed project.

See Attachment B.

2.9 An affidavit certifying that said operators or owners and surface owners within a one-half mile radius have been provided a copy of the petition for injection.

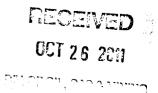
See Attachment C.

2.10 Any additional information the Board may determine is necessary to adequately review the petition.

Newfield Production Company will supply any additional information requested by the Utah Division of Oil, Gas and Mining.

4.0 Establish recovery projects may be expanded and additional wells placed on injection only upon authority from the Board after notice and hearing or by administrative approval.

This proposed injection well is on a Federal lease (Lease #UTU-66185) in the Monument Butte Federal (Green River) Field, and this request is for administrative approval.



#### REQUIREMENTS FOR CLASS II INJECTION WELLS INCLUDING WATER DISPOSAL, STORAGE AND ENHANCED RECOVERY WELLS SECTION V – RULE R615-5-2

- 1. Injection well shall be completed, equipped, operated, and maintained in a manner that will prevent pollution and damage to any USDW, or other resources and will confine injected fluids to the interval approved.
- 2. The application for an injection well shall include a properly completed Form DOGM-UIC-1 and the following:
  - A plat showing the location of the injection well, all abandoned or active wells within a one-half mile radius of the proposed wells, and the surface owner and the operator of any lands or producing leases, respectively, within a one-half mile radius of the proposed injection well.

See Attachments A and B.

2.2 Copies of electrical or radioactive logs, including gamma ray logs, for the proposed well run prior to the installation of casing and indicating resistivity, spontaneous potential, caliper and porosity.

All logs are on file with the Utah Division of Oil, Gas and Mining.

2.3 A copy of a cement bond or comparable log run for the proposed injection well after casing was set and cemented.

A copy of the cement bond log is on file with the Utah Division of Oil, Gas and Mining.

2.4 Copies of logs already on file with the Division should be referenced, but need not be refiled.

All copies of logs are on file with the Utah Division of Oil, Gas and Mining.

2.5 A description of the casing or proposed casing program of the injection well and of the proposed method for testing the casing before use of the well.

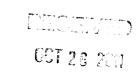
The casing program is 8-5/8", 24# surface casing run to 321' KB, and 5-1/2", 15.5# casing run from surface to 5926' KB. A casing integrity test will be conducted at the time of conversion. See Attachment E.

2.6 A statement as to the type of fluid to be used for injection, its source and estimated amounts to be injected daily.

The primary type and source of fluid to be used for injection will be culinary water commingled with produced water. The estimated average rate of injection will be 300 BPD, and the estimated maximum rate of injection will be 500 BPD.

2.7 Standard laboratory analysis of the fluid to be injected, the fluid in the formation into which the fluid is being injected, and the compatibility of the fluids.

See Attachment F.



#### The proposed average and maximum injection pressures.

The proposed average injection pressure will be approximately 1100 psig and the maximum injection pressure will not exceed 1639 psig.

2.8 Evidence and data to support a finding that the proposed injection well will not initiate fractures through the overlying strata or a confining interval that could enable the injected fluid or formation fluid to enter the fresh water strata.

The minimum fracture gradient for the Ashley Federal #6-23-9-15, for existing perforations (4604' - 5618') calculates at 0.73 psig/ft. The maximum injection pressures will be limited so as not to exceed this gradient. A step rate test will be performed periodically to ensure we are below parting pressure. The proposed maximum injection pressure is 1639 psig. We may add additional perforations between 3566' and 5942'. See Attachments G and G-1.

2.9 Appropriate geological data on the injection interval and confining beds, including the geologic name, lithologic description, thickness, depth, and lateral extent.

In the Ashley Federal #6-23-9-15, the proposed injection zone (3911' - 5747') is in the Garden Gulch to the Basal Carbonate of the Green River Formation. The reservoir is a very fine-grained sandstone with minor imbedded shale streaks. The estimated porosity is 13%. The members are composed of porous and permeable lenticular calcareous sandstone and low porosity carbonates and calcareous shale. The porous and lenticular sandstone varies in thickness from 0-31' and is confined to the Monument Butte Federal Field. Outside the Monument Butte Federal Field, the sandstone is composed of tight, very fine, silty, calcareous sandstone, less than 3' thick. The stratum confining the injection zone is composed of tight, moderately calcareous, sandy lacustrine shale. All of the confining strata are impermeable, and will effectively seal off the oil, gas, and water of the injection zone from any strata directly above or below it.

A review of the mechanical condition of each well within a one-half mile radius of the proposed injection well to assure that no conduit exists that could enable fluids to migrate up or down the wellbore and enter the improper intervals.

See Attachments E through E-19.

Additionally, the injection system will be equipped with high and low pressure shut down devices that will automatically shut in injection waters if a system blockage or leakage occurs. One way check valves will also ensure proper flow management. Relief valves will also be utilized for high-pressure relief.

2.11 An affidavit certifying that a copy of the application has been provided to all operators or owners, and surface owners within a one-half mile radius of the proposed injection well.

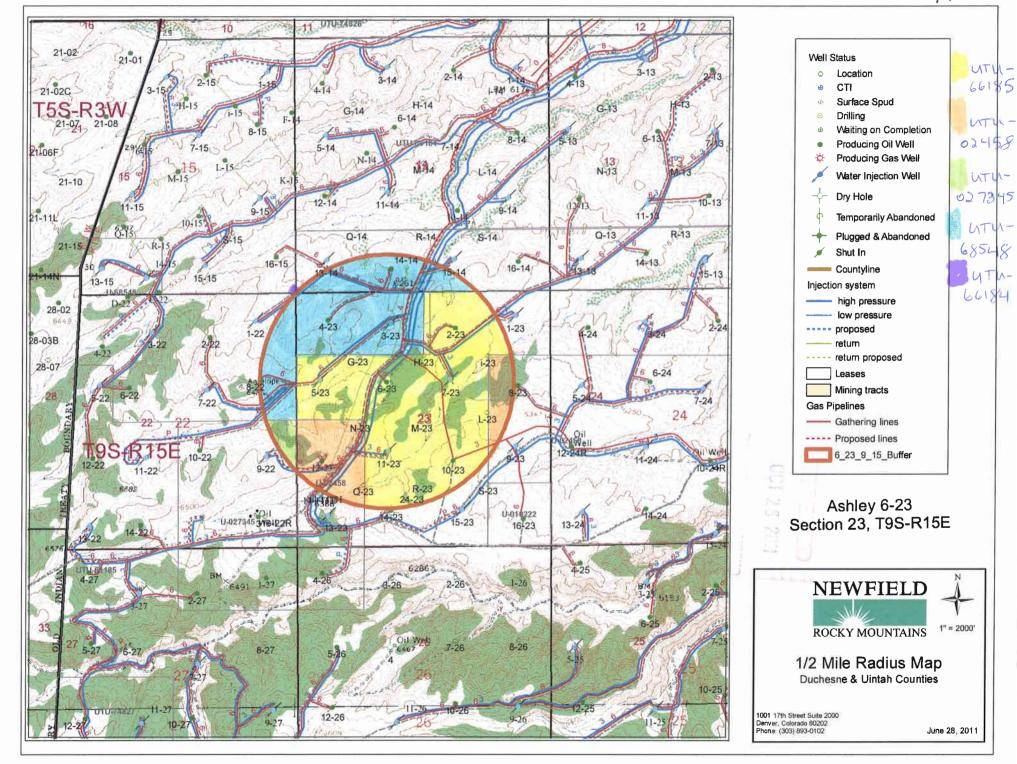
See Attachment C.

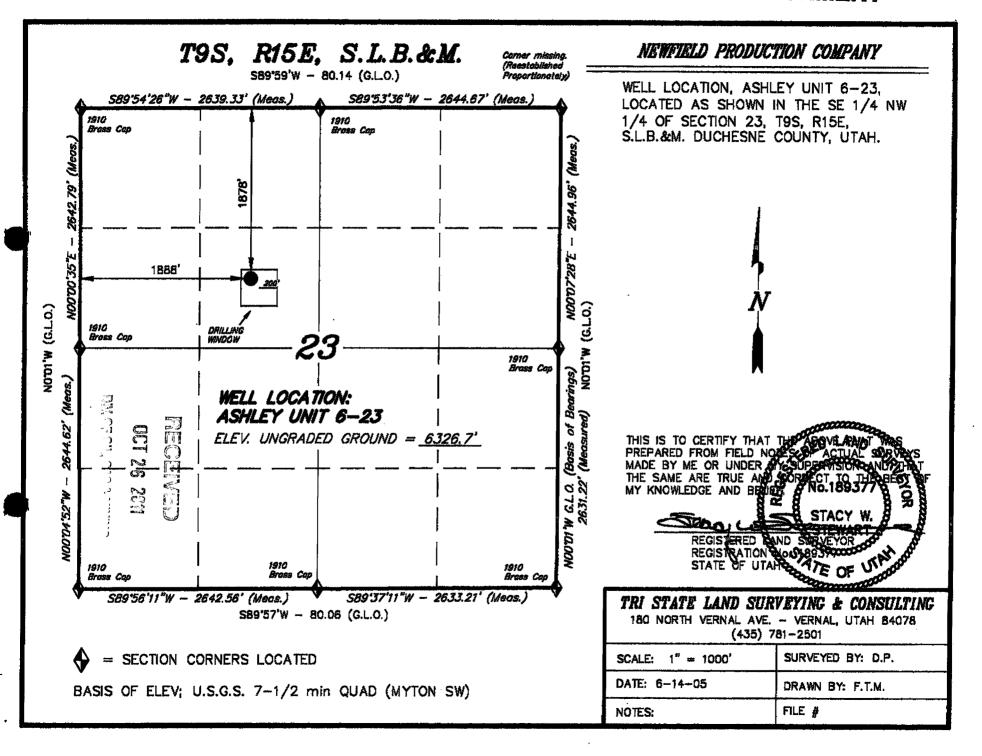
2.12 Any other information that the Board or Division may determine is necessary to adequately review the application.

Newfield Production Company will supply any requested information to the Board or Division.



## ATTACHMENT A





#### **EXHIBIT B**

| # | Legal Description                                                                                                                                                                | Lessor & Expiration      | Lessee & Operating Rights                       | Surface Owner |
|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------------------|---------------|
| 1 | T9S-R15E SLM Section 22: E2SW, Lots 2-4, Section 23: NENE, W2E2, S2NW, E2SW Section 24: N2N2 Section 25: ALL Section 26: NE, NENW, S2NW, S2 Section 27: S2NE, E2NW, SE, Lots 1,2 | USA<br>UTU-66185<br>HBP  | Newfield Production Company<br>Newfield RMI LLC | USA           |
| 2 | T9S-R15E SLM Section 23: SENE, W2SW, NESE Section 24: S2N2, S2                                                                                                                   | USA<br>UTU-02458<br>HBP  | Newfield Production Company<br>Newfield RMI LLC | USA           |
| 3 | T9S-R15E SLM Section 22: SE Section 26: NWNW Section 27: N2NE                                                                                                                    | USA<br>UTU-027345<br>HBP | Newfield Production Company<br>Newfield RMI LLC | USA           |
| 4 | T9S-R15E SLM Section 13: S2S2 Section 14: S2S2 Section 15: Lot 4 Section 22: NE, E2NW, Lot 1 Section 23: N2NW                                                                    | USA<br>UTU-68548<br>HBP  | Newfield Production Company<br>Newfield RMI LLC | USA           |
| 5 | T9S-R15E SLM Section 13: N2, N2S2 Section 14: N2, N2S2 Section 15: E2, Lots 1-3                                                                                                  | USA<br>UTU-66184<br>HBP  | Newfield Production Company<br>Newfield RMI LLC | USA           |

OCT 26 2011

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Ashley 6-23 Page 1 of 1

#### ATTACHMENT C

### CERTIFICATION FOR SURFACE OWNER NOTIFICATION

| RE:                  | Application for Approval of Class II Injection Well Ashley Federal #6-23-9-15                                                                 |
|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| I hereby<br>one-half | certify that a copy of the injection application has been provided to all surface owners within a mile radius of the proposed injection well. |
| Signed:              | Newfield Production Company Eric Sundberg Regulatory Lead                                                                                     |
| Sworn to             | o and subscribed before me this 215t day of October, 2011.                                                                                    |
| Notary I             | Public in and for the State of Colorado: Male J. Julity                                                                                       |
| My Con               | My Commission Expires  O2/10/2013  CE L. The Commission Expires                                                                               |

### Ashley Federal 6-23-9-15

Spud Date: 06/14/2006 **Initial Production:** Put on Production: 08/02/2006 Wellbore Diagram MCFD, BWPD GL: 6327' KB: 6339' SURFACE CASING FRAC JOB CSG SIZE: 8-5/8" 07/28/06 5618-5634 Frac CP2 sands as follows: GRADE: J-55 34,075# 20/40 sand in 394 bbls Lightning 17 TOC @ 275 frac fluid. Treated @ avg press of 1597 psi w/avg rate of 24.9 BPM. ISIP 1675 psi. Calc WEIGHT: 24# Casing Shoe @ 321' LENGTH: 8 jts. (309,16') flush: 5616 gal. Actual flush: 5124 gal Frac LODC sands as follows: 07/28/06 5248-52601 DEPTH LANDED: 321.01' KB 69,111# 20/40 sand in 543 bbls Lightning 17 frac fluid. Treated @ avg press of 2325 psi w/avg rate of 24.7 BPM. ISIP 2450 psi. Calc HOLE SIZE: 12-1/4" CEMENT DATA: 160 sxs Class "G" cmt, est 4 bbls cmt to surf. flush: 5246 gal. Actual flush: 4788 gal. 07/28/06 5129-4997\* Frac LODC, A3, & A1 sands as follows: 198,857# 20/40 sand in 710 bbls Lightning 17 frac fluid. Treated @ avg press of 2698 psi w/avg rate of 26.7 BPM. ISIP 3150 psi. Calc flush: 5127 gal. Actual flush: 4536 gal. Frac B.5 sands as follows: 33,850# 20/40 sand in 380 bbls Lightning 17 07/28/06 4808-48201 frac fluid. Treated @ avg press of 2084 psi w/avg rate of 24.5 BPM. ISIP 2090 psi. Calc PRODUCTION CASING CSG SIZE: 5-1/2" flush: 4806 gal. Actual flush: 4326 gal. GRADE: J-55 07/28/06 4604-4612 Frac D1 sands as follows: 43,995# 20/40 sand in 375 bbls Lightning 17 WEIGHT: 15.5# frac fluid. Treated @ avg press of 1928 psi w/avg rate of 25.5 BPM. ISIP 2450 psi. Calc flush: 4602 gal. Actual flush: 4536 gal. LENGTH; 135 jts. (5912.51') DEPTH LANDED: (5925.76') KB 10/23/06 Pump Change Rod & Tubing detail updated. **HOLE SIZE: 7-7/8** 8-7-08 Pump change. Updated rod & tubing details. 12/31/2011 Parted Rods. Rod & tubing detail updated. CEMENT DATA: 300 sxs Prem. Lite II mixed & 450 sxs 50/50 POZ. CEMENT TOP: 275' TUBING SIZE/GRADE/WT.: 2-7/8" / J-55 NO. OF JOINTS: 174 jts (5507.09') TUBING ANCHOR: 5507.9 NO. OF JOINTS: 2 jts (63.4') SEATING NIPPLE: 2-7/8" (1.10") SN LANDED AT: 5574 NO. OF JOINTS: 2 jts (63.30') TOTAL STRING LENGTH: EOT @5638.4\* PERFORATION RECORD SUCKER RODS 07/28/06 5618-5634' 4 JSPF 07/28/06 5248-5260' 4 JSPF 48 holes POLISHED ROD: 1-1/2" x 22' 07/28/06 5129-5144' 07/28/06 5064-5080' 4604-4612 4 ISPF 60 holes SUCKER RODS: 1-4' x %" ponies, 100-3/4" guided rods, 100-3/4" sucker rods, 20-3/4" guided rods, 6-1 %" sinker bars. 4 JSPF 64 holes 07/28/06 68 holes 4980-4997' 4 JSPF 4808-48201 07/28/06 4808-4820' 4 JSPF PUMP SIZE: CDI 2-1/2" x 1-1/2" x 4' x 12' RHAC 07/28/06 4604-4612' 4 ISPF 32 holes 4980-4997 STROKE LENGTH: 86" 5064-50801 PUMP SPEED, SPM: 5' 5129-5144 5248-5260' Anchor @ 5508' 5618-5634' EOT @ 5639' NEWFIELD PBTD @ 5747' SHOE @ 5926' OCT 26 201 Ashley Federal 6-23-9-15 TD @ 5942' 1878' FNL & 1888' FWL SE/NW Section 23-T9S-R15E

Duchesne County, Utah
API #43-013-32827; Lease #UTU-66185

### Ashley Federal 2-23-9-15

Spud Date: 6-21-05 Put on Production: 8-24-05

Wellbore Diagram

Initial Production: 46 BOPD, 32 MCFD, 92 BWPD

#### GL: 6305' KB: 6317' SURFACE CASING FRAC JOB CSG SIZE: 8-5/8" Frac LODC sand as follows: 8-15-05 5424-5446 GRADE: J-55 54896#'s 20/40 sand in 453 bbls Lightnin Casing Shoe @312' 17 frac fluid, Treated @ avg press of 2845 psi w/avg rate of 26.5 BPM. Screened out WEIGHT: 24# w/3454#'s of sand. LENGTH: 7 jts. (300.28') Cement Top @ 400 DEPTH LANDED: 312.13' KB 8-16-05 5106-5310° Frac LODC sand as follows: 240230#'s 20/40 sand in 1566 bbls Lightning HOLE SIZE:12-1/4" 17 frac fluid. Treated @ avg press of 2358 psi w/avg rate of 39.3 BPM. Calc flush; 5104 gal. CEMENT DATA: 160 sxs Class "G" cmt\_est 7 bbls cmt to surf Actual flush: 5124 gal. 8-17-05 4998-5088\* Frac A1, sand as follows: 34340#'s 20/40 sand in 350 bbls Lightning 17 frac fluid. Treated @ avg press of 2145 psi w/avg rate of 24.9 BPM. ISIP 2500 psi. Calc flush: 4996 gal. Actual flush: 5040 gal. 8-17-05 4770-4866 Frac C, B.5, B1 sand as follows: PRODUCTION CASING 34266#'s 20/40 sand in 345 bbls Lightning CSG SIZE: 5-1/2" 17 frac fluid. Treated @ avg press of 1835 psi w/avg rate of 24.9 BPM. ISIP 2120 psi. Calc GRADE: I-55 flush: 4768 gal. Actual flush:4788 gal. WEIGHT: 15.5# 8-17-05 4616-4623 Frac D1 sand as follows: LENGTH: 144 its. (6100.64') 24437#'s 20/40 sand in 253 bbls Lightning 17 frac fluid. Treated @ avg press of 2078 psi DEPTH LANDED: 6099.89' KB w/avg rate of 25 BPM. Screened out w/6.5# HOLE SIZE: 7-7/8" sand. CEMENT DATA: 300 sxs Prem. Lite II & 450 sxs 50/50 POZ. 8-18-05 4540-4552 Frac DS2 sand as follows: 25087#'s 20/40 sand in 283 bbls Lightning CEMENT TOP AT: 400° 17 frac fluid. Treated @ avg press of 2266 psi w/avg rate of 19.8 BPM. ISIP 2800 psi. Calc flush: 4538 gal. Actual flush:4536 gal. 8-18-05 4174-4180 Frac GB6 sand as follows **TUBING** 26129#'s 20/40 sand in 244 bbls Lightning 17 frac fluid. Treated @ avg press of 1895 psi w/avg rate of 14.1 BPM. ISIP 3800 psi. SIZE/GRADE/WT : 2-7/8" / 1-55 NO. OF JOINTS: 166 jts (5508.39") Screened out w/9500#'s in casis TUBING ANCHOR: 5520.39' KB 1/14/06 Pump change. Update rod and tubing details NO. OF JOINTS: 1 jts (33.27') 12/07/06 Pump Change. Update rod and tubing details, SEATING NIPPLE: 2-7/8" (1.10') 01/17/07 Pump Change. Update rod and tubing details. SN LANDED AT: 5556.46' KB 03/21/07 Pump Change. Update rod and tubing details. NO. OF JOINTS: 1 jts (33.28') 4174-4180 9-19-08 Pump change. Updated rod & tubing details. TOTAL STRING LENGTH: EOT @ 5591.29' KB 4540-4552 4616-4623 4770-4775 PERFORATION RECORD 4834-4838 SUCKER RODS 4862-4866\* 8-8-05 5424-5430° 4 JSPF 24 holes POLISHED ROD: 1-1/2" x 22" 4998-50083 8-8-05 5436-5446' 4 JSPF 40 holes SUCKER RODS: 1-8', 1-2 x $\frac{1}{2}$ pony rods, 99- $\frac{3}{4}$ " scrapered rods, 86- $\frac{3}{4}$ " plain rods, 30- $\frac{3}{4}$ " scrapered rods, 6-1 $\frac{1}{2}$ " weighted rods. 5106-5113 8-16-05 5106-5113' 4 JSPF 28 holes 8-16-05 5134-5204' 2 JSPF 140 holes 5134-5204' PUMP SIZE: 2-1/2" x 1-1/2" x 12x 16' RHAC 5250-5263 8-16-05 5250-5263' 4 JSPF 52 holes 5302-53101 8-16-05 5302-5310" 4 ISPE 32 holes STROKE LENGTH: 86" 8-17-05 4998-5008\* 4 JSPF 5424-5430 40 holes PUMP SPEED, 5 SPM 8-17-05 4770-4775 4 JSPF 20 holes 5436-5446 8-17-05 4834-4838° 8-17-05 4862-4866° 4 JSPF 16 holes Anchor @ 5520' 4 ISPF 16 holes 8-17-05 4616-4623 4 JSPF 28 holes SN @ 5556' 8-18-05 4540-4552\* 4 JSPF 8-18-05 4174-4180' 4 JSPF 24 holes EOT @ 5591' PBTD @ 6084' NEWFIELD TD @ 6099 OCT 28 2011

SHOE @ 6100'



Ashley Federal 2-23-9-15 754' FNL & 1957' FEL NWNE Section 23-T9S-R15E Duchesne Co, Utah API #43-013-32735; Lease #UTU-66185

DF 11/17/08

### Ashley Federal 3-23-9-15

Spud Date: 12/06/04 Initial Production: BOPD, Put on Production: 1/18/2005 Injection Wellbore MCFD, BWPD GL: 6300' KB: 6312' Diagram SURFACE CASING FRAC JOB CSG SIZE: 8-5/8\* 1/13/05 5854'-5864' Frac CPS sands as follows: GRADE: J-55 29,391# 20/40 sand in 372 bbls Lightning 17 frac fluid. Treated @ avg press of 2133 psi w/avg rate of 24.7 BPM. ISIP 2200 psi. Calc flush: 5852 gal. Actual flush: 5851 gal. WEIGHT: 24# Cement Top @ 165' LENGTH: 8 jts. (323.36') 1/13/05 5588'-5627' Frac CP1 sands as follows: DEPTH LANDED: 333,36' KB 79,648# 20/40 sand in 609 bbls Lightning 17 HOLE SIZE:12-1/4" frac fluid. Treated @ avg press of 1659 psi w/avg rate of 24.9 BPM. ISIP 1650 psi. Calc flush: 5586 gal. Actual flush: 5586 gal. CEMENT DATA: 160 sxs Class "G" cmt, est 4 bbls cmt to surf. 1/13/05 5201'-5211' Frac LODC sands as follows: 26,556# 20/40 sand in 289 bbls Lightning 17 frac fluid. Treated @ avg press of 2158 psi w/avg rate of 24.7 BPM. ISIP 2030 psi. Calc flush: 5199 gal. Actual flush: 5200 gal. 1/14/05 4638'-4652' Frac D1 sands as follows: PRODUCTION CASING 100,974# 20/40 sand in 704 bbls Lightning 17 CSG SIZE: 5-1/2" frac fluid. Treated @ avg press of 1760 psi w/avg rate of 25.1 BPM. ISIP 2120 psi. Calc GRADE: J-55 flush: 4636 gal. Actual flush: 4652 gal. WEIGHT: 15.5# SN @ 4570' 5/10/06 Well converted to an Injection well. LENGTH: 133 jts. (5977.08') Packer @ 4574' 5/23/06 MIT completed and submitted. EOT @ 45781 DEPTH LANDED: 5975.08' KB HOLE SIZE: 7-7/8" CEMENT DATA: 285 sxs Prem. Lite II mixed & 375 sxs 50/50 POZ. CEMENT TOP AT: 165' 4638-4652\* TUBING SIZE/GRADE/WT.: 2-7/8" / J-55 / 6.5# NO. OF JOINTS: 140 jts (4557.79') SEATING NIPPLE: 2-7/8" (1.10') SN LANDED AT: 4569.79' KB TOTAL STRING LENGTH: EOT @ 4578.29' w/ 12' KB 5201-5211 PERFORATION RECORD 1/06/05 5854'-5864' 4 JSPF 40 holes 1/13/05 5622'-5627' 4 JSPF 20 holes 1/13/05 5588'-5607' 4 JSPF 76 holes 5588-56071 1/13/05 5201'-5211' 4 JSPF 40 holes 1/13/05 4638'-4652' 4 JSPF 56 holes 5622-5627 5854-5864' NEWFIELD PBTD @5931' OCT 25 2011 Ashley Federal 3-23-9-15 SHOE @ 5975' בייייוי ברוב ויסקס שיים 660' FNL & 1980' FWL TD@ 5985' NE/NW Section 23-T9S-R15E Duchesne Co, Utah

API #43-013-32479; Lease #UTU-68548

#### Ashley Federal 4-23-9-15

Spud Date:7/6/05 Initial Production: BOPD. Put on Production: 10/12/05 Wellbore Diagram MCFD, BWPD GL: 6277' KB: 6289' SURFACE CASING FRAC JOB CSG SIZE: 8-5/8" Cement Top@ 225 10/5/05 5835-5852\* Frac CP5 sand as follows: 120,429#'s 20/40 sand in 857 bbls Lightning GRADE: J-55 17 frac fluid. Treated @ avg press of 1890 psi WEIGHT: 24# Casing Shoe @ 313 w/avg rate of 25.1 BPM. ISIP 2350 Calc LENGTH: 7 jts. (302.87') Flush: 5833 gal. Actual Flush 5838 gals. DEPTH LANDED:312.87' KB 10/5/05 5572-55863 Frac CP1 sand as follows: 59,862#'s 20/40 sand in 496 bbls Lightning HOLE SIZE:12-1/4" 17 frac fluid. Treated @ avg press of 1493 psi w/avg rate of 25.1 BPM, ISIP 1850 Calc CEMENT DATA: 160 sxs Class "G" cmt, est 6 bbls cmt to surf flush: 5570 gal. Actual flush: 5628 gal. 10/5/05 5461-5470\* Frac LODC, sand as follows: 40,377#'s 20/40 sand in 389 bbls Lightning 17 frac fluid. Treated @ avg press of 1710 psi w/avg rate of 25.1 BPM, ISIP 2350 psi. Calc flush: 5459 gal. Actual flush: 5460 gal. 10/5/05 5014-50231 Frac A1 sand as follows: PRODUCTION CASING 40,727#'s 20/40 sand in 409 bbls Lightning CSG SIZE: 5-1/2" 17 frac fluid. Treated@ avg press of 2475 psi w/avg rate of 27.8 BPM. ISIP 3350 psi. Calc GRADE: J-55 flush: 5012 gal. Actual flush: 4998 gal. WEIGHT: 15.5# 10/5/05 4786-4793 Frac C sand as follows: LENGTH: 133 jts. (5950.91') 29,853#'s 20/40 sand in 321 bbls Lightning 17 frac fluid. Treated @ avg press of 2485 psi w/avg rate of 27.5 BPM. Screened Out. Calc flush: 4784 gal. Actual flush: 4242 gal DEPTH LANDED: 5948.91' KB HOLE SIZE: 7-7/8" CEMENT DATA: 300 sxs Prem. Lite II & 450 sxs 50/50 POZ. 10/6/05 4684-4695 Frac D2 sand as follows: 46,269#'s 20/40 sand in 403 bbls Lightning CEMENT TOP AT: 225' 17 frac fluid. Treated @ avg press of 1810 psi w/avg rate of 25.1 BPM, ISIP 2030 psi. Calc flush: 4682 gal. Actual flush: 4578 gal 08/22/06 Pump Change. Update rod and tubing details 8/3/07 Tubing Leak. Updated rod & tubing details. SIZE/GRADE/WT.: 2-7/8" / J-55 NO. OF JOINTS:181 jts (5725.78) TUBING ANCHOR: 5737.78 NO. OF JOINTS: 1 jts (29.30') SEATING NIPPLE: 2-7/8" (1.10') SN LANDED AT: 5769.883 NO. OF JOINTS: 2 jts (61.46') NO, OF SUBS: 2 (20.00') NO. OF PERF SUB: 1 (4.00') TOTAL STRING LENGTH: EOT @ 5856.89° PERFORATION RECORD SUCKER RODS 9/27/05 5835-5852 4 ISPF 68 holes POLISHED ROD: 1-1/2" x 22" 10/5/05 5572-5586 4 JSPF 4786-4793 SUCKER RODS: 1-2' x ½" pony rod, 99- ½" scrapered rods, 95- ½" plain rods, 30- ½" scrapered rods, 6-1 ½" weight rods 10/5/05 5461-5470° 4 JSPF 36 holes 10/5/05 5014-50233 4 JSPF 36 holes PUMP SIZE: 2-1/2" x 1-1/2"x 12' x 16' RHAC 10/5/05 4786-4793\* 4 JSPF 28 holes 5014-5023 10/6/05 4684-4695\* 4 JSPF 44 holes STROKE LENGTH: 74" PUMP SPEED, 4 SPM 5461-5470 5572-5586' Anchor @ 5738' SN @ 5770'\_ 5835-58521 EOT @ 5857 NEWFIELD CCT 23 221 PBTD @ 5903 SHOE @ 5949' Ashley Federal 4-23-9-15 TD @ 5970' 575' FNL & 683' FWL NW/NW Section 23-T9S-R15E Duchesne Co., Utah API #43-013-32736; Lease #UTU-68548

#### Ashley Federal 7-23-9-15

Spud Date:12-11-04 Initial Production: 12 BOPD, Put on Production: 2-4-05 Injection Wellbore 102 MCFD, 2 BWPD GL: 6278' KB: 6290' Diagram SURFACE CASING FRAC JOB CSG SIZE: 8-5/8" 2-1-05 5850-5860' Frac CP5 sand as follows: GRADE: J-55 35697#'s 20/40 sand in 362 bbls Lightning 17 frac fluid. Treated @ avg press of 1976 psi w/avg rate of 24-8 BPM. ISIP 3200 Calc WEIGHT: 24# Flush: 5848 gal. Actual Flush 5880 gals. LENGTH: 7 jts. (294.31') DEPTH LANDED:306.16' KB 2-1-05 5738-5748 Frac CP4 sand as follows: 38551#'s 20/40 sand in 389 bbls Lightning HOLE SIZE:12-1/4" 17 frac fluid. Treated @ avg press of 2040 psi w/avg rate of 24.9 BPM. ISIP 2080 Calc CEMENT DATA: 150 sxs Class "G" cmt, est 2 bbls cmt to surf. flush: 5734 gal. Actual flush: 5754 gal. 2-1-05 5287-5296 Frac LODC, sand as follows: 14124#'s 20/40 sand in 225 bbls Lightning 17 frac fluid. Treated @ avg press of 3142 psi w/avg rate of 23.2 BPM. ISIP 3320 psi. Calc flush: 5285 gal. Actual flush: 5325 gal. 2-2-05 5096-5106 Frac LODC sand as follows: PRODUCTION CASING 24407#'s 20/40 sand in 283 bbls Lightning CSG SIZE: 5-1/2' 17 frac fluid. Treated @ avg press of 2022 psi w/avg rate of? BPM, ISIP 2240 psi. Calc flush: 5094 gal. Actual flush: 5094 gal. GRADE: J-55 WEIGHT: 15.5# SN @ 4756 2-2-05 4803-4807 Frac B1 sand as follows: Packer @ 4758' LENGTH: 132 jts. (5911.70') 15788#'s 20/40 sand in 215 bbls Lightn EOT @ 4762' 17 frac fluid. Treated @ avg press of 2250 psi DEPTH LANDED: 5910.95' KB w/avg rate of 14.4 BPM. ISIP 2375. Calc HOLE SIZE: 7-7/8" flush: 4801 gal. Actual flush: 4716 gal CEMENT DATA: 300 sxs Prem. Lite II & 400 sxs 50/50 POZ. 5/8/06 Well converted to an Injection well. CEMENT TOP AT: 5/23/06 MIT completed and submitted. 4803-4807 5096-51061 **TUBING** SIZE/GRADE/WT .: 2-7/8" / I-55 NO. OF JOINTS:146 jts (4744.40') 5287-5296 SEATING NIPPLE: 2-7/8" (1.10') SN LANDED AT: 4756.40' KB TOTAL STRING LENGTH: EOT @ 4761.70' KB 5738-5748' PERFORATION RECORD 2-1-05 5850-5860' 4 JSPF 40 holes 2-1-05 5738-5748' 4 JSPF 40 holes 2-1-05 5287-5296\* 4 JSPF 36 holes 4 JSPF 2-2-05 5096-5106' 40 holes 2-2-05 4803-4807' 4 JSPF 5850-5860 RECEIVED NEWFIELD PBTD @ 5895' OCT 25 2211 SHOE @ 5911' Ashley Federal 7-23-9-15 TD @ 5925' 1849' FNL & 2072' FEL DIM OF CU, DANS SW/NE Section 23-T9S-R15E Duchesne Co, Utah

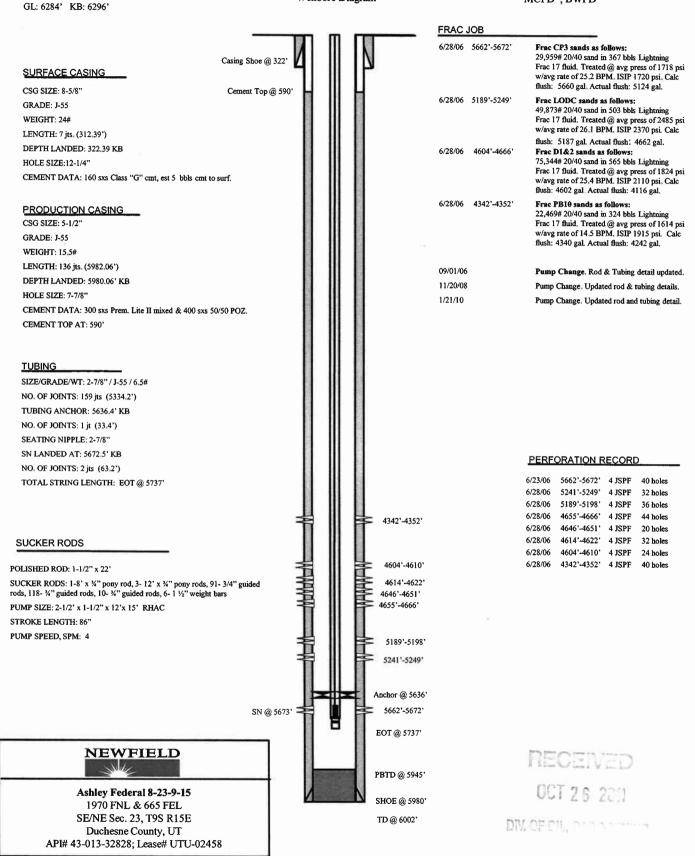
API #43-013-32481; Lease #UTU-66185

#### Ashley Federal 8-23-9-15

Spud Date: 5/30/06
Put on Production: 7/6/06

Wellbore Diagram

Initial Production: BOPD, MCFD, BWPD



#### Ashley Federal #10-23-9-15

Spud Date: 6/7/1995 Initial Production: BOPD, Put on Production: 12/21/1995 Wellbore Diagram MCFD, BWPD GL: 6406' KB: 6420' SURFACE CASING FRAC JOB CSG SIZE: 8-5/8" 12/7/95 5814'-5822' Frac CP3 sands as follows: GRADE: J-55 54,500# 20/40 sand in 547 bbls Boragel Casing Shoe @ 295 fluid. Treated @ avg press of 2200 psi w/avg rate of 26 BPM. ISIP 2078 psi, Calc flush; WEIGHT: 24# 5814 gal. Actual flush: 5747 gal. LENGTH: 7 jts. (296.05') DEPTH LANDED: 294.75' KB 12/9/95 5206'-5259' LDC sands as follows: 113,300# 20/40 sand in 31,357 gal. Boragel fluid. HOLE SIZE-12-1/4" ISIP 2445 psi. Calc flush: 5206' gal. Actual flush: CEMENT DATA: 130 sxs Class "G" cmt. 5156 gal. 12/12/95 4968'-4977' Cement Top@ 2364 Frac A sands as follows: 21,200# 20/40 sand in 12,028 gal. Boragel fluid. ISIP 2291 psi. Calc flush: 4968' gal. Actual flush: 4860 gal. 12/14/95 4884'-4889' Frac B sands as follows: 25,000# 20/40 sand in 287 bbls Boragel fluid. Treated @ avg press of 2060 psi w/avg PRODUCTION CASING rate of 18 BPM. ISIP 2354 psi. Calc flush: CSG SIZE: 5-1/2" 4886 gal. Actual flush: 4799 gal. GRADE: K-55 12/16/95 4740'-4796' Frac C/D sands as follows: 92,600# 20/40 sand in 640 bbls Boragel WEIGHT- 15 5# fluid. Treated @ avg press of 2100 psi w/avg rate of 36 BPM, ISIP 2170 psi. Calc flush: LENGTH: 140 jts. (6047.14') 4740 gal. Actual flush: DEPTH LANDED: 6045.48' KB HOLE SIZE: 7-7/8" 7/29/99 Tubing Leak. Update tubing and rod detail. CEMENT DATA: 240 sxs HiFill & 333 sxs Class G cmnt. w/10% Calseal. 3/2/04 Stuck Pump. Update rod details. CEMENT TOP AT: 2364' CBL TUBING SIZE/GRADE/WT : 2-7/8" / I-55 / 6 5# NO. OF JOINTS: 183 jts (5758.04') TUBING ANCHOR: 5771.04' KB NO. OF JOINTS: 1 jt (31.64') SEATING NIPPLE: 2-7/8" (1.10') SN LANDED AT: 5805,48' KB NO. OF JOINTS: 2 its. (63.28') TOTAL STRING LENGTH: EOT @ 5870.30' KB PERFORATION RECORD SUCKER RODS 12/6/95 5814'-5822' 4 JSPF 4740'-4756' POLISHED ROD: 1-1/2" x 22' polished 12/8/95 5234'-5259' 4 JSPF 44 holes 4788'-4796' SUCKER RODS:  $1-2^{\circ}$  x  $3/4^{\circ}$  pony rod, 4-1  $3/8^{\circ}$  weight bars;  $100-3/4^{\circ}$  scrapered rods;  $111-3/4^{\circ}$  plain rods,  $14-3/4^{\circ}$  scrapered rods, 2-1 1/2 " wt bars. 12/8/95 5206'-5218' 4 JSPF 92 holes 12/10/95 4968'-4977' 4 JSPF 36 holes 4884'-4889' PUMP SIZE: 2-1/2" x 1-1/4" x 11 RHAC 12/13/95 48841-48891 4 ISPF 20 holes 4968'-4977' 12/15/95 4788'-4796' 4 JSPF 32 holes STROKE LENGTH: 64" 12/15/95 4740'-4756' 4 JSPF 64 holes PUMP SPEED, SPM: 4 SPM 5206'-5218' LOGS: DIGL/SP/GR/CAL 5234'-5259' Anchor @ 5771' SN @ 5805' 5814'-5822' EOT @ 5870° RECEIVED Top of Fill 5939' PBTD @ 6001 OCT 26 2011 NEWFIELD SHOE @ 6045' Ashley Federal #10-23-9-15 Diff Co. Car Land Francis TD@6048' 1770' FSL & 2026' FEL

NW/SE Section 23-T9S-R15E

API #43-013-31519; Lease #UTU-66185

Duchesne Co, Utah

#### Ashley Federal 11-23-9-15

Spud Date:06/08/2006 Initial Production: BOPD. Put on Production: 07/20/2006 Injection Wellbore MCFD, BWPD GL: 6349' KB: 6361' Diagram FRAC JOB 07/17/06 5210-5185\* Frac LODC sands as follows: 70,229# 20/40 sand in 547 bbls Lightning 17 frac fluid. Treated @ avg press of 2265 psi w/avg rate of 25.1 BPM. ISIP 2160 psi. Calc SURFACE CASING Cement Top @ 70 CSG SIZE: 8-5/8" flush: 5207 gal. Actual flush: 4704 gal. 07/17/06 4972-4916 GRADE: J-55 Frac A1 & A5 sands as follows: 55,122# 20/40 sand in 462 bbls Lightning 17 WEIGHT: 24# frac fluid. Treated @ avg press of 2415 psi w/avg rate of 25 BPM. ISIP 2150 psi. Calc LENGTH: 8 its. (311.63') flush: 4970 gal. Actual flush: 4452 gal. DEPTH LANDED: 323,48' KB 07/17/06 4773-4782' Frac C sands as follows: HOLE SIZE:12-1/4" 34,730# 20/40 sand in 405 bbls Lightning 17 frac fluid. Treated @ avg press of 2238 psi w/avg rate of 25.1 BPM. ISIP 2175 psi. Calc CEMENT DATA: 160 sxs Class "G" cmt, est 4.5 bbls cmt to surf. flush: 4771 gal. Actual flush: 4284 gal. 07/17/06 4652-4586 Frac D3,D2, & D1 sands as follows: 94,717# 20/40 sand in 678 bbls Lightning 17 PRODUCTION CASING frac fluid. Treated @ avg press of 1985 psi CSG SIZE: 5-1/2" w/avg rate of 24.9 BPM. ISIP 2175 psi. Calc flush: 4650 gal. Actual flush: 4494 gal. Rod & Tubing detail updated. GRADE: J-55 03-12-07 Pump Change WEIGHT: 15.5# 02-07-08 Converted to and Injection well. LENGTH: 136 jts. (5927.83') 02-21-08 DEPTH LANDED: 5941.08' KB MIT Completed HOLE SIZE: 7-7/8" CEMENT DATA: 300 sxs Prem. Lite II mixed & 450 sxs 50/50 POZ. CEMENT TOP AT: 70' SIZE/GRADE/WT.: 2-7/8" / J-55 / 6.5# NO. OF JOINTS: 142 jts (4499.08') SEATING NIPPLE: 2-7/8" (1.10') SN LANDED AT: 4511.08' KB PACKER: (3.10') @ 4515.28' KB SN @ 4511' TOTAL STRING LENGTH: EOT @ 4519.68' KB Packer @ 4515' EOT @ 4520' 4586-4594 4624-4630' 4648-4652 PERFORATION RECORD 4773-4782 07/11/06 5204-5210' 07/11/06 5185-5197' 4 JSPF 48 holes 07/17/06 4965-4972' 28 holes 4916-4925 07/17/06 4 ISPE 36 holes 4916-4925' 07/17/06 4773-4782' 4 JSPF 36 holes 07/17/06 4648-4652\* 4 JSPF 16 holes 4965-4972 07/17/06 4624-4630' 4 JSPF 24 holes 07/17/06 4586-4594\* 4 JSPF 32 holes 5185-5197' 5204-5210 RECEIVED NEWFIELD PBTD @ 5919\* OCT 26 200 Ashley Federal 11-23-9-15 TD @ 5950' 1981' FSL & 1911' FWL DIV OF CIL OF A TOWN NE/SW Section 23-T9S-R15E

Duchesne Co, Utah
API #43-013-32829; Lease #UTU-66185

Attachment E-8

#### Ashley Federal 12-23-9-15

Spud Date: 5-21-06 Initial Production: BOPD. Put on Production: 6-27-06 Wellbore Diagram MCFD, BWPD GL: 6435' KB: 6447' SURFACE CASING FRAC JOB CSG SIZE: 8-5/8" 06-19-06 5466-5485° Frac LODC sands as follows: GRADE: J-55 35309# 20/40 sand in 405 bbls Lightning 17 frac fluid Treated @ avg press of 2118 psi w/avg rate of 25 1 BPM, ISIP 2230 psi Calc WEIGHT: 24# Cement top @ 270 LENGTH: 7 jts (305.73') flush: 5464 gal. Actual flush: 4998 gal. DEPTH LANDED: 317.58' KB 06-20-06 5268-53763 Frac LODC sands as follows: 82289# 20/40 sand in 718 bbls Lightning 17 HOLE SIZE: 12-1/4" frac fluid Treated @ avg press of 2580 psi w/avg rate of 27.8 BPM ISIP 2688 psi Calc CEMENT DATA 160 sxs Class "G" cmt, est 6 bbls cmt to surf flush: 5266 gal Actual flush: 4746 gal 06-20-06 5019-5054 Frac A 1 sands as follows: 70997# 20/40 sand in 556 bbls Lightning 17 frac fluid. Treated @ avg press of 2435 psi w/avg rate of 30.8 BPM. ISIP 2580 psi. Calc flush 5017 gal Actual flush: 4494 gal PRODUCTION CASING 06-20-06 4785-4795 Frac C sands as follows: CSG SIZE 5-1/2 40577# 20/40 sand in 368 bbls Lightning 17 GRADE J-55 frac fluid Treated @ avg press of 2372 w/ avg rate of 24.9 BPM. ISIP 2580 psi. Calc. WEIGHT 15.5# flush: 4783 gal. Actual flush: 4032 gal LENGTH: 140 jts. (6055 96') 06-20-06 4132-4156 Frac GB6 sands as follows: DEPTH LANDED: 6069 21' KB 45187# 20/40 sand in 393 bbls Lightning 17 frac fluid Treated @ avg press of 1642 w/ avg rate of 25 2 BPM ISIP 2580 psi Calc HOLE SIZE 7-7/8 CEMENT DATA 300 sxs Prem Lite II mixed & 400 sxs 50/50 POZ 4132-4140 flush: 4130 gal. Actual flush: 4032 gal. CEMENT TOP AT: 270° Pump change, Updated rod & tubing details Tubing Leak Rod & Tubing updated 8-22-08 05/19/10 4149-4156 4785-4795 **TUBING** SIZE/GRADE/WT 2-7/8" / I-55 5019-5024 NO. OF JOINTS: 172 jts (5430 80') 5034-5054 TUBING ANCHOR: 5442 80' KB NO. OF JOINTS: 1 jts (63 20') SEATING NIPPLE 2-7/8" (1 10') 5268-5283 SN LANDED AT: 5508 80' KB NO. OF JOINTS: 2 jts (63.10') - 5339-5351 TOTAL STRING LENGTH: EOT @ 5573 35' KB 5363-5376 Anchor @ 5443' PERFORATION RECORD SUCKER RODS SN 5509' 5466-5485 06-15-06 5466-5485' 4 JSPF 76 holes POLISHED ROD: 1-1/2" x 22' SM 06-19-06 5363-5376' 4 JSPF 52 holes 5339-5351' 06-19-06 4 JSPF 48 holes SUCKER RODS: 1- 2' X 4" pony rods, 100- 4" guided rods, 94- 4" plain rods, 20- 4" guided rods, 6- 1 4" weight rods 06-19-06 5268-52831 4 JSPF 60 holes 06-20-06 5034-5054' 80 holes PUMP SIZE: 2-1/2" x 1-1/2" x 12' x 16' RHAC 06-20-06 5019-5024' 4 JSPF 20 boles STROKE LENGTH 86" 06-20-06 4785-4795 4 JSPF 40 holes PUMP SPEED, SPM: 5 SPM 06-20-06 4149-4156' 4 JSPF 28 holes 06-20-06 4132-4140' 4 JSPF 32 holes EOT @ 55731 NEWFIELD PBTD @ 6050' SHOE @ 6069 Ashley Federal 12-23-9-15 TD @ 6070' 1950' FSL & 623' FWL NW/SW Section 23-T9S-R15E

Duchesne Co, Utah

API #43-013-32830; Lease #UTU-02458

### Ashley Federal 14-14-9-15

Spud Date:9/2/05 Put on Production: 10/3/05 GL: 6290' KB: 6302'

SE/SW Section 14-T9S-R15E

Duchesne Co, Utah API #43-013-32670; Lease #UTU-68548 Wellbore Diagram

Initial Production: 18 BOPD, 118 MCFD, 19 BWPD

#### SURFACE CASING FRAC JOB CSG SIZE: 8-5/8" 9/29/05 5596-5616' Frac CP1 sand as follows: GRADE: J-55 90,716#'s 20/40 sand in 685 bbls Lightning Cement top@ 130 17 frac fluid. Treated @ avg press of 1395 psi w/avg rate of 24.9 BPM. ISIP 1680 Calc WEIGHT: 24# Flush: 5594 gal. Actual Flush 5586 gals. LENGTH: 7 its. (302.97') Casing Shoe @ 313' DEPTH LANDED:312.97' KB 9/29/05 5041-5067 Frac A1&3 sand as follows: 49,864#'s 20/40 sand in 425 bbls Lightn HOLE SIZE:12-1/4" 17 frac fluid. Treated @ avg press of 2422 psi w/avg rate of 24.7 BPM, ISIP 2800 Calc CEMENT DATA: 160 sxs Class "G" cmt, est 3 bbls cmt to surf. flush: 5039 gal. Actual flush: 5040 gal. 9/29/05 4795-48221 Frac C sand as follows: 80,142#'s 20/40 sand in 596 bbls Lightning 17 frac fluid. Treated @ avg press of 1839 psi w/avg rate of 24.8 BPM. ISIP 2140 psi. Calc flush: 4793 gal. Actual flush: 4830 gal. 9/29/05 4663-4708\* Frac D1&2 sand as follows: PRODUCTION CASING 60,072#'s 20/40 sand in 472 bbls Lightning CSG SIZE: 5-1/2" 17 frac fluid. Treated @ avg press of 1814 psi w/avg rate of 24.7 BPM. ISIP 2000 psi. Calc GRADE: J-55 flush: 4661 gal, Actual flush; 4662 gal. WEIGHT: 15.5# 9/29/05 4410-4420\* Frac PB10 sand as follows: LENGTH: 135 jts. (6024.43') 30,241#'s 20/40 sand in 300 bbls Lightnin 17 frac fluid. Treated @ avg press of 1998 psi w/avg rate of 14.4 BPM. ISIP 2620 Calc DEPTH LANDED: 6022.43' KB HOLE \$1ZE; 7-7/8" flush: 4408gal. Actual flush: 4452 gal CEMENT DATA: 300 sxs Prem. Lite II & 450 sxs 50/50 POZ. Free GR6 sand as follows: 9/29/05 4138-4167 46,894#'s 20/40 sand in 377 bbls Lightning CEMENT TOP AT: 130' 17 frac fluid. Treated @ avg press of 1690 psi w/avg rate of 24.9 BPM. ISIP 2030 psi. Calc flush: 4136 gal. Actual flush: 4032 gal 1/8/06 Tubing Leak. Update rod and tubing details **TUBING** 10/06/06 Parted rods. Update rod and tubing details. SIZE/GRADE/WT.: 2-7/8" / J-55 NO. OF JOINTS:151 jts (4839.65') TUBING ANCHOR: 4851.65' KB NO. OF JOINTS: 1 jts (32.03') SEATING NIPPLE: 2-7/8" (1.10') SN LANDED AT: 4886.48' KB NO. OF JOINTS: 1 jts (32.03') TOTAL STRING LENGTH: EOT @5687.97' KB 4138-4145 4162-4167 PERFORATION RECORD SUCKER RODS 4410-4420 9/23/05 5596-5616 4 ISPF 80 holes POLISHED ROD: 1-1/2" x 22' 9/29/05 5063-5067 4 JSPF 16 holes 9/29/05 5041-5050 4 JSPF 36 holes SUCKER RODS: 1-8', 1-6', 1-4', 1-2'x 1/2" ponies, 189-3/4" scrapered rods, 6-4814-48221 4 JSPF 32 holes 4663-4670 9/29/05 4795-4804 4 JSPF 36holes PUMP SIZE: 2-1/2" x 1-1/2" x 15.5' RHAC SM plunger 4694-4708' 9/29/05 4694-4708 56 holes STROKE LENGTH: 100" 4795-4804 9/29/05 4663-4670 4 JSPF 28 holes 4814-4822 PUMP SPEED, 5 SPM 9/29/05 4410-44201 4 JSPF 40 holes Anchor @ 4852' 4162-4167 4 JSPF 20 holes SN @ 4886' 5041-5050 9/29/05 4138-4145' 4 JSPF 28holes 5063-5067 5596-5616 EOT @ 5688 RECEIVED NEWFIELD PBTD @ 5977' SHOE @ 6022' TD @ 6055' Ashley Federal 14-14-9-15 OCT 26 2011 483' FSL & 1990' FWL

DIM OF CIL, CON STORMS

### **ATTACHMENT**

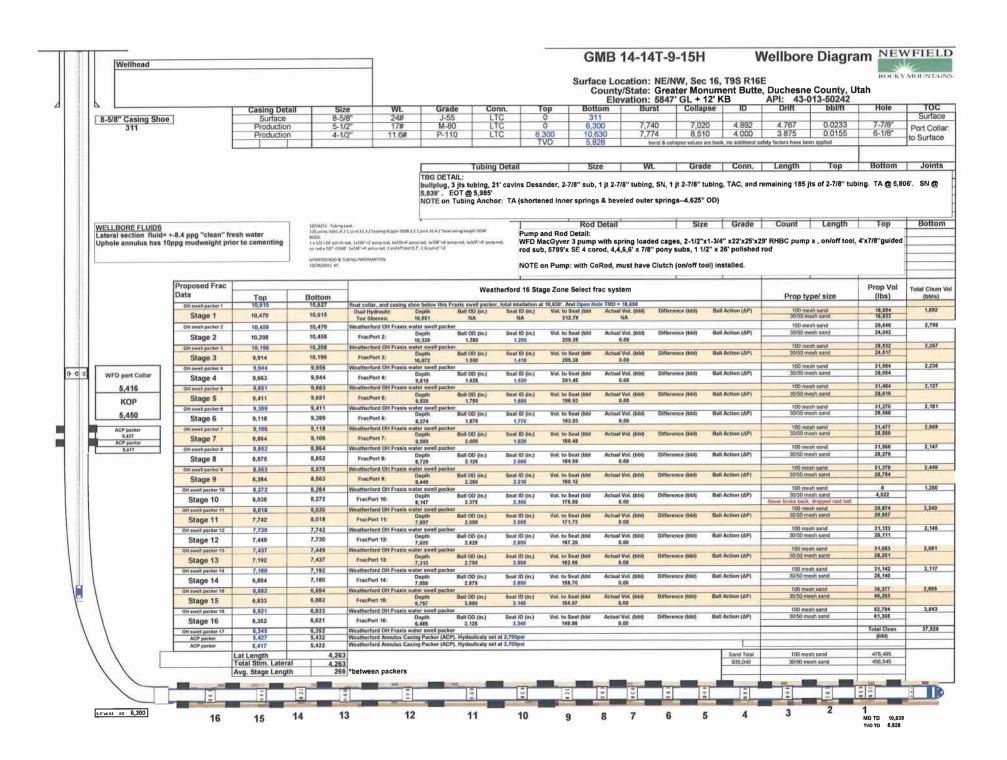
#### Ashley Federal 5-23-9-15

Spud Date: 12/08/04 Initial Production: BOPD. Put on Production: 1/25/2005 Injection Wellbore MCFD, BWPD GL: 6350' KB: 6362' Diagram SURFACE CASING FRAC JOB CSG SIZE: 8-5/8" 1/17/05 5561'-5573' Frac CP2 sands as follows: GRADE: 1-55 20,943# 20/40 sand in 272 bbls Lightning 17 frac fluid. Treated @ avg press of 1795 psi w/avg rate of 24.8 BPM. ISIP 1875 psi. Calc WEIGHT: 24# Cement Top @ 180' LENGTH: 7 jts. (290.67') flush: 5559 gal. Actual flush: 5603 gal. DEPTH LANDED: 300.67' KB 1/20/05 5445'-5490' Frac LODC sands as follows: 39,334# 20/40 sand in 374 bbls Lightning 17 frac fluid. Treated @ avg press of 2150 psi w/avg rate of 24.5 BPM. ISIP 3300 psi. HOLE SIZE:12-1/4" CEMENT DATA: 150 sxs Class "G" cmt, est 4 bbls cmt to surf. 1/21/05 5304'-5356' Frac LODC sands as follows: 95,313# 20/40 sand in 697 bbls Lightning 17 frac fluid. Treated @ avg press of 2775 psi w/avg rate of 24.5 BPM. ISIP 3350 psi. Calc flush: 5302 gal. Actual flush: 5300 gal. 1/21/05 4150'-4160' Frac GB6 sands as follows: **PRODUCTION CASING** 28,799# 20/40 sand in 279 bbls Lightning 17 CSG SIZE: 5-1/2" frac fluid. Treated @ avg press of 1945 psi w/avg rate of 14.4 BPM. ISIP 2000 psi. Calc GRADE: J-55 flush: 4148 gal. Actual flush: 4056 gal. WEIGHT: 15.5# 6/30/06 Well converted to an Injection well. LENGTH: 135 jts. (5959.62') Packer @ 4127' 8/1/06 MIT completed and submitted. EOT @ 4131' DEPTH LANDED: 5957.62' KB HOLE SIZE: 7-7/8" 4150-4160 CEMENT DATA: 300 sxs Prem. Lite II mixed & 400 sxs 50/50 POZ. CEMENT TOP AT: 180' **TUBING** SIZE/GRADE/WT .: 2-7/8" / J-55 / 6.5# 5304-5306\* NO. OF JOINTS: 126 jts (4110.77') 5318-5324 SEATING NIPPLE: 2-7/8" (1.10") SN LANDED AT: 4123 87' KB - 5331-5340° TOTAL STRING LENGTH: EOT @ 4131.37' w/ 12' KB 5347-5356 5445-5452 PERFORATION RECORD 1/12/05 5561'-5573' 4 JSPF 5483-5490\* 1/20/05 5483'-5490' 4 JSPF 28 holes 1/20/05 5445'-5452' 4 JSPF 28 holes 1/21/05 5347'-5356' 4 JSPF 36 holes 1/21/05 5331'-5340' 4 JSPF 36 holes 1/21/05 5318'-5324' 4 JSPF 24 holes 1/21/05 5304'-5306' 4 ISPF 8 holes 1/21/05 4150'-4160' 5561-5573 NEWFIELD PBTD @ 5911' UCT 28 200 Ashley Federal 5-23-9-15 SHOE @ 5958' 1832' FNL & 510' FWL TD@ 5970' SW/NW Section 23-T9S-R15E Duchesne Co, Utah

API #43-013-32480; Lease #UTU-66185

#### Ashley Federal 8-22-9-15

Spud Date: 04/24/06 Initial Production: BOPD, Put on Production: 06/02/06 Wellbore Diagram MCFD. BWPD K.B.: 6489, G.L.: 6477 SURFACE CASING FRAC JOB CSG SIZE 8-5/8" Cement Top @ 55 05/25/06 5554-5646 Frac LODC, CP2, sands as follows: GRADE J-55 66054# 20/40 sand in 522 bbls Lightning 17 frac fluid Treated @ avg press of 1772 psi w/avg rate of 25 3 BPM ISIP 2175 psi Calc WEIGHT 24# LENGTH 7 jts (299 94') flush 5644gal Actual flush 5040 gal Casing Shoe @ 312 DEPTH LANDED 311 79' KB 05/25/06 4804-4835 Frac D3, C sands as follows: 59712# 20/40 sand in 468 bbls Lightning 17 HOLE SIZE 12-1/4 frac fluid Treated @ avg press of 1963 psi w/avg rate of 25 2 BPM ISIP 2520 psi Calc CEMENT DATA 160 sxs Class "G" cmt, est 5 bbls cmt to surf. flush 4833 gal Actual flush 4284 gal 05/31/06 4702-4708 Frac D1 sands as follows: 19553# 20/40 sand in 289 bbls Lightning 17 frac fluid Treated @ avg press of 2515 psi w/avg rate of 25 2 BPM ISIP 2080 psi Calc flush 4706 gal Actual flush 4242 gal 05/31/06 4612-4634 Frac DS3 sands as follows: 88286# 20/40 sand in 648 bbls Lightning 17 PRODUCTION CASING frac fluid Treated @ avg press of 2672 psi CSG SIZE 5-1/2" w/avg rate of 24 9 BPM ISIP 3495 psi Calc flush 4632 gal Actual flush 4536 gal GRADE J-55 WEIGHT 15 5# 12/05/06 Pump change Update rod and tubing leak LENGTH 137 its (6058 28') 01/18/07 Pump Change Rod & Tubing detail updated DEPTH LANDED 6119 63' KB Tubing Leak Update rod and tubing details 06/21/07 HOLE SIZE 7-7/8" 3/19/09 Pump Change Updated r & t details CEMENT DATA 325 sxs Prem Lite II mixed & 450 sxs 50/50 POZ 6/16/09 Parted rods Updated r & t details CEMENT TOP 55' 3/31/10 Pump change Updated rod and tubing detail TUBING SIZE/GRADE/WT 2-7/8" / J-55 / 6 5# NO OF JOINTS 177 jts (5586 7') TUBING ANCHOR 5586 7' KB NO OF JOINTS 2 jts (63 3') SEATING NIPPLE 2-7/8" (1 10') SN LANDED AT 5652 8' KB NO OF JOINTS 2 jts (63 40') TOTAL STRING LENGTH EOT @ 5717 3' KB PERFORATION RECORD SUCKER RODS 05/19/06 5629-5646" 68 holes 05/19/06 5554-5560' 4 JSPF 24 holes POLISHED ROD 1-1/2" x 26' SM 05/25/06 4828-4835 4 JSPF 28 holes SUCKER RODS 1-2' x 1/4" pony rod, 219- 1/4" guided rods, 6- 1 1/2" weight bars 4612-4634 05/25/06 4804-4814' 4 JSPF 40 holes 05/25/06 4702-47083 PUMP SIZE 2-1/2" x 1-1/2" x 16' x 18' 4702-4708 4 ISPF 24 holes 05/31/06 4612-4634' 4 JSPF STROKE LENGTH 86" 4804-4814 4828-4835 PUMP SPEED, SPM 45 5554-5560 Anchor @ 5588 5629-5646 SN 5653" EOT @ 5717' NEWFIELD PBTD @ 6076 SHOE @ 6120\* Ashlev Federal 8-22-9-15 TD @ 61201 1813' FNL & 720' FEL SE/NE Section 8-T9S-R15E Duchesne Co, Utah API #43-013-32858, Lease #UTU-66185



ATTACHMENT P

#### Multi-Chem Group, LLC

Multi-Chem Analytical Laboratory 1553 East Highway 40 Vernal, UT 84078



#### Water Analysis Report

Production Company: NEWFIELD PRODUCTION (158)

Sample ID: WA-53130

Well Name: Ashley IF
Sample Point: tank
Sample Date: 1 /7 /2011
Sales Rep: Monty Frost
Lab Tech: Peter Poulsen

| Sample Specific             | cs        |
|-----------------------------|-----------|
| Test Date:                  | 1/24/2011 |
| Temperature (°F):           | 100       |
| Sample Pressure (psig):     |           |
| Specific Gravity (g/cm³):   | 1.0017    |
| pH:                         | 7.98      |
| Turbidity (NTU):            |           |
| 4                           |           |
| Calculated T.D.S. (mg/L)    | 6217      |
| Molar Conductivity (µS/cm): | 9420      |
| Resitivity (Mohm):          | 1.0616    |

|                           | Analysis @ Proper |
|---------------------------|-------------------|
| Cations                   | mg/L              |
| Calcium (Ca):             | 34.57             |
| Magnesium (Mg):           | 18.40             |
| Barium (Ba):              | 7.62              |
| Strontium (Sr):           | -                 |
| Sodium (Na):              | 2218.00           |
| Potassium (K):            |                   |
| Iron (Fe):                | 0.32              |
| Manganese (Mn):           | 0.02              |
| Lithium (Li):             | •                 |
| Aluminum (AI):            |                   |
| Ammonia NH <sub>3</sub> : | •                 |

| Anions                           | mg/L    |
|----------------------------------|---------|
| Chloride (CI):                   | 3000.00 |
| Sulfate (SO <sub>4</sub> ):      | 10.00   |
| Dissolved CO <sub>2</sub> :      |         |
| Bicarbonate (HCO <sub>3</sub> ): | 927.00  |
| Carbonate (CO <sub>3</sub> ):    |         |
| H <sub>2</sub> S:                | 1.00    |
| Phosphate (PO <sub>4</sub> ):    |         |
| Silica (SiO <sub>2</sub> ):      |         |
| Fluoride (F):                    | •       |
| Nitrate (NO <sub>3</sub> ):      |         |
| Lead (Pb):                       |         |
| Zinc (Zn):                       |         |
| Bromine (Br):                    |         |
| Boron (B):                       |         |

|                        |              | Scale Values @ Test Conditions - Potential Amount of Scale in lb/1000bbl |       |                     |                 |           |                   |                 |        |            |        |                 |
|------------------------|--------------|--------------------------------------------------------------------------|-------|---------------------|-----------------|-----------|-------------------|-----------------|--------|------------|--------|-----------------|
| <b>Test Conditions</b> |              | nditions Calcium Carbonate Gypsum                                        |       |                     | Calcium Sulfate |           | Strontium Sulfate |                 | ulfate | Calculated |        |                 |
| Temp                   | Gauge Press. | CaC                                                                      | 0 3   | CaSO <sub>4</sub> · | 2H 2O           | CaS       | 0.4               | SrS(            | 04     | BaS(       | 04     | CO <sub>2</sub> |
| °F                     | psi          | Sat Index                                                                | Scale | Sat Index           | Scale           | Sat Index | Scale             | Sat Index       | Scale  | Sat Index  | Scale  | psi             |
| 100                    |              | 4.86                                                                     | 11.91 | 0.00                | -2023.00        | 0.00      | -2138.60          | c <del></del> ) | 12     | 2.71       | 6.25   | 0.26            |
| 80                     | 0            | 3.61                                                                     | 8.98  | 0.00                | 3.62            | 0.00      | -2280,60          |                 |        | 4.10       | 8.00   | 0.13            |
| 100                    | 0            | 4.86                                                                     | 11.91 | 0.00                | 7.31            | 0.00      | -2138.70          | _               | -      | 2.71       | 6.25   | 0.16            |
| 120                    | 0            | 6.11                                                                     | 14.46 | 0.00                | 10.28           | 0.00      | -1932.90          | -               | -      | 1.83       | 4.19   | 0.17            |
| 140                    | 0            | 7.38                                                                     | 16.89 | 0.00                | 12.81           | 0.00      | -1692.50          | -               | -      | 1.27       | 1.80   | 0.20            |
| 160                    | 0            | 8.59                                                                     | 19.05 | 0.00                | 14.86           | 0.00      | -1442.00          | -               | -      | 0.89       | -0.93  | 0.22            |
| 180                    | 0            | 9.63                                                                     | 20.78 | 0.00                | 16.27           | 0.00      | -1199.60          | -               | -      | 0.64       | -4.03  | 0.24            |
| 200                    | 0            | 10.46                                                                    | 21.95 | 0.00                | 16.91           | 0.00      | -977.39           | -               | -      | 0.47       | -7.51  | 0.24            |
| 220                    | 2.51         | 10.94                                                                    | 22.56 | 0.00                | 16.78           | 0.00      | -789.27           |                 | •      | 0.34       | -11.65 | 0.25            |
| 240                    | 10.3         | 11.20                                                                    | 22.38 | 0.00                | 15.91           | 0.00      | -621.34           | -               | -      | 0.25       | -16.09 | 0.25            |
| 260                    | 20.76        | 11.19                                                                    | 21.60 | 0.00                | 14.67           | 0.00      | -481.36           | -               |        | 0.19       | -21.06 | 0.25            |
| 280                    | 34.54        | 10.93                                                                    | 20.30 | 0.00                | 13.32           | 0.00      | -367.07           | -               | -      | 0.14       | -26,63 | 0.26            |
| 300                    | 52.34        | 10.47                                                                    | 18.65 | 0.00                | 11.99           | 0.01      | -275.34           | -               | -      | 0.11       | -32.87 | 0.26            |

Conclusions: Notes:

Calcium Carbonate scale is indicated at all temps from 80°F to 300°F

Gypsum Scaling Index is negative from 80°F to 300°F

Calcium Sulfate Scaling Index is negative from 80°F to 300°F

Strontium Sulfate scaling was not evaluated

Barium Sulfate NO CONCLUSION

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OCT 26 2011

Multi-Chem Production Chemicals Monday, January 24, 2011

Ethics Commitment Page 1 of 2 Excellence Innovation

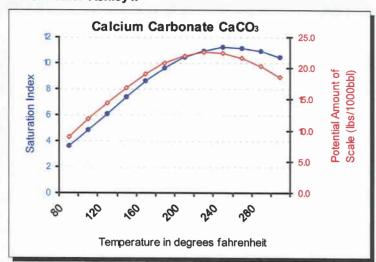
### Multi-Chem Group, LLC

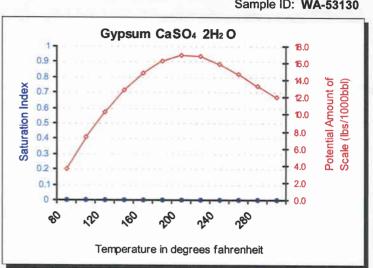
Multi-Chem Analytical Laboratory 1553 East Highway 40 Vernal, UT 84078

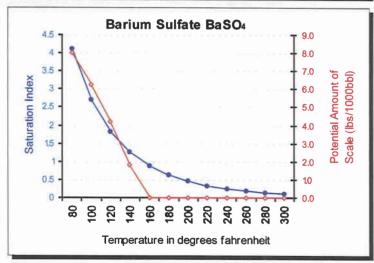


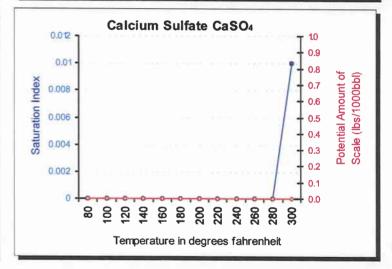
#### Scale Prediction Graphs

Well Name: Ashley IF Sample ID: WA-53130









OCT 26 2011

## ATTACHMENT P

#### Multi-Chem Group, LLC

Multi-Chem Analytical Laboratory 1553 East Highway 40 Vernal, UT 84078



#### Water Analysis Report

Production Company: NEWFIELD PRODUCTION (158)

Well Name: Ashley Federal 6-23-9-15

Sample Point: **Treater**Sample Date: **5 /16/2011**Sales Rep: **Darren Betts**Lab Tech: **John Keel** 

| Sample | ID: | WA-58678 |
|--------|-----|----------|
|--------|-----|----------|

| Sample Specific             | cs       |
|-----------------------------|----------|
| Test Date:                  | 6/3/2011 |
| Temperature (°F):           | 70       |
| Sample Pressure (psig):     |          |
| Specific Gravity (g/cm³):   | 1.0070   |
| pH:                         | 7.6      |
| Turbidity (NTU):            |          |
| Calculated T.D.S. (mg/L):   | 9767     |
| Molar Conductivity (µS/cm): | 14798    |
| Resitivity (Mohm):          | 0.6758   |

|                           | Analysis @ Properties in Sample Spec |                               |  |  |  |  |  |
|---------------------------|--------------------------------------|-------------------------------|--|--|--|--|--|
| Cations                   | mg/L                                 | Anions                        |  |  |  |  |  |
| Calcium (Ca):             | 55.00                                | Chloride (CI):                |  |  |  |  |  |
| Magnesium (Mg):           | 32.00                                | Sulfate (SO 4):               |  |  |  |  |  |
| Barium (Ba):              | 0.20                                 | Dissolved CO <sub>2</sub> :   |  |  |  |  |  |
| Strontium (Sr):           | •                                    | Bicarbonate (HCO 3):          |  |  |  |  |  |
| Sodium (Na):              | 3527.00                              | Carbonate (CO 3):             |  |  |  |  |  |
| Potassium (K):            | •                                    | H <sub>2</sub> S:             |  |  |  |  |  |
| Iron (Fe):                | 0.70                                 | Phosphate (PO <sub>4</sub> ): |  |  |  |  |  |
| Manganese (Mn):           | 0.50                                 | Silica (SiO <sub>2</sub> ):   |  |  |  |  |  |
| Lithium (Li):             | •                                    | Fluoride (F):                 |  |  |  |  |  |
| Aluminum (AI):            |                                      | Nitrate (NO <sub>3</sub> ):   |  |  |  |  |  |
| Ammonia NH <sub>3</sub> : |                                      | Lead (Pb):                    |  |  |  |  |  |
|                           |                                      | Zinc (Zn):                    |  |  |  |  |  |
|                           |                                      | Bromine (Br):                 |  |  |  |  |  |

| ies in Sample Specifics       |         |
|-------------------------------|---------|
| Anions                        | mg/L    |
| Chloride (CI):                | 5000.00 |
| Sulfate (SO 4):               | 4.00    |
| Dissolved CO <sub>2</sub> :   |         |
| Bicarbonate (HCO 3):          | 1147.00 |
| Carbonate (CO 3):             | •       |
| H <sub>2</sub> S:             | 0.50    |
| Phosphate (PO <sub>4</sub> ): | •       |
| Silica (SiO <sub>2</sub> ):   | •       |
| Fluoride (F):                 |         |
| Nitrate (NO <sub>3</sub> ):   | •       |
| Lead (Pb):                    | •       |
| Zinc (Zn):                    | •       |
| Bromine (Br):                 | •       |
| Boron (B):                    | •       |

|                        |              | Scale Values @ Test Conditions - Potential Amount of Scale in lb/1000bbl |       |                   |                   |                   |          |                |       |            |        |                 |
|------------------------|--------------|--------------------------------------------------------------------------|-------|-------------------|-------------------|-------------------|----------|----------------|-------|------------|--------|-----------------|
| <b>Test Conditions</b> |              | Calcium Carbonate Gypsum                                                 |       | Calcium Sulfate   |                   | Strontium Sulfate |          | Barium Sulfate |       | Calculated |        |                 |
| Temp                   | Gauge Press. | CaC                                                                      | 03    | CaSO <sub>4</sub> | 2H <sub>2</sub> O | CaS               | 0.4      | SrSC           | 0,4   | BaSC       | )4     | CO <sub>2</sub> |
| °F                     | psi          | Sat Index                                                                | Scale | Sat Index         | Scale             | Sat Index         | Scale    | Sat Index      | Scale | Sat Index  | Scale  | psi             |
| 70                     |              | 2.17                                                                     | 3.58  | 0.00              | -2299.30          | 0.00              | -2669.60 | -              | -     | 0.06       | -3.64  | 1.23            |
| 80                     | 0            | 2.63                                                                     | 4.64  | 0.00              | -2320.30          | 0.00              | -2628,40 | 141            |       | 0.05       | -4.38  | 0.36            |
| 100                    | 0            | 3.67                                                                     | 6.63  | 0.00              | -2336.00          | 0.00              | -2468.80 |                | -     | 0.03       | -5.89  | 0.48            |
| 120                    | 0            | 4.83                                                                     | 8.45  | 0.00              | -2163.20          | 0.00              | -2234.50 | -              | -     | 0.02       | -7.46  | 0.57            |
| 140                    | 0            | 6.16                                                                     | 10.28 | 0.00              | -1989.70          | 0.00              | -1959.00 | -              | -     | 0.02       | -9.24  | 0.67            |
| 160                    | 0            | 7.59                                                                     | 12.06 | 0.00              | -1846.40          | 0.00              | -1670.60 | -              | -     | 0.01       | -11.25 | 0.78            |
| 180                    | 0            | 9.04                                                                     | 13.72 | 0.00              | -1727.60          | 0.00              | -1390.50 | -              | -     | 0.01       | -13.48 | 0.90            |
| 200                    | 0            | 10.41                                                                    | 15.14 | 0.00              | -1629.20          | 0.00              | -1132.90 | -              | -     | 0.01       | -15.97 | 0.95            |
| 220                    | 2.51         | 11.43                                                                    | 16.33 | 0.00              | -1565.00          | 0.00              | -915.79  | -              | -     | 0.01       | -18.95 | 1.00            |
| 240                    | 10.3         | 12.22                                                                    | 16.95 | 0.00              | -1498.80          | 0.00              | -719.91  | -              | -     | 0.00       | -22.07 | 1.05            |
| 260                    | 20.76        | 12.63                                                                    | 17.04 | 0.00              | -1444.50          | 0.00              | -556.15  | _              | -     | 0.00       | -25.52 | 1.10            |
| 280                    | 34.54        | 12.64                                                                    | 16.63 | 0.00              | -1400.90          | 0.00              | -422.16  | -              | -     | 0.00       | -29.34 | 1.16            |
| 300                    | 52.34        | 12.28                                                                    | 15.79 | 0.00              | -1366.90          | 0.00              | -314.53  | -              |       | 0.00       | -33.59 | 1.23            |

Conclusions:

Calcium Carbonate scale is indicated at all temps from 80°F to 300°F

Gypsum Scaling Index is negative from 80°F to 300°F

Calcium Sulfate Scaling Index is negative from 80°F to 300°F

Strontium Sulfate scaling was not evaluated

Barium Sulfate Scaling Index is negative from 80°F to 300°F

Notes:

P=0.01

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OCT 26 2011

DIVIDEOUS CONTRACTOR

Innovation

Multi-Chem Production Chemicals Friday, June 03, 2011

## ATTACHMENT |

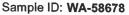
#### Multi-Chem Group, LLC

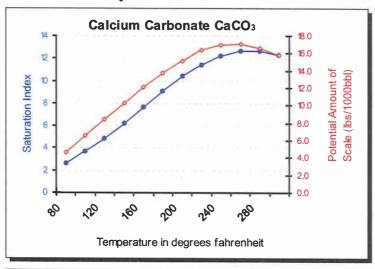
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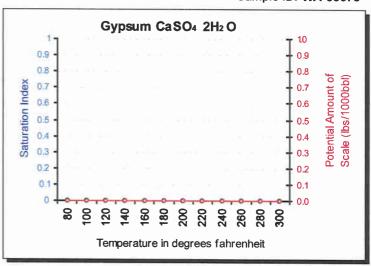


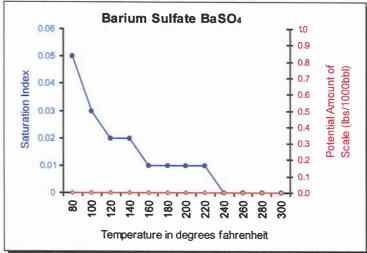
#### Scale Prediction Graphs

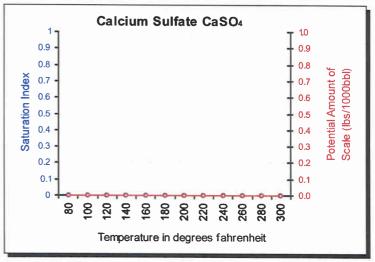
Well Name: Ashley Federal 6-23-9-15

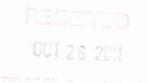












#### Attachment "G"

## Ashley Federal #6-23-9-15 Proposed Maximum Injection Pressure

| Frac Interval<br>(feet) |        | Avg. Depth | ISIP  | Calculated<br>Frac<br>Gradient |        |
|-------------------------|--------|------------|-------|--------------------------------|--------|
| Top                     | Bottom | (feet)     | (psi) | (psi/ft)                       | Pmax   |
| 5618                    | 5634   | 5626       | 1675  | 0.73                           | 1639 ← |
| 5248                    | 5260   | 5254       | 2450  | 0.90                           | 2416   |
| 5129                    | 4997   | 5063       | 3150  | 1.05                           | 3117   |
| 4808                    | 4820   | 4814       | 2090  | 0.87                           | 2059   |
| 4604                    | 4612   | 4608       | 2450  | 0.97                           | 2420   |
|                         |        |            |       | Minimum                        | 1639   |

Calculation of Maximum Surface Injection Pressure

Pmax = (Frac Grad -(0.433\*1.015)) x Depth of Top Perf where pressure gradient for the fresh water is .433 psi/ft and specific gravity of the injected water is 1.015.

Frac Gradient = (ISIP +(0.433\*Top Perf.))/Top Perf.

Please note: These are existing perforations; additional perforations may be added during the actual conversion procedure.



10/10

## DAILY COMPLETION REPORT

| VV bak- 1                               | AVIAIT"                                 | Asilley Fe                              | uerai 0-23-9- i                         | io R                                  | epoπ pate: _                        | July 14, 2                              | 2006          |              |         | Day:     | 01                                      |
|-----------------------------------------|-----------------------------------------|-----------------------------------------|-----------------------------------------|---------------------------------------|-------------------------------------|-----------------------------------------|---------------|--------------|---------|----------|-----------------------------------------|
| Ope                                     | ration:                                 | Complet                                 | tion                                    |                                       |                                     |                                         | Rig:          | Rigl         | ess     | -        | _                                       |
|                                         |                                         |                                         |                                         | WELL S                                | STATUS                              |                                         |               |              |         | 11.00    |                                         |
| Surf Csg:                               | 8-5/8                                   | @ 321'                                  |                                         | Prod Csg:                             | 5-1/2"                              | @ 59                                    | 26'           | Csg F        | BTD:    | 5868     | 'WL                                     |
| Tbg:                                    | Size:                                   | V                                       | Vt:                                     | Grd:                                  | Pkr/E0                              | Т @:                                    |               | BP/Sand P    | BTD:    |          |                                         |
|                                         |                                         |                                         | <u> </u>                                | PERFORATI                             | ON RECORD                           | )                                       |               |              |         |          |                                         |
| <u>Zone</u>                             |                                         | <u>Perfs</u>                            |                                         | <u>fshots</u>                         | <u>Zon</u>                          | <u>.</u>                                | _             | <u>Perfs</u> |         |          | tshots                                  |
| <del></del>                             |                                         |                                         |                                         |                                       | CP2 so                              | <u>ds</u>                               | 5618-5        | 634'         |         | 4/64     |                                         |
|                                         |                                         |                                         | *************************************** |                                       |                                     |                                         |               |              |         |          |                                         |
|                                         |                                         |                                         |                                         |                                       |                                     | *************************************** |               |              |         |          | *************************************** |
| ······································  |                                         |                                         |                                         |                                       |                                     |                                         |               |              |         |          |                                         |
|                                         | -                                       |                                         |                                         | · · · · · · · · · · · · · · · · · · · |                                     |                                         |               |              |         |          |                                         |
| Date Worl                               | k Perfor                                | med: J                                  | uly 13, 2006                            |                                       |                                     |                                         | SITP:         |              | SICP:   |          | 0                                       |
|                                         |                                         | *************************************** | ······                                  |                                       |                                     |                                         | -             |              |         |          |                                         |
| valves to 4                             | i īrac ne<br>1500 nsi                   | ad. NU 6" 51V<br>RU Perfora             | l Cameron BO<br>tors LLC WLT            | P. RUH/Ot                             | truck & pressi                      | ure test cas                            | sing, blii    | nd rams, fr  | ac he   | ad, &    | casing                                  |
| 275'. Pert                              | orate sta                               | age #1 W/ 4" p                          | orted gun as f                          | ollows: CP2                           | sds @ 5618-3                        | 34' W/ 4 JS                             | PF in 1       | run. RD V    | NLT.    | SIFN     | W/es                                    |
| 141 BWTF                                | ₹.                                      |                                         |                                         |                                       | •                                   |                                         |               |              |         |          |                                         |
|                                         |                                         |                                         |                                         |                                       |                                     |                                         |               |              |         |          |                                         |
|                                         |                                         |                                         |                                         |                                       |                                     |                                         |               |              |         |          |                                         |
|                                         |                                         |                                         |                                         |                                       |                                     |                                         |               |              |         |          |                                         |
|                                         |                                         |                                         |                                         |                                       |                                     |                                         |               |              |         |          |                                         |
| Ctowin a fl.                            | 4 استا أما                              | - <b>L</b>                              |                                         |                                       | VERY (BBLS                          |                                         |               |              |         |          |                                         |
| Fluid <u>lost</u> /r                    |                                         | o be recovered                          | d: <u>141</u><br>0                      | •                                     | ng oil rec to da<br>st/recovered to | *************************************** |               |              |         |          |                                         |
| Ending flui                             |                                         |                                         | 141                                     | -                                     | oil recovered:                      | uay                                     |               | ····         |         |          |                                         |
| IFL:                                    |                                         | FFL:                                    | FTP:                                    | Choke:                                |                                     | Final Fluid                             | Rate:         |              | Final e | oil cut: |                                         |
| ····                                    | ·                                       | STIMUL                                  | ATION DETAI                             | L                                     | ·                                   |                                         | ,             | COSTS        | 3       |          |                                         |
| Base Fluid                              | used:                                   |                                         | Job Type:                               |                                       |                                     |                                         | <b>Neathe</b> | rford BOP    | _       | \$       | 1,140                                   |
| Company:                                |                                         |                                         |                                         |                                       |                                     |                                         | NPC           | NU crew      |         |          | \$300                                   |
| Procedure                               | or Equip                                | ment detail:                            |                                         |                                       |                                     | *****************                       | NDS           | SI trucking  |         | \$       | 1,400                                   |
| *************************************** | ·                                       |                                         |                                         |                                       |                                     |                                         | Perfor        | ators LLC    |         | \$       | 6,138                                   |
| *************************************** |                                         |                                         |                                         |                                       | ···                                 |                                         | D             | rilling cost |         | \$26     | 9,427                                   |
|                                         |                                         |                                         |                                         | RECE                                  | IVED                                | ****                                    | D 8           | M HO trk     |         |          | \$400                                   |
| *************************************** |                                         |                                         |                                         |                                       |                                     | Loc                                     | cation p      | reparation   |         |          | \$300                                   |
| *************************************** | *************************************** |                                         |                                         | OCT 28                                | 2011                                |                                         | NPC           | wellhead     |         | \$       | 1,500                                   |
|                                         |                                         |                                         | D                                       | DIV. OF OIL, GA                       | 3 3 Univer                          |                                         | Benco         | - anchors    |         |          | 1,200                                   |
|                                         |                                         |                                         |                                         |                                       |                                     |                                         |               | Overhead     |         |          | 3,000                                   |
|                                         |                                         |                                         |                                         |                                       |                                     |                                         | ·             | Supervisor   |         |          | \$300                                   |
| Max TP:                                 |                                         | Max Rate:                               | Total                                   | fluid pmpd:                           |                                     |                                         |               | - F          |         |          | 7-00                                    |
| Avg TP:                                 |                                         | Avg Rate:                               |                                         | Prop pmpd:                            |                                     |                                         |               |              |         |          |                                         |
| ISIP                                    |                                         | 5 min:                                  | 10 min:                                 |                                       | FG:                                 | DA                                      | ILY CO        | ST:          |         | \$28     | 5,105                                   |
| Comple                                  | etion Su                                | pervisor:                               | Gary Dietz                              | •<br>•                                |                                     | TOT                                     | AL WE         | LL COST:     |         | \$28     | 5,105                                   |



2 of 10

### DAILY COMPLETION REPORT

| AAELL                                   | MAIVIE:                                 | Asniey rede                             | rai 6-23-9-15                           | Report Date:               | July 22, 2006                           |                                         | Day: 2         |
|-----------------------------------------|-----------------------------------------|-----------------------------------------|-----------------------------------------|----------------------------|-----------------------------------------|-----------------------------------------|----------------|
| Ope                                     | ration:                                 | Completion                              | n                                       |                            | Rig:                                    | Rigless                                 | - <del> </del> |
|                                         |                                         |                                         | Wi                                      | LL STATUS                  |                                         |                                         |                |
| Surf Csg:                               | 8-5/8'                                  | @ 321'                                  | Prod                                    |                            | <b>@</b> 5926'                          | Csa PBTD:                               | 5868' WL       |
| Tbg:                                    | Size:                                   | Wt:                                     | Grd:                                    | Pkr/EC                     |                                         | BP/Sand PBTD:                           |                |
|                                         |                                         |                                         | PERFO                                   | RATION RECORD              | <b>3</b> ·                              |                                         |                |
| <u>Zone</u>                             |                                         | <u>Perfs</u>                            | SPF/#shots                              | Zoi                        | <b>-</b>                                | Perfs                                   | SPF/#shots     |
|                                         |                                         |                                         |                                         | CP2 s                      |                                         | -5634 <b>'</b>                          | 4/64           |
|                                         |                                         |                                         | *************************************** | N-1-1                      |                                         |                                         |                |
|                                         |                                         |                                         | *************************************** |                            |                                         |                                         |                |
|                                         |                                         |                                         | *************************************** |                            |                                         |                                         |                |
|                                         |                                         | To                                      |                                         |                            |                                         |                                         |                |
| Date Worl                               | k Perfori                               | med: July                               | <i>,</i> 21, 2006                       |                            | QITD.                                   | SICP:                                   |                |
|                                         |                                         | *************************************** | cator. RUBJ Serv                        |                            |                                         |                                         | <del></del>    |
| _                                       |                                         | o be recovered:                         | 141 5                                   | ECOVERY (BBLS              | ate:                                    |                                         |                |
| Fluid <u>lost/r</u><br>Ending flui      |                                         |                                         |                                         | Dil lost/recovered to      | oday:                                   |                                         |                |
| IFL:                                    |                                         | FFL:                                    | ······································  | Cum oil recovered:<br>oke: | Final Fluid Rate:                       | Final                                   | oil cut:       |
|                                         |                                         | STIMULAT                                | ION DETAIL                              |                            |                                         | COSTS                                   |                |
| Base Fluid                              | used:                                   |                                         | Job Type:                               |                            | Lo                                      | ne Wolf WL                              | \$2,500        |
| Company:                                |                                         |                                         | ,                                       |                            | <del></del>                             | d tools/serv                            | \$1,000        |
| Procedure                               | or Equip                                | ment detail:                            |                                         |                            |                                         | Supervisor                              | \$300          |
| *************************************** |                                         |                                         |                                         |                            |                                         |                                         |                |
| *************************************** |                                         |                                         |                                         | RECEIVED                   |                                         |                                         |                |
| *************************************** | ····                                    | **************************************  |                                         |                            | <del></del>                             |                                         |                |
| *************************************** |                                         |                                         |                                         | OCT 26 2011                | *************************************** | *************************************** |                |
|                                         |                                         |                                         | DIV.                                    | of Oil, and a thin         |                                         |                                         |                |
|                                         |                                         | Max Rate:                               |                                         | npd:                       |                                         |                                         |                |
|                                         |                                         |                                         | Total Prop pr                           | npd:                       |                                         |                                         |                |
| ISIP                                    | *************************************** | 5 min:                                  | 10 min:                                 | FG:                        | DAILY                                   |                                         | \$3,800        |
| Comple                                  | etion Su                                | pervisor: 0                             | rson Barney                             |                            | TOTAL W                                 | ELL COST:                               | \$288,905      |



30f10

Day: \_3a

#### **DAILY COMPLETION REPORT** Ashley Federal 6-23-9-15

Report Date: July 29, 2006

**WELL NAME:** 

| Ope                                     | ration:          | <u>C</u> | ompletio                                | n                                       | ***************************************                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                |           | Rig:                                    | Rig                         | gless             | ·····                                   |
|-----------------------------------------|------------------|----------|-----------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------|-----------------------------------------|-----------------------------|-------------------|-----------------------------------------|
|                                         |                  |          |                                         |                                         | WELL S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | TATUS                          |           |                                         |                             |                   |                                         |
| Surf Csg:                               | 8-5/8'           | @ _      | 321'                                    |                                         | Prod Csg:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 5-1/2"                         | @         | 5926'                                   | Csg                         | PBTD:             | 5868' WL                                |
| Tbg:                                    | Size: _          |          | Wt:                                     | (                                       | Grd:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Pkr/E                          | OT @:     |                                         | BP/Sand                     | PBTD:             |                                         |
|                                         |                  |          |                                         | PI                                      | ERFORATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ON RECOR                       | D         |                                         |                             |                   |                                         |
| <b>Zone</b>                             |                  | <u>P</u> | <u>erfs</u>                             | SPF/#s                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Zo                             | _         |                                         | Perfs                       |                   | SPF/#shots                              |
|                                         |                  |          |                                         |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CP2 s                          | ds        | 5618                                    | -5634'                      |                   | 4/64                                    |
|                                         |                  |          |                                         |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                |           | -                                       |                             |                   |                                         |
|                                         |                  |          |                                         | *************************************** | NA CONTRACTOR OF THE PARTY OF T |                                | ·····     |                                         | ~~~~                        |                   |                                         |
|                                         |                  | ····     | *************************************** |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                |           | -                                       |                             | ·                 |                                         |
|                                         |                  |          |                                         |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                |           |                                         |                             | arrain.           |                                         |
|                                         |                  |          | ···· -                                  |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                |           |                                         |                             |                   |                                         |
| Date Worl                               | ( Perfoi         | rmed:    | <u>July</u>                             | <i>y</i> 28, 2006                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                |           | SITP:                                   |                             | SICP:             | 0                                       |
| Day3a.                                  |                  |          |                                         |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                |           |                                         |                             |                   |                                         |
|                                         | ervices '        | "Ram F   | lead" frac                              | flange. RU I                            | BJ & frac Cl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | P2 sds. stad                   | e #1 d    | down casino                             | w/ 34.075                   | #'s of 2          | 0/40 sand in                            |
| 394 bbls o                              | f Lightr         | ning 17  | frac fluid.                             | Open well                               | w/ 0 psi on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | casing. Pe                     | erfs b    | oke down                                | 7 107 04,010<br>70 2671 nsi | i back            | to 1160 psi                             |
| Treated @                               | ave pre          | essure   | of 1597 w                               | ave rate of 2                           | 24.9 bpm w                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | / 6.5 ppg of                   | sand      | Snot 12 bb                              | ls of 15% F                 | i, back<br>ICL ac | id in flush fo                          |
| next stage                              | . ISIP v         | vas 167  | 75. Leave                               | pressure on                             | well See                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | lav3h                          | oana.     | Opot 12 00                              | 13 01 10 /0 1               | IOL ac            | u in nusi io                            |
|                                         |                  |          |                                         | •                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •                              |           |                                         |                             |                   |                                         |
|                                         |                  |          |                                         | <u>FL</u>                               | UID RECO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | VERY (BBL                      | <u>S)</u> |                                         |                             |                   |                                         |
| Starting flu                            |                  |          |                                         | 141                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | g oil rec to d                 |           | *************************************** |                             | _                 |                                         |
| Fluid <u>lost/r</u><br>Ending flui      |                  | -        |                                         | 394<br>535                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | t/recovered t<br>il recovered: | _         |                                         | ·                           |                   |                                         |
| IFL:                                    |                  | FFL:     | eu                                      | FTP:                                    | Choke:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ıı recoverea:                  |           | I Fluid Rate:                           |                             | <br>Final d       | oil cut:                                |
|                                         |                  | s        | TIMULAT                                 | ION DETAIL                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                |           |                                         | cos                         | ···               |                                         |
| Base Fluid                              | used:            |          | ning 17                                 | Job Type:                               | Sand                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | frac                           |           | Weatherfo                               | ord Services                | _                 | \$975                                   |
| Company:                                | В                | J Serv   | ices                                    |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                | •         |                                         | C frac wate                 |                   | \$584                                   |
| Procedure                               | or Equi          | pment o  | detail:                                 | CP2 s                                   | sds down ca                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | asing                          |           | N                                       | PC fuel gas                 | <u> </u>          | \$102                                   |
| *************************************** |                  |          |                                         |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                | •         | BJ Service                              | es CP2 sd                   | <u>S</u>          | \$23,067                                |
| 3318                                    | gals of          | pad      |                                         |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                |           | NPC                                     | superviso                   | <u>r</u>          | \$60                                    |
| 2431                                    | gals w           | / 1-4 pr | og of 20/40                             | ) sand                                  | File:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | CEIVED                         | )         | -                                       |                             |                   |                                         |
| 4890                                    | gals w           | 4-6.5    | ppg of 20/                              | 40 sand                                 | CC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | T 2 5 2011                     |           | *                                       |                             |                   | *************************************** |
| 281                                     | gals w/          | 6.5 ppg  | of 20/40                                | sand                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                |           | *************************************** | ·                           |                   |                                         |
| 504                                     | gals of          | 15% H    | CL acid                                 |                                         | DIV. OF C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | II., 0.16 3, 175               | וייים:    | -                                       |                             |                   | *************************************** |
| Flus                                    | h w/ 512         | 24 gals  | of slick wa                             | ater                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                |           | -                                       |                             |                   |                                         |
|                                         |                  |          |                                         | clude 2 bbis                            | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | olume**                        |           |                                         |                             |                   |                                         |
|                                         | 1883             |          |                                         |                                         | luid pmpd: _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 394 bbls                       |           |                                         |                             |                   |                                         |
| _                                       | 1597             | _        |                                         | *************************************** | rop pmpd: _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                | •         | D41137.0                                | OOT                         | ·                 | 004 700                                 |
| Comple                                  | : <u>1675</u>    |          | nin:                                    | 10 min: _                               | Marine Marine and American                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | FG: <u>.73</u>                 | •         | DAILY C                                 |                             |                   | \$24,788                                |
| Combi                                   | 50011 <b>3</b> 0 | heivi    |                                         | Ron Shuck                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                |           | IOIALW                                  | ELL COST                    | ·                 | \$313,693                               |



4610

| WELL NAME:                              | Ashley Federal                             | 6-23-9-15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Report Date:                            | July 29, 2006                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Day: 3b                                 |
|-----------------------------------------|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| Operation                               | : Completion                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | Rig:                                    | Rigless                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                         |
|                                         |                                            | WELL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | STATUS                                  |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| Surf Csg: <u>8-5/8</u>                  |                                            | Prod Csg                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                         | @5926'                                  | Csg PBTD:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 5868' WL                                |
| Tbg: Size:                              | Wt:                                        | Grd:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Pkr/EO1                                 | @:                                      | BP/Sand PBTD:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 5360'                                   |
|                                         |                                            | PERFORA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | TION RECORD                             |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| <u>Zone</u>                             | <u>Perfs</u>                               | SPF/#shots                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Zone                                    | <u>!</u>                                | <u>Perfs</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | SPF/#shots                              |
|                                         |                                            | And the state of t | CP2 sd                                  | <u>5618-</u>                            | 5634'                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 4/64                                    |
|                                         |                                            | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
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| LODC sds                                | 5248-5260'                                 | 4/48                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                         |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| Date Work Perfo                         | ormed: July 2                              | 8, 2006                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                         | SITP:                                   | SICP:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1255                                    |
| Day3b.                                  | All T. orono P. Lubrico                    | ton DULL / M/ th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | . f 1/0//) f                            |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _                                       |
| 5360' Perforate                         | NLT, crane & lubrica                       | tor. KIH w/ Weath                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ertord (6K) flow                        | through frac plu                        | g & 12' perf gun.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Set plug @                              |
| BJ & frac stage #                       | LODC sds @ 5248-5<br>#2 w/ 69,111#'s of 20 | /40 sand in 543 hh                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | le of Lightning 1                       | 43"HE, 90 ) W/ 47 froe fluid   Ook      | spt for total of 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 8 shots. Ri                             |
| Perfs broke down                        | n @ 3760 psi, back to                      | o 2132 osi - Treated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | d @ ave pressur                         | of 2325 w/ av                           | rate of 24.7 hon                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | si on casing                            |
| sand. Spot 12 bl                        | ols of 15% HCL acid                        | in flush for next stac                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ge. ISIP was 24                         | 50. Leave press                         | ure on well See                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | dav3c                                   |
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| Starting fluid load                     | to be recovered:                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | OVERY (BBLS) ting oil rec to dat        |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| Fluid lost/recover                      |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ost/recovered too                       |                                         | ***************************************                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                         |
| Ending fluid to be                      | ***************************************    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | oil recovered:                          |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| IFL:                                    |                                            | 「P: <u>C</u> hoke                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ): F                                    | inal Fluid Rate:                        | Final                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | oil cut:                                |
| D. E                                    | STIMULATIO                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                         | COSTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                         |
| Base Fluid used: Company:               | Lightning 17 J BJ Services                 | ob Type: Sa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | nd frac                                 |                                         | rd Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | \$2,200                                 |
| _                                       | _                                          | 1000 - 4- 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ·                                       | *************************************** | frac water                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$1,167                                 |
| Procedure or Equ                        | ipment detail:                             | LODC sds dowr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | n casing                                |                                         | PC fuel gas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | \$203                                   |
| 5418 gals o                             | of nad                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | BJ Services                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$21,458                                |
|                                         | v/ 1-4 ppg of 20/40 sa                     | and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                         |                                         | supervisor<br>LODC sds                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | \$60                                    |
|                                         | v/ 4-6.5 ppg of 20/40                      | cand                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                         | Lone won                                | LODC sus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | \$4,328                                 |
|                                         | v/ 6.5 ppg of 20/40 sa                     | \$35.0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                         | *************************************** |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
|                                         | 15% HCL acid                               | ye in the property of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | *************************************** |
| Flush w/ 47                             | 788 gals of slick water                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | *************************************** | TO THE PARTY OF TH |                                         |
| ** Flush cal                            | led @ blender to inclu                     | de 2 bbls pump/line                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | volume**                                | *************************************** |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| Max TP: 2592                            |                                            | Total fluid pmpd                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         | -                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| Avg TP: 2325                            | · -                                        | Total Prop pmpd                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | i: 69,111#'s                            |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |
| ISIP: 1675                              |                                            | 10 min:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | FG: <u>.90</u>                          | DAILY C                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$29,416                                |
| Completion S                            | oupervisor: Ro                             | n Shuck                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                         | TOTAL WE                                | LL COST:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | \$343 109                               |



**DAILY COMPLETION REPORT** 

## ATTACHMENT G

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                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                        | eatherfo<br>NPO<br>N<br>BJ Ser<br>NPO | COSTS ord Services C frac water PC fuel gas vices A sds C supervisor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | \$2,200<br>\$3,435<br>\$597<br>\$52,703                    |
| Company:                                                             | d: Lightning 1 BJ Services Equipment detail: als of pad als w/ 1-5 ppg of als w/ 5-8 ppg of                                                                                                  | A sds<br>20/40 sand<br>20/40 sand<br>40 sand                             | Sand f                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | \$2,200<br>\$3,435<br>\$597<br>\$52,703                    |
| Company:                                                             | d: Lightning 1 BJ Services Equipment detail: als of pad als w/ 1-5 ppg of als w/ 5-8 ppg of s w/ 8 ppg of 20/-                                                                               | 20/40 sand 20/40 sand 40 sand                                            | Sand f                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                        | eatherfo<br>NPO<br>N<br>BJ Ser<br>NPO | COSTS ord Services C frac water PC fuel gas vices A sds C supervisor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | \$2,200<br>\$3,435<br>\$597<br>\$52,703                    |
| 15288 ga<br>10500 ga<br>21000 ga<br>3402 gal<br>504 gals<br>Flush w/ | d: Lightning 1 BJ Services Equipment detail: als of pad als w/ 1-5 ppg of als w/ 5-8 ppg of s w/ 8 ppg of 20/ of 15% HCL aci 4536 gals of slice                                              | 20/40 sand 20/40 sand 40 sand                                            | Sand for same state of the sam | rac                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                        | eatherfo<br>NPO<br>N<br>BJ Ser<br>NPO | COSTS ord Services C frac water PC fuel gas vices A sds C supervisor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | \$2,200<br>\$3,435<br>\$597<br>\$52,703                    |
| 15288 ga<br>10500 ga<br>21000 ga<br>3402 gal<br>504 gals<br>Flush w/ | d: Lightning 1 BJ Services Equipment detail: als of pad als w/ 1-5 ppg of als w/ 5-8 ppg of s w/ 8 ppg of 20/ of 15% HCL aci 4536 gals of slice                                              | A sds 20/40 sand 20/40 sand 40 sand id k water to include 2 bbls p       | Sand for same state of the sam | rac                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                        | eatherfo<br>NPO<br>N<br>BJ Ser<br>NPO | COSTS ord Services C frac water PC fuel gas vices A sds C supervisor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | \$2,200<br>\$3,435<br>\$597<br>\$52,703                    |
| Company:                                                             | d: Lightning 1 BJ Services  Equipment detail:  als of pad als w/ 1-5 ppg of als w/ 5-8 ppg of s w/ 8 ppg of 20/ of 15% HCL aci 4536 gals of slic called @ blender 196 Max Rate: 98 Avg Rate: | A sds  20/40 sand  20/40 sand  40 sand  id  k water  to include 2 bbls p | Sand for same same same same same same same same                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                        | eatherfo<br>NPO<br>N<br>BJ Ser<br>NPO | COSTS ord Services C frac water PC fuel gas vices A sds C supervisor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | \$2,200<br>\$3,435<br>\$597<br>\$52,703                    |

Completion Supervisor: Ron Shuck



600

| AA FFF 1                                | MIVIE.      | AS                | silley rederai                          | 0-23-9-15                               | κероπ ι                                        | Jate: <u>Jul</u>                   | y 29, 2006                              | _            |         | Day: 3d                                 |
|-----------------------------------------|-------------|-------------------|-----------------------------------------|-----------------------------------------|------------------------------------------------|------------------------------------|-----------------------------------------|--------------|---------|-----------------------------------------|
| Ope                                     | ration      | : (               | Completion                              |                                         | ****                                           |                                    | Rig:                                    | Rigl         | ess     | *************************************** |
|                                         |             | <u> </u>          |                                         |                                         | WELL STATUS                                    | <u> </u>                           |                                         | ·            |         |                                         |
| Surf Csg:                               | 8-5/8       | <u> </u>          | 321'                                    | Pro                                     | od Csg: 5-1/2                                  | 2" @                               | 5926'                                   | Csg F        | BTD:    | 5868' WL                                |
| Tbg:                                    | Size:       |                   | Wt:                                     | Grd:                                    | F                                              | Pkr/EOT @:                         |                                         | BP/Sand F    |         | 4920'                                   |
|                                         |             |                   |                                         | DEDE                                    | OBATION DE                                     | CORD                               |                                         | Plug 5360'   | 5200    |                                         |
| <u>Zone</u>                             |             | F                 | Perfs Perfs                             | SPF/#shot                               | ORATION REG                                    | Zone                               |                                         | Perfs        |         | SPF/#shots                              |
|                                         |             | _                 |                                         | 3. 1 11101100                           |                                                | CP2 sds                            | 5618                                    | -5634'       |         | <u>3PF/#SHOUS</u><br>4/64               |
| B.5 sds                                 | -           | 4808-4            |                                         | 4/48                                    |                                                |                                    |                                         |              |         | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| A1 sds                                  |             | 4980-4            |                                         | 4/68                                    |                                                |                                    |                                         |              |         |                                         |
| A3 sds<br>LODC sds                      | -           | 5064-5<br>5129-5  | *************************************** | <u>4/64</u><br>4/60                     |                                                |                                    | -                                       |              |         |                                         |
| LODC sds                                |             | 5248-5            |                                         | 4/48                                    |                                                |                                    | -                                       |              |         |                                         |
|                                         | •••         |                   |                                         |                                         |                                                |                                    |                                         |              |         |                                         |
| Date Worl                               | c Perfo     | ormed:            | July 28                                 | B, 2006                                 |                                                |                                    | SITP:                                   |              | SICP:   | 2228                                    |
| Day3d.                                  |             |                   | *************************************** |                                         |                                                |                                    |                                         |              |         |                                         |
| See day3e                               | id load     | I to be reed toda | ecovered:                               | FLUID<br>2393                           | ORECOVERY ( Starting oil recove Cum oil recove | BBLS)<br>c to date:<br>ered today: |                                         |              |         |                                         |
| IFL:                                    | u to be     | FFL:              |                                         |                                         | Cum on recov                                   |                                    | Fluid Rate:                             | <del></del>  | Final d | oil cut:                                |
|                                         |             |                   | STIMULATION                             | J DETAIL                                |                                                |                                    |                                         | COSTS        |         |                                         |
| Base Fluid                              | used:       |                   |                                         | ob Type:                                | Sand frac                                      |                                    | Weatherfo                               | ord Services | 2       | \$2,200                                 |
| Company:                                |             | BJ Ser            |                                         |                                         | 341131143                                      | <del></del>                        |                                         | C frac water |         | Ψ <u>2,200</u><br>\$584                 |
| Procedure                               | or Eau      | ipment            | detail:                                 | B.5 sds o                               | down casing                                    |                                    | *************************************** | IPC fuel gas |         | \$102                                   |
|                                         | •           | •                 |                                         | _,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                                                |                                    |                                         | ices B.5 sds |         | \$14,411                                |
| 3318                                    | gals o      | of pad            |                                         |                                         |                                                | <del></del>                        |                                         | C supervisor |         | <del></del>                             |
| *************************************** |             |                   | pg of 20/40 sa                          | and                                     | RECEIVE                                        | <del>:D</del>                      |                                         |              |         | \$60                                    |
| *************************************** |             |                   | ppg of 20/40<br>ppg of 20/40            | ······································  | OCT 2 6 20                                     | 111                                | Lone v                                  | Volf B.5 sds |         | \$4,000                                 |
| W                                       |             |                   |                                         | · · · · · · · · · · · · · · · · · · ·   | 001 2 9 20                                     | 311                                |                                         |              |         | <del></del>                             |
| *************************************** |             |                   | g of 20/40 san                          | Dily                                    | <del>/ OF OIL, OND Y</del>                     | لأششا                              |                                         |              |         |                                         |
|                                         | <u> </u>    |                   | CL acid                                 |                                         |                                                |                                    |                                         |              |         |                                         |
| *************************************** | <del></del> |                   | of slick water                          |                                         |                                                |                                    |                                         | <del></del>  |         |                                         |
|                                         |             |                   | ·····                                   |                                         | np/line volume**                               |                                    |                                         |              |         |                                         |
| Max TP:                                 |             | •                 | <del></del>                             | Total fluid                             |                                                | <del></del>                        | •                                       |              |         |                                         |
| Avg TP:                                 |             |                   | tate: <u>24.5</u>                       | rotal Prop                              | pmpd: 33,850                                   | <i>I</i> # 5                       |                                         |              |         |                                         |
| 1011                                    | · 2090      | 5 +               | min:                                    | 10 min                                  | EC. 9                                          | 87                                 | DAILV                                   | 'OST:        |         | \$24 2E7                                |
| Comple                                  | 2090        | •                 | min:                                    | 10 min:<br>n Shuck                      | FG: <u>.</u> !                                 | 87                                 | DAILY O                                 | COST:        |         | \$21,357<br>\$428,461                   |



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Day: \_3e

#### **DAILY COMPLETION REPORT**

Report Date: July 29, 2006

Ashley Federal 6-23-9-15

Completion

**WELL NAME:** 

Operation:

|                                         |                                         |                     |                                     |                              | WELL S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | TATUS               | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         |                                                                   |                   |                                         |
|-----------------------------------------|-----------------------------------------|---------------------|-------------------------------------|------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------------------|-------------------|-----------------------------------------|
| Surf Csg:                               | 8-5/8                                   | @                   | 321'                                |                              | Prod Csg:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 5926'                                   | Csa                                                               | PBTD:             | 5868' WL                                |
| Tbg:                                    | Size:                                   |                     | Wt:                                 |                              | ird:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                     | Pkr/EOT @                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                         | BP/Sand                                                           |                   |                                         |
|                                         |                                         |                     |                                     |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | Plug 5360                                                         | 5200              |                                         |
| _                                       |                                         | _                   | _                                   |                              | RFORATIO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ON RE               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                                                   |                   |                                         |
| Zone<br>D4 ada                          |                                         |                     | erfs                                | SPF/#s                       | <u>hots</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | _                   | Zone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                         | <u>Perfs</u>                                                      |                   | SPF/#shots                              |
| D1 sds<br>B.5 sds                       |                                         | 4604-46             |                                     | 4/32                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     | CP2 sds                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <u>56</u>                               | 18-5634'                                                          |                   | 4/64                                    |
| A1 sds                                  |                                         | 4808-48<br>4980-49  |                                     | 4/48                         | Market and the second s | -                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                                                   |                   |                                         |
| A3 sds                                  |                                         | <del>5064-5</del> 0 |                                     | 4/68<br>4/64                 | ***************************************                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <del></del>         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | *************************************** |                                                                   |                   |                                         |
| LODC sds                                |                                         | 5129-51             |                                     | 4/60                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                                                   |                   |                                         |
| LODC sds                                |                                         | 5248-52             |                                     | 4/48                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                                                   | _                 |                                         |
|                                         |                                         |                     |                                     |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | *************************************** |                                                                   | -                 |                                         |
| Date Work                               | Perfo                                   | rmed:               | July                                | 28, 2006                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SIT                                     | P:                                                                | SICP:             | 2228                                    |
| on casing.                              | BJ & fi                                 | rac stag<br>broke d | e #5 w/ 43<br>own @ 25 <sup>.</sup> | ,995#'s of 2<br>19 psi, back | 0/40 sand ir<br>to 1383 psi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | n 375 b<br>i.  Trea | obls of Lig<br>ted @ av                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ghtning 17 t<br>e pressure              | 4604-12' w/ 4<br>frac fluid. Ope<br>of 1928 w/ av<br>hours & died | en wel<br>ve rate | l w/ 1485 ps<br>of 25.5 bon             |
|                                         | 7.00                                    |                     |                                     |                              | UID RECOV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                                                   | ·                 |                                         |
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| Fluid lost/re                           |                                         |                     | -                                   | 290                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     | ered toda                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | y:                                      |                                                                   |                   |                                         |
| Ending fluid                            | a to be                                 | recover             |                                     | 2858<br>FTP:                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | il recov            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                                                   |                   |                                         |
|                                         |                                         | FFL                 |                                     | FIP:                         | Choke: _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | nal Fluid Ra                            | te:                                                               | _Final            | oil cut:                                |
|                                         |                                         | <u>s</u>            | TIMULATION                          | ON DETAIL                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | COST                                                              | <u>s</u>          | ****                                    |
| Base Fluid                              | used: ַ                                 | Light               | ning 17                             | Job Type: _                  | Sand                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | frac                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Weathe                                  | rford Services                                                    | 3                 | \$2,200                                 |
| Company:                                | E                                       | 3J Serv             | ices                                | _                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | N                                       | IPC frac water                                                    | <u>-</u>          | \$713                                   |
| Procedure                               | or Equi                                 | pment d             | etail:                              | D1 so                        | ds down cas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | sing                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | NPC fuel gas                                                      | -<br>}            | \$124                                   |
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| 3192                                    | gals of                                 | f pad               |                                     |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | *************************************** | PC supervisor                                                     |                   | \$60                                    |
| *************************************** |                                         |                     | g of 20/40                          | sand                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | *************************************** | ne Wolf D1sds                                                     |                   | \$4,000                                 |
|                                         |                                         |                     | g of 20/40                          |                              | - GCT 76                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ey cop a            | to an output of the control of the c |                                         | Water transfer                                                    |                   | \$400                                   |
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| Max TP:                                 | 2169                                    | Max Ra              | te: <u>25.</u>                      | 5 Total flo                  | uid pmpd: _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 375 b               | bls                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                         |                                                                   |                   |                                         |
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**DAILY COMPLETION REPORT** 

Report Date: Aug. 1, 2006

Ashley Federal 6-23-9-15

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| Starting fluid load to be                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           | 2858                                               | St                                      | arting oil                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Y (BBLS)<br>rec to date:                |                                                                   |                                                                                                                                                                          |                              |                                                                                                                            |
| Fluid los <u>t/recovered</u> tod                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ay:                       | 2858<br>30                                         | St<br>Oi                                | arting oil                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | rec to date:<br>overed today            | <i>f</i> :                                                        | MATERIAL SALES AND                                                                                                                   | -                            |                                                                                                                            |
| Fluid los <u>t/recovered</u> tod<br>Ending fluid to be recov                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ay: 2                     | 2858<br>30<br>828                                  | St<br>Oi<br>Cu                          | arting oil<br>il lost/recum<br>um oil rec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | rec to date:<br>overed toda;<br>overed: |                                                                   |                                                                                                                                                                          | -                            |                                                                                                                            |
| Fluid los <u>t/recovered</u> tode Ending fluid to be recov IFL: FFL:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ay:                       | 2858<br>30<br>828<br>TP:                           | St<br>Oi<br>Cu<br>Cho                   | arting oil<br>il lost/recum<br>um oil rec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | rec to date:<br>overed toda;<br>overed: | /:<br>eal Fluid Rate                                              |                                                                                                                                                                          | -<br>Final c                 | oil cut:                                                                                                                   |
| Fluid los <u>t/recovered</u> tode<br>Ending fluid to be recov<br>IFL: FFL:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ay: 20 F                  | 2858<br>30<br>828<br>TP:<br>ON DETAI               | St<br>Oi<br>Cu<br>Cho                   | arting oil<br>il lost/recum<br>um oil rec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | rec to date:<br>overed toda;<br>overed: | al Fluid Rate                                                     | COST                                                                                                                                                                     | <u>s</u>                     |                                                                                                                            |
| Fluid los <u>t/recovered</u> tode Ending fluid to be recov IFL: FFL: Base Fluid used:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ay: 20 F                  | 2858<br>30<br>828<br>TP:                           | St<br>Oi<br>Cu<br>Cho                   | arting oil<br>il lost/recum<br>um oil rec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | rec to date:<br>overed toda;<br>overed: | al Fluid Rate                                                     | COST<br>estern #2 rig                                                                                                                                                    | <u>s</u>                     | \$3,366                                                                                                                    |
| Fluid los <u>t/recovered</u> tode  Ending fluid to be recov  IFL: FFL:  Base Fluid used:  Company:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ay:  ered:  F  STIMULATIO | 2858<br>30<br>828<br>TP:<br>ON DETAI               | St<br>Oi<br>Cu<br>Cho                   | arting oil<br>il lost/recum<br>um oil rec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | rec to date:<br>overed toda;<br>overed: | al Fluid Rate                                                     | COST                                                                                                                                                                     | <u>s</u>                     |                                                                                                                            |
| Fluid los <u>t/recovered</u> tode  Ending fluid to be recov  IFL: FFL:  Base Fluid used:  Company:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ay:  ered:  F  STIMULATIO | 2858<br>30<br>828<br>TP:<br>ON DETAI               | St<br>Oi<br>Cu<br>Cho                   | arting oil<br>il lost/recum<br>um oil rec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | rec to date:<br>overed toda;<br>overed: | weatherfo                                                         | COST<br>estern #2 rig                                                                                                                                                    | <u>s</u><br>-                | \$3,366                                                                                                                    |
| Fluid los <u>t/recovered</u> tode Inding fluid to be recov IFL: FFL:  Base Fluid used: Company:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ay:  ered:  F  STIMULATIO | 2858<br>30<br>828<br>TP:<br>ON DETAI               | St<br>Oi<br>Cu<br>Cho                   | arting oil<br>il lost/recum<br>um oil rec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | rec to date:<br>overed toda;<br>overed: | weatherfo                                                         | COST<br>estern #2 rig<br>ord BOP(X2)                                                                                                                                     | <u>S</u><br>-                | \$3,366<br>\$1,140                                                                                                         |
| Fluid los <u>t/recovered</u> tode Inding fluid to be recov IFL: FFL:  Base Fluid used: Company:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ay:  ered:  F  STIMULATIO | 2858<br>30<br>828<br>TP:<br>ON DETAI               | St<br>Oi<br>Cu<br>Cho                   | arting oil<br>il lost/recum<br>um oil rec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | rec to date:<br>overed toda;<br>overed: | Weatherfo                                                         | COST<br>estern #2 rig<br>ord BOP(X2)                                                                                                                                     | <u>S</u>                     | \$3,366<br>\$1,140<br>\$300                                                                                                |
| Fluid los <u>t/recovered</u> tode Inding fluid to be recov IFL: FFL:  Base Fluid used: Company:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ay:  ered:  F  STIMULATIO | 2858<br>30<br>828<br>TP:<br>ON DETAIL              | St<br>Oi<br>Cu<br>Cho                   | arting oil<br>il lost/rec<br>um oil rec<br>ske:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | rec to date:<br>overed toda;<br>overed: | Weatherfo                                                         | COST<br>estern #2 rig<br>ord BOP(X2)<br>IPC trucking<br>DSI trucking                                                                                                     | <u>S</u>                     | \$3,366<br>\$1,140<br>\$300<br>\$1,000<br>\$400                                                                            |
| Fluid los <u>t/recovered</u> tode Inding fluid to be recov IFL: FFL:  Base Fluid used: Company:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ay:  ered:  F  STIMULATIO | 2858<br>30<br>828<br>TP:<br>ON DETAIL              | St<br>Oi<br>Cho                         | arting oil<br>il lost/recoum oil recoke:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | rec to date:<br>overed toda;<br>overed: | Weatherfor NDS                                                    | COST estern #2 rig ord BOP(X2) IPC trucking DSI trucking I wtr & truck m chemicals                                                                                       | <u>\$</u>                    | \$3,366<br>\$1,140<br>\$300<br>\$1,000<br>\$400<br>\$300                                                                   |
| Iuid los <u>t/recovered</u> tode<br>Inding fluid to be recov<br>IFL: FFL:<br>Base Fluid used:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ay:  ered:  F  STIMULATIO | 2858<br>30<br>828<br>TP:<br>ON DETAIL              | St<br>Oi<br>Cho                         | arting oil<br>il lost/rec<br>um oil rec<br>ske:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | rec to date:<br>overed toda;<br>overed: | Weatherfor NDS Unicher                                            | COST estern #2 rig ord BOP(X2) IPC trucking DSI trucking If wtr & truck m chemicals new J55 tbg                                                                          | -<br><u>S</u><br>-<br>-<br>- | \$3,366<br>\$1,140<br>\$300<br>\$1,000<br>\$400<br>\$300<br>\$28,305                                                       |
| Iuid los <u>t/recovered</u> tode<br>Inding fluid to be recov<br>IFL: FFL:<br>Base Fluid used:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ay:  ered:  STIMULATIO    | 2858<br>30<br>828<br>TP:<br>ON DETAIL              | St<br>Oi<br>Cho                         | arting oil<br>il lost/recoum oil recoke:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | rec to date:<br>overed toda;<br>overed: | Weatherfor N NDS Unicher B & L - NPC loca                         | COST estern #2 rig ord BOP(X2) IPC trucking DSI trucking II wtr & truck m chemicals new J55 tbg                                                                          | <u>S</u>                     | \$3,366<br>\$1,140<br>\$300<br>\$1,000<br>\$400<br>\$300<br>\$28,305<br>\$300                                              |
| luid los <u>t/recovered</u> tod<br>inding fluid to be recov<br>IFL: FFL:<br>sase Fluid used:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ay:  ered:  STIMULATIO    | 2858<br>30<br>828<br>TP:<br>ON DETAIL              | St<br>Oi<br>Cho                         | arting oil<br>il lost/recoum oil recoke:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | rec to date:<br>overed toda;<br>overed: | Weatherform NDS Unicher B & L - NPC loca                          | COST: estern #2 rig ord BOP(X2) IPC trucking DSI trucking If wtr & truck m chemicals new J55 tbg tion cleanup ic equipment                                               | <u>S</u>                     | \$3,366<br>\$1,140<br>\$300<br>\$1,000<br>\$400<br>\$300<br>\$28,305<br>\$300<br>\$130,000                                 |
| Iuid los <u>t/recovered</u> tode<br>inding fluid to be recov<br>IFL: FFL:<br>Base Fluid used:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ay:  ered:  STIMULATIO    | 2858<br>30<br>828<br>TP:<br>ON DETAIL              | St<br>Oi<br>Cho                         | arting oil<br>il lost/recoum oil recoke:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | rec to date:<br>overed toda;<br>overed: | Weatherform NDS Unicher B & L - NPC loca R & T la                 | estern #2 rig ord BOP(X2) IPC trucking DSI trucking If wtr & truck m chemicals new J55 tbg tion cleanup c equipment abor/welding                                         | <u>S</u>                     | \$3,366<br>\$1,140<br>\$300<br>\$1,000<br>\$400<br>\$300<br>\$28,305<br>\$300<br>\$130,000<br>\$19,500                     |
| Fluid los <u>t/recovered</u> tode  Ending fluid to be recovered  IFL: FFL:  Base Fluid used: Fruid used: Fru | ay: ered: 28  STIMULATIO  | 2858<br>30<br>828<br>TP:<br>ON DETAIL<br>Job Type: | St. Oi. Cho                             | arting oil il lost/recount oil recount oil | rec to date:<br>overed toda;<br>overed: | Weatherform NDS Unicher B & L - NPC loca NPC sf R & T la Mt. We   | COST estern #2 rig ord BOP(X2) NPC trucking DSI trucking If wtr & truck m chemicals new J55 tbg ation cleanup c equipment abor/welding                                   | <u>S</u>                     | \$3,366<br>\$1,140<br>\$300<br>\$1,000<br>\$400<br>\$300<br>\$28,305<br>\$300<br>\$130,000<br>\$19,500<br>\$600            |
| Fluid lost/recovered tode Ending fluid to be recovered.  IFL: FFL:  Base Fluid used: From Procedure or Equipment  Max TP: Max                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ay:                       | 2858 30 828 TP: DN DETAIL Job Type:                | St. Oi Cho L Cho  Cho  fluid pm         | arting oil il lost/recum oil recoke:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | rec to date:<br>overed toda;<br>overed: | Weatherform N NDS Unicher B & L - NPC loca NPC sf R & T la Mt. We | estern #2 rig ord BOP(X2) IPC trucking DSI trucking If wtr & truck m chemicals new J55 tbg tion cleanup c equipment abor/welding est sanitation as pit reclaim           | <u>S</u>                     | \$3,366<br>\$1,140<br>\$300<br>\$1,000<br>\$400<br>\$300<br>\$28,305<br>\$300<br>\$130,000<br>\$19,500<br>\$600<br>\$1,800 |
| Fluid lost/recovered tode Ending fluid to be recovered.  IFL: FFL:  Base Fluid used:  Company:  Procedure or Equipment  Max TP: Max I  Avg TP: Avg I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ay:                       | 2858 30 828 TP: DN DETAIL Job Type:                | St. Oi Cho                              | arting oil il lost/recum oil recoke:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | rec to date: overed today covered: Fir  | Weatherform N NDS Unicher B & L - NPC loca NPC sf R & T la Mt. We | estern #2 rig ord BOP(X2) PC trucking DSI trucking BI wtr & truck m chemicals new J55 tbg tion cleanup c equipment abor/welding est sanitation s pit reclaim supervision | <u>S</u>                     | \$3,366<br>\$1,140<br>\$300<br>\$1,000<br>\$400<br>\$300<br>\$28,305<br>\$300<br>\$130,000<br>\$19,500<br>\$600            |



Ashley Federal 6-23-9-15

Completion

WELL NAME:

Operation:

## ATTACHMENT G-

Western #2

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Day: 05

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| DAILY COMPLETION REPORT | . /        | CX ' |   |

Report Date: Aug. 2, 2006

|                                         |                  |                      |                |                                        | W                                       | ELL STAT                                | rus                                     |          |                                         | ****                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                         |
|-----------------------------------------|------------------|----------------------|----------------|----------------------------------------|-----------------------------------------|-----------------------------------------|-----------------------------------------|----------|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| Surf Csg:                               | 8-5/8            | <b>@</b>             | 321'           |                                        |                                         |                                         |                                         | @        | 5926'                                   | Csg PBT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | D: <b>5904</b> '                        |
| Tbg:                                    | Size:            | 2 7/8                | Wt:            | 6.5#                                   | _Grd:                                   | J-55                                    | Pkr/EOT                                 |          | 5864'                                   | BP/Sand PBT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | *************************************** |
|                                         |                  |                      |                |                                        |                                         |                                         |                                         |          |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         |
| 7                                       |                  | _                    | _              |                                        |                                         | PRATION I                               |                                         |          |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         |
| <u>Zone</u><br>D1 sds                   |                  | <u>Per</u>           |                | ,                                      | #shots                                  |                                         | Zone 2                                  |          |                                         | <u>Perfs</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | SPF/#shots                              |
| B.5 sds                                 | •••              | 4604-461<br>4808-482 |                | 4/32<br>4/48                           |                                         |                                         | CP2 sds                                 | <u> </u> | <u>5618-</u>                            | 5634'                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 4/64                                    |
| A1 sds                                  | -                | 4980-499             |                | 4/48                                   |                                         |                                         |                                         |          | N=1011111111111111111111111111111111111 | ***************************************                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ****                                    |
| A3 sds                                  | -                | 5064-508             |                | 4/64                                   |                                         |                                         |                                         |          | *************************************** | White the same of |                                         |
| LODC sds                                | <del>-</del>     | 5129-514             |                | 4/60                                   |                                         |                                         |                                         |          | M                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         |
| LODC sds                                | _                | 5248-526             |                | 4/48                                   |                                         |                                         | *************************************** |          |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         |
|                                         |                  |                      |                |                                        |                                         |                                         |                                         |          |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         |
| Date Work                               | Perf             | rmed:                | Διιο           | j. 1, 2006                             |                                         |                                         |                                         |          | CITD.                                   | 0 010                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | D. 0                                    |
|                                         |                  |                      |                | ······································ |                                         |                                         |                                         |          | SITP:                                   | ***************************************                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | *************************************** |
| Con't PU                                | & TIH            | W/ bit and           | d tbg f/ 4     | 435'. Tag                              | fill @ 4                                | 530'. Tbg                               | displaced                               | 11       | BW on TIH.                              | RU power sw                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ivel. C/O sd 8                          |
| drill out cor                           | mposit           | e bridge p           | ilugs as t     | follows (us                            | ing con                                 | ventional o                             | circulation)                            | : sd     | @ 4530', p                              | lua @ 4700' in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 26 minutes: sc                          |
| @ 4881', p                              | olug @           | 4920' in             | 21 minu        | tes; no sd                             | , plug (                                | ② 5200' in                              | 19 minute                               | es; s    | d @ 5239',                              | plug @ 5360'                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | in 27 minutes                           |
| CONT SWIVE                              | elling j         | IS IN NOIE.          | lag IIII       | 1 @ 5/79'.                             | Drill p                                 | lug remair                              | ns & sd to                              | PB       | TD @ 5904                               | '. Circ hole cle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | an W/ no fluid                          |
| oil & sm tr                             | wivei.<br>ed @ a | and FFI              | เบ วดบ4<br>ศ   | SIEN W//                               | b equip                                 | ment. IFL                               | . @ stc. M                              | ade      | 13 swb run                              | s rec 161 BTF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | W/ light gas, t                         |
| On Contra                               | 30 W (           | JIIG. TTE            | <b>@</b> 000 . | SII IN VV/ C                           | 551 2000                                | DOVIK.                                  |                                         |          |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         |
|                                         |                  |                      |                |                                        |                                         |                                         |                                         |          |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         |
|                                         |                  |                      |                |                                        |                                         |                                         |                                         |          |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         |
|                                         |                  |                      |                | F                                      | LUID F                                  | RECOVER                                 | Y (BBLS)                                |          |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         |
| Starting flui                           | id load          | to be reco           | overed:        | 2828                                   |                                         |                                         | rec to date                             | e:       |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         |
| Fluid los <u>t/re</u>                   | ecover           | ed today:            | -              | 172                                    |                                         |                                         | overed tod                              |          |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         |
| Ending fluid                            | d to be          | recovered            | d: :£          | 2656                                   |                                         | Cum oil red                             |                                         | •        |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         |
| IFL: s                                  | fc               | FFL:                 | 800'           | FTP:                                   | C                                       | hoke:                                   | F                                       | inal     | Fluid Rate:                             | Fina                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | al oil cut:tr                           |
|                                         |                  | STI                  | MULAT          | ON DETA                                | <u>.</u><br>!L                          |                                         |                                         |          |                                         | COSTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                         |
| Base Fluid                              | used:            |                      |                | Job Type                               | _<br>:                                  |                                         |                                         |          | We                                      | stern #2 rig                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | \$5,092                                 |
| Company:                                |                  |                      |                |                                        |                                         |                                         |                                         | -        |                                         | erford BOP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | \$210                                   |
| Procedure                               | or Equ           | ipment de            | tail:          |                                        |                                         |                                         |                                         | -        |                                         | RBS swivel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | \$750                                   |
|                                         | -                |                      |                |                                        |                                         |                                         |                                         | -        |                                         | vtr disposal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | \$3,000                                 |
|                                         |                  |                      |                |                                        | ······································  |                                         |                                         | -        |                                         | CDI TA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | \$525                                   |
| *************************************** |                  |                      |                |                                        |                                         |                                         |                                         | -        |                                         | CDI SN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | \$80                                    |
|                                         |                  |                      |                | ·                                      | <del></del>                             | h                                       |                                         | -        | NPC :                                   | supervision                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | \$300                                   |
|                                         |                  |                      |                | •                                      |                                         |                                         |                                         | -        |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         |
|                                         |                  |                      |                | ************************************** | ·                                       |                                         |                                         | -        |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | *************************************** |
|                                         |                  |                      |                |                                        |                                         | *************************************** |                                         | -        |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         |
| *************************************** |                  |                      |                | ·                                      | *************************************** | **************************************  |                                         |          |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | *************************************** |
|                                         |                  |                      |                |                                        |                                         |                                         |                                         | _        |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | *************************************** |
| Max TP:                                 |                  | Max Rate             |                |                                        | i fluid pı                              |                                         |                                         | _        |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         |
| Avg TP:                                 |                  | Avg Rate             |                |                                        | l Prop p                                | -                                       |                                         |          |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         |
| ISIP:                                   |                  | 5 min                |                | 10 min                                 |                                         | FG                                      | 3:                                      |          | DAILY C                                 | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$9,957                                 |
| Comple                                  | etion S          | Superviso            | r:             | Gary Dietz                             | Z                                       |                                         |                                         |          | <b>TOTAL WE</b>                         | LL COST:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | \$647,089                               |



## ATTACHMENT G-/

10 of 10

|                                  |                                                 |                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DAILY CO                                           | MPLET                                          | ON REI                                  | PORT      |                                         |                                                                         |            |                          |                        |
|----------------------------------|-------------------------------------------------|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|------------------------------------------------|-----------------------------------------|-----------|-----------------------------------------|-------------------------------------------------------------------------|------------|--------------------------|------------------------|
| W                                | ELL NAMI                                        | <u>E:</u>                                                                                               | Federal 6-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 23-9-15                                            | Rep                                            | ort Date:                               | Au        | g. 3, 2006                              |                                                                         |            | Day:                     | 06                     |
|                                  | Operation                                       | n: Comp                                                                                                 | letion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                    |                                                |                                         |           | Rig:                                    | West                                                                    | ern #2     | -                        |                        |
|                                  |                                                 |                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | W                                                  | ELL STA                                        | TUS                                     |           |                                         |                                                                         |            |                          |                        |
| Surf                             | Csg: 8-5                                        | /8' @ <b>32</b> 1                                                                                       | 1'                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                    |                                                | 5-1/2"                                  | @         | 5926'                                   | Csa                                                                     | PBTD:      | 590                      | <b>4</b> '             |
| Tbg:                             | Siz                                             | e: 2 7/8                                                                                                | Wt: 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | .5# Grd:                                           | J-55                                           |                                         | or @:     | 5583'                                   | BP/Sand                                                                 |            | 590                      |                        |
|                                  |                                                 |                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    |                                                |                                         |           |                                         |                                                                         |            |                          |                        |
| _                                |                                                 |                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    | RATION                                         | RECOR                                   |           |                                         |                                                                         |            |                          |                        |
| <u>2</u><br>D1 s                 | one<br>do                                       | <u>Perfs</u><br>4604-4612'                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SPF/#shots                                         |                                                |                                         | <u>ne</u> |                                         | <u>Perfs</u>                                                            |            | SPF/#s                   | <u>shots</u>           |
| B.5                              | ***************************************         | 4808-4820'                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4/32                                               |                                                | CP2                                     | sds       | 5618-                                   | 5634'                                                                   |            | 4/64                     |                        |
| A1 s                             | -                                               | 4980-4997'                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4/48<br>4/68                                       |                                                |                                         |           | -                                       |                                                                         |            |                          |                        |
| A3 s                             | -                                               | 5064-5080'                                                                                              | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 4/64                                               |                                                | *************************************** |           |                                         |                                                                         | _          |                          |                        |
|                                  | C sds                                           | 5129-5144'                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4/60                                               |                                                |                                         |           | -                                       |                                                                         | ***        | <del></del>              |                        |
|                                  | C sds                                           | 5248-5260'                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4/48                                               |                                                | *************************************** |           | -                                       | ······································                                  |            |                          |                        |
|                                  |                                                 |                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    |                                                |                                         |           |                                         |                                                                         | -          |                          |                        |
| Date                             | Work Per                                        | formed:                                                                                                 | Aug. 2, 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 0006                                               |                                                |                                         |           | SITP:                                   |                                                                         | SICP:      | 4.0                      | _                      |
|                                  |                                                 |                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    |                                                |                                         |           | 0                                       |                                                                         |            | 10                       |                        |
| grade<br>scrape<br>pump<br>Place | rod string as<br>ered rods, 1-<br>to 200 psi. S | BOP. Set TA @ 5:<br>follows: new CDI<br>8', 1-4' & 2-2' X 3/4<br>Stroke pump up W/<br>duction @ 7:00 PM | 2 1/2" X 1 1/<br>4" pony rods<br>unit to 800 p                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | /2" X 14' RHAC<br>and 1 1/2" X 2<br>si. Good pump: | pump, 6-1<br>2' polished<br>action RD          | 1/2" weight                             | t rods, 1 | 0-3/4" scrapere                         | drode 100.3                                                             | Main plair | rodo 1                   | 00 2/4                 |
|                                  |                                                 |                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | FI LUID F                                          | RECOVE                                         | RY (BBL                                 | S)        |                                         |                                                                         |            |                          |                        |
| Start                            | ing fluid lo                                    | ad to be recove                                                                                         | red: 26                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                    |                                                | oil rec to d                            |           |                                         |                                                                         |            |                          |                        |
|                                  |                                                 | ered today:                                                                                             | 30                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                    | _                                              | covered                                 |           | *************************************** |                                                                         | -          |                          |                        |
|                                  | _                                               | be recovered: _                                                                                         | 2686                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                    | Cum oil r                                      | ecovered                                | :         |                                         | ***************************************                                 | -          |                          |                        |
| IFL:                             | ***************************************         | FFL:                                                                                                    | FTP:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Ch                                                 | noke:                                          |                                         | Fina      | l Fluid Rate:                           |                                                                         | Final      |                          |                        |
|                                  | TUI                                             | BING DETAIL                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ROI                                                | D DETAI                                        |                                         |           |                                         | COST                                                                    | <u>s</u>   | oil cut:_                |                        |
|                                  |                                                 |                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    |                                                | L                                       |           |                                         |                                                                         |            | oil cut:_                |                        |
| KB                               | 12.00'                                          |                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    |                                                |                                         | _         | We                                      |                                                                         | _          |                          | .189                   |
| 176                              | 2 7/8 J-5                                       |                                                                                                         | - Carrier and Carr | 1 1/2" X 22'                                       |                                                |                                         | -         |                                         | stern #2 rig                                                            | <u> </u>   | \$5                      | 5,189<br>\$210         |
|                                  |                                                 | 5 tbg (5571.35')                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    | polished                                       | rod                                     |           | Weath                                   | stern #2 rig<br>erford BOP                                              | <br>[<br>- | \$5                      | \$210                  |
|                                  | TA (2.80'                                       | 5 tbg (5571.35')<br>@ 5583.35' KB                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1-8',1-4' & 2                                      | polished<br>-2' X 3/4'                         | rod<br>' ponies                         |           | Weath<br>N                              | stern #2 rig<br>erford BOP<br>PC trucking                               |            | \$5                      | \$210<br>\$300         |
| 2                                | ***************************************         |                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1-8',1-4' & 2<br>100-3/4" scr                      | polished<br>-2' X 3/4'<br>apered re            | rod<br>' ponies                         | -         | Weath<br>NF<br>CD                       | stern #2 rig<br>erford BOP<br>PC trucking<br>I rod pump                 |            | \$5<br>5<br>5            | \$210<br>\$300<br>,400 |
| 2                                | 2 7/8 J-5                                       | @ 5583.35' KB                                                                                           | 3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1-8',1-4' & 2                                      | polished<br>-2' X 3/4'<br>apered re<br>in rods | rod<br>' ponies<br>ods                  | -         | Weath<br>NF<br>CD                       | stern #2 rig<br>erford BOP<br>PC trucking<br>I rod pump<br>e rod string |            | \$5<br>\$<br>\$1<br>\$10 | \$210<br>\$300         |

2 2 7/8 J-55 tbg (63.27') 6-1 1/2" weight rods NPC swb tk (3 days) \$120 2 7/8 NC (.45') CDI 2 1/2' X 1 1/2" X 14' NPC frac head \$500 EOT 5714.32' W/ 12' KB RHAC pump W/ SM plunger Zubiate HO trk \$350 NPC supervision \$300 **DAILY COST:** \$21,454 Completion Supervisor: \_\_\_\_ Gary Dietz **TOTAL WELL COST:** \$668,543

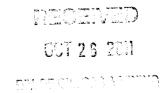
#### **ATTACHMENT H**

#### WORK PROCEDURE FOR PLUGGING AND ABANDONMENT

| 1. |         | Set CIBP @ 4554'                                                                                                          |
|----|---------|---------------------------------------------------------------------------------------------------------------------------|
| 2. | Plug #1 | Set 100' plug on top of CIBP using 12 sx Class "G" cement                                                                 |
| 3. | Plug #2 | 197' balance plug using 24 sx Class "G" cement 50' above Trona-Bird's Nest extending 50' below base of Mahogany Oil Shale |
| 4. | Plug #3 | 120' balance plug using 14sx Class "G" cement 60' above Uinta/Green River and extending 60' below                         |
| 5. | Plug #4 | Pump 43 sx Class "G" cement down 5 1/2" and up the 5 1/2" casing to 371'                                                  |

The approximate cost to plug and abandon this well is \$42,000.

Ashley Federal #6-23-9-15



## Ashley Federal 6-23-9-15

Spud Date: 06/14/2006 Initial Production: BOPD. Put on Production: 08/02/2006 Proposed P & A MCFD, BWPD Wellbore Diagram GL: 6327' KB: 6339' SURFACE CASING CSG SIZE: 8-5/8" GRADE: J-55 TOC @ 275 Pump 43 sx Class "G" Cement down 5-1/2" casing to 371' WEIGHT: 24# Casing Shoe @ 321' LENGTH: 8 jts. (309.16') DEPTH LANDED: 321.01' KB HOLE SIZE: 12-1/4" CEMENT DATA: 160 sxs Class "G" cmt, est 4 bbls cmt to surf. 120' balance plug using 14 sx Class "G" cement 60' above Uinta/Green River and extending 60' below (1476'-1596') PRODUCTION CASING CSG SIZE: 5-1/2" GRADE: J-55 WEIGHT: 15.5# LENGTH: 135 jts. (5912,51') DEPTH LANDED: (5925.76') KB HOLE SIZE: 7-7/8" CEMENT DATA: 300 sxs Prem. Lite II mixed & 450 sxs 50/50 POZ. CEMENT TOP: 275 197' balance plug using 24 sx Class "G" cement 50' above Trona-Bird's Nest extending 50' below base of Mahogany Oil Shale (2750'-2947') 100' (12 sx) Class G Cement plug on top of CIBP CIBP @ 4554' 4604-4612 4808-4820\* 4980-4997 5064-5080' 5129-5144 = 5248-5260° RECEIVED 5618-5634 EOT @ 5639° OCT 28 2011 NEWFIELD PBTD @ 5747' SHOE @ 5926' Ashley Federal 6-23-9-15 TD @ 5942\* 1878' FNL & 1888' FWL SE/NW Section 23-T9S-R15E

Duchesne County, Utah
API #43-013-32827; Lease #UTU-66185

FORM 3160-5 (August 2007)

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

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

5. Lease Serial No.

| SUNDRY<br>Do not use t<br>abandoned w                                                                             | USA UTU-66185 6. If Indian, Allottee or Tribe Name.                 |                                                                 |                                                                    |                     |                                                           |  |
|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------|--------------------------------------------------------------------|---------------------|-----------------------------------------------------------|--|
| SUBMIT IN                                                                                                         | 7. If Unit or CA/Agreement, Name and/or                             |                                                                 |                                                                    |                     |                                                           |  |
| 1. Type of Well  Oil Well Gas Well  2. Name of Operator                                                           | 8. Well Name and No. ASHLEY FEDERAL 6-23-9-15                       |                                                                 |                                                                    |                     |                                                           |  |
| NEWFIELD PRODUCTION CO<br>3a. Address Route 3 Box 3630<br>Myton, UT 84052                                         | 3b. Phone (include are 435.646.3721                                 | code)                                                           | 9. API Well No. 4301332827 10. Field and Pool, or Exploratory Area |                     |                                                           |  |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1878 FNL 1888 FWL SENW Section 23 T9S R15E |                                                                     |                                                                 |                                                                    |                     | GREATER MB UNIT 11. County or Parish, State  DUCHESNE, UT |  |
| 12. CHECK                                                                                                         | APPROPRIATE BOX(E                                                   | S) TO INIDICATE NA                                              | ATURE OF N                                                         |                     |                                                           |  |
| TYPE OF SUBMISSION                                                                                                | TYPE OF ACTION                                                      |                                                                 |                                                                    |                     |                                                           |  |
| ☑ Notice of Intent ☐ Subsequent Report ☐ Final Abandonment                                                        | Acidize Alter Casing Casing Repair Change Plans Convert to Injector | Deepen Fracture Treat New Construction Plug & Abandon Plug Back | Reclama Recompl                                                    | ete<br>rily Abandon | ☐ Water Shut-Off ☐ Well Integrity ☐ Other                 |  |

13. Describe Proposed or Completed Operation: (Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final

Newfield Production proposes to convert the above mentioned well from producing oil well to an injection well.

RECEIVED OCT 26 2011

DIV. OF QIL, GAS א עויעיין

| I hereby certify that the foregoing is true and correct (Printed/ Typed)                                                                                                                                                                                          | Title                 |                                           |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------------------------|--|--|
|                                                                                                                                                                                                                                                                   | Regulatory Technician |                                           |  |  |
| Signature CO Oyle                                                                                                                                                                                                                                                 | Date 10/21/2011       |                                           |  |  |
| THIS SPACE FOR FEL                                                                                                                                                                                                                                                | DERAL OR STATE OFFIC  | CE USE                                    |  |  |
| Approved by                                                                                                                                                                                                                                                       | Title                 | Date                                      |  |  |
| Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.  Office |                       |                                           |  |  |
| Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any p<br>States any false. Scititions and fraudulent statements or representations as to any matter w                                                                          |                       | to any department or agency of the United |  |  |

4770 S. 5600 W. P.O. BOX 704005 WEST VALLEY CITY, UTAH 84170 FED.TAX 1.D.# 87-0217663

## The Salt Lake Tribune



PROOF OF PUBLICATION

CUSTOMER'S COPY

| CUSTOMER N                           | AME AND AD | DRESS                  | ACCOUNT NUMBER | DATE      |
|--------------------------------------|------------|------------------------|----------------|-----------|
| DIV OF OIL-GAS & M                   | IINING,    | RECEIVED               | 9001402352     | 11/7/2011 |
| 1594 W NORTH TEMI<br>P.O. BOX 145801 | P#1210     | NOV 16 201             |                |           |
| SALT LAKE CITY,                      | UT 84114   | DALOF CAL, GAS & MININ | G              |           |

| ACCOL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | INT NAME                        | BEFORE THE DIVISION OF OIL, GAS AND MINING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |
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| DIV OF OIL-G                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | DIV OF OIL-GAS & MINING,        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |
| TELEPHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ADORDER# / INVOICE NUMBER       | IN THE MATTER OF THE APPLICATION OF NEWFIELD PRODUK<br>TION COMPANY FOR ADMINISTRATIVE APPROVAL OF CERTAL<br>WELLS LOCATED IN SECTIONS 22 AND 23 TOWNSHIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |
| 8015385340                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 0000739594 /                    | WELLS LOCATED IN SECTIONS 22 AND 23, TOWNSHIP<br>SUITH, RANGE 15 EAST, DUCHESNE COUNTY, UTAH, AS CLAS<br>II INJECTION WELLS.  THE STATE OF UTAH TO ALL PERSONS INTERESTED IN THE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |
| SCH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | EDULE                           | ABOVE ENTITLED MATTER.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |
| Start 11/04/2011                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | End 11/04/2011                  | Notice is hereby given that the Division of Oil, Gas and Mir<br>ing (the "Division") is commending an informal adjudicative<br>proceeding to consider the application of Newfield Produc-<br>tion Company for administrative approval of the followin<br>wells located in Duchesse County, Utah, for conversion to<br>Class II injection welds:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |
| CUST.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | REF. NO.                        | Greater Monument Butte Unit:<br>Ashley Federal B-22-9-15 well located in SE/4 NE/4, Section 22 Township 9 Section 12 Property Sec |  |  |  |
| Legal Notice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 | 22, Township 9 South, Range 15 East API 43-013-32858 Athley Federal 2-23-9-15 well located in NW/4 NE/4, Section 23, Township 9 South, Range 15 East API 43-013 32735                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PTION                           | Ashley Federal 4-23-9-15 well located in NW/4 NW/4, Section 23, Township 9 South, Range 15 East API 43-013                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PTION                           | Ashley Federal 6-23-9-15 well lecated in SE/4 NW/4, Section 23, Township 9 South, Range 15 East API 43-013-32827                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |
| BEFORE THE DIVISION OF OIL, GAS AND M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | IINING DEPARTMENT OF NATURAL RE | 23, Township 9 South, Range 15 East API 43-013-3-32828<br>Ashley Federal 14-23-9-15 well located in SE/4 SW/4, Sec<br>Iton 23, Township 9 Section 14-23-9-15 well located in SE/4 SW/4, Sec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |
| THE RESIDENCE OF THE PROPERTY OF THE PARTY O | IZE                             | Ashley Federal 16-23-9-15 well located in SE/4 SE/4. Section 23, Township 9 South, Range 15 East API 43-013-32425                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |
| 68 Lines                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2.00 COLUMN                     | The proceeding will be conducted in accordance with Utal Admin. R649-10, Administrative Procedures.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |
| TIMES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | RATE.                           | Selected zones in the Green River Formation will be used for<br>water injection. The maximum requested injection pressure<br>and rates will be determined based on fracture gradient in-<br>formation submitted by Newfield Production Company.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |
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| MISC. CHARGES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | AD CHARGES                      | lowing publication of this notice. The Division's Presiding Offi-<br>cor for the proceeding is Brad Hill, Permitting Manager, at<br>P.O. Box 145801, Sait Lake City, UT 84112-5801, pages                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |
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#### AFFIDAVIT OF PUBLICATION

AS NEWSPAPER AGENCY COMPANY, LLC dba MEDIAONE OF UTAH LEGAL BOOKER, I CERTIFY THAT THE ATTACHED ADVERTISEMENT OF BEFORE THE DIVISION OF OIL, GAS AND MINING DEPARTMENT OF NATURAL RESOURCES STATE OF UTAH NOTICE OF AGENCY ACTION CAUSE NO. UIC-381 IN THE MATTER OF THE APPLICA FOR DIV OF OIL-GAS & MINING, WAS PUBLISHED BY THE NEWSPAPER AGENCY COMPANY, LLC dba MEDIAONE OF UTAH, AGENT FOR THE SALT LAKE TRIBUNE AND DESERET NEWS, DAILY NEWSPAPERS PRINTED IN THE ENGLISH LANGUAGE WITH GENERAL CIRCULATION IN UTAH, AND PUBLISHED IN SALT LAKE CITY, SALT LAKE COUNTY IN THE STATE OF UTAH. NOTICE IS ALSO POSTED ON UTAHLEGALS.COM ON THE SAME DAY AS THE FIRST NEWSPAPER PUBLICATION DATE AND REMAINS ON UTAHLEGALS.COM INDEFINATELY.

Start 11/04/2011 PUBLISHED ON

End 11/04/2011

VIRGINIA CRAFT stary Public, State of Utah Commission # 581469

SIGNATURE

11/7/2011

My Commission Expires Junuary 12, 2014

THIS IS NOT A STATEMENT BUT A "PROOF OF PUBLICATION" PLEASE PAY FROM BILLING STATEMENT

2250 REBIGGUICAUMN POFIZ

## AFFIDAVIT OF PUBLICATION

County of Duchesne, STATE OF UTAH

I, Kevin Ashby on oath, say that I am the PUBLISHER of the Uintah Basin Standard, a weekly newspaper of general circulation, published at Roosevelt, State and County aforesaid, and that a certain notice, a true copy of which is hereto attached, was published in the full issue such newspaper for \_\_\_\_\_\_ consecutive issues, and that the first publication was on the \_\_\_\_\_ day of \_\_\_\_\_ \text{Appendent}, 20 //\_\_, and that the last publication of such notice was in the issue of such newspaper dated the \_\_\_\_ day of \_\_\_\_\_ Negative\_\_\_, 20 \_//\_\_, and that said notice was published on Utahlegals. com on the same day as the first newspaper publication and the notice remained on Utahlegals.com until the end of the scheduled run.

Subscribed and sworn to before me this

8 day of November, 20 11

Notary Public



NOTICE OF AGENCY ACTION CAUSE NO.

BEFORE THE DIVI-SION OF OIL, GAS AND MINING, DEPART-MENT OF NATURAL RESOURCES, STATE OF UTAH.

IN THE MATTER OF THE APPLICATION OF NEWFIELD PRODUCTION COMPANY FOR ADMINISTRATIVE APPROVAL OF CERTAIN WELLS LOCATED IN SECTIONS 22 AND 23, TOWNSHIP 9 SOUTH, RANGE 15 EAST, DUCHESNE COUNTY, UTAH, AS CLASS II INJECTION WELLS.

THESTATEOFUTAH
TO ALL PERSONS IN-TERESTED IN THE ABOVE ENTITLED MATTER.

MATTER.
Notice is hereby given that the Division of Oil, Gas and Mining (the "Division") is commencing an informal adjudicative proceeding to consider the application of Newfield Production Company for administrative approval of the following wells located in Duchesne County, Utah, for conversion to Class II injection wells:

Greater Monument Butte Unit:

Ashley Federal 8-22-

Last week I men

## Ostertag Beats (

Also considered running back Altie? I defensive Bob Fuhr forward Shandon Jazz forward Mily Pt forward Jerry Chan center Mike Sojou center Mike Sojou fans are probably sa fans are probably sa fans are probably sa fans are probably sa fans are those last two g

onense. He was the student to have his j ber retired. requested injection pressures and rates will be determined based on fracture gradient information submitted by Newfield Production Company.

Any person desiring to object to the application or otherwise intervene in the proceeding, must file a written protest or notice of intervention with the Division within fifteen days following publication of this notice. The Division's Presiding Officer for the proceeding is Brad Hill, Permitting Manager, at P.O. Box 145801, Salt Lake City, UT 84114-5801, phone number (801) 538-5340. If such a protest or notice of intervention is received, a hearing will be scheduled in accordance with the aforementioned administrative procedural rules. Protestants and/or interveners should be prepared to demonstrate at the hearing how this matter affects their inter-

Dated this 1st day of November, 2011.

STATE OF UTAH DIVISION OF OIL, GAS & MINING

Is/
Brad Hill
Permitting Manager
Perblished in the Uintah
Basin Standard November 8, 2011.

#### BEFORE THE DIVISION OF OIL, GAS AND MINING DEPARTMENT OF NATURAL RESOURCES STATE OF UTAH NOTICE OF AGENCY ACTION CAUSE NO. UIC-381

IN THE MATTER OF THE APPLICATION OF NEWFIELD PRODUCTION COMPANY FOR ADMINISTRATIVE APPROVAL OF CERTAIN WELLS LOCATED IN SECTIONS 22 AND 23, TOWNSHIP 9 SOUTH, RANGE 15 EAST, DUCHESNE COUNTY, UTAH, AS CLASS II INJECTION WELLS.

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#### **Greater Monument Butte Unit:**

Ashley Federal 8-22-9-15 well located in SE/4 NE/4, Section 22, Township 9 South, Range 15 East API 43-013-32858 Ashley Federal 2-23-9-15 well located in NW/4 NE/4, Section 23, Township 9 South, Range 15 East API 43-013-32735 Ashley Federal 4-23-9-15 well located in NW/4 NW/4, Section 23, Township 9 South, Range 15 East API 43-013-32827 Ashley Federal 8-23-9-15 well located in SE/4 NW/4, Section 23, Township 9 South, Range 15 East API 43-013-32827 Ashley Federal 8-23-9-15 well located in SE/4 NE/4, Section 23, Township 9 South, Range 15 East API 43-013-32828 Ashley Federal 14-23-9-15 well located in SE/4 SW/4, Section 23, Township 9 South, Range 15 East API 43-013-32817 Ashley Federal 16-23-9-15 well located in SE/4 SE/4, Section 23, Township 9 South, Range 15 East API 43-013-32425

The proceeding will be conducted in accordance with Utah Admin. R649-10, Administrative Procedures.

Selected zones in the Green River Formation will be used for water injection. The maximum requested injection pressures and rates will be determined based on fracture gradient information submitted by Newfield Production Company.

Any person desiring to object to the application or otherwise intervene in the proceeding, must file a written protest or notice of intervention with the Division within fifteen days following publication of this notice. The Division's Presiding Officer for the proceeding is Brad Hill, Permitting Manager, at P.O. Box 145801, Salt Lake City, UT 84114-5801, phone number (801) 538-5340. If such a protest or notice of intervention is received, a hearing will be scheduled in accordance with the aforementioned administrative procedural rules. Protestants and/or interveners should be prepared to demonstrate at the hearing how this matter affects their interests.

Dated this 1<sup>st</sup> day of November, 2011.

STATE OF UTAH

DIVISION OF OIL, GAS & MINING

Brad Hill

**Permitting Manager** 

#### **Newfield Production Company**

#### ASHLEY FEDERAL 8-22-9-15, ASHLEY FEDERAL 2-23-9-15, ASHLEY FEDERAL 4-23-9-15, ASHLEY FEDERAL 6-23-9-15 ASHLEY FEDERAL 8-23-9-15, ASHLEY FEDERAL 14-23-9-15 ASHLEY FEDERAL 16-23-9-15

#### Cause No. UIC-381

## Publication Notices were sent to the following:

Newfield Production Company 1001 17th Street, Suite 2000 Denver, CO 80202

Uintah Basin Standard 268 South 200 East Roosevelt, UT 84066 via e-mail ubs@ubstandard.com

Salt Lake Tribune P O Box 45838 Salt Lake City, UT 84145 via e-mail naclegal@mediaoneutah.com

Vernal Office Bureau of Land Management 170 South 500 East Vernal, UT 84078 Duchesne County Planning P O Box 317 Duchesne, UT 84021-0317

Bruce Suchomel US EPA Region 8 MS 8P-W-GW 1595 Wynkoop Street Denver, CO 80202-1129

Newfield Production Company Rt 3 Box 3630 Myton, UT 84052

Juan Sweet



## State of Utah

#### DEPARTMENT OF NATURAL RESOURCES

MICHAEL R. STYLER Executive Director

Division of Oil, Gas and Mining

JOHN R. BAZA
Division Director

November 1, 2011

VIA E-MAIL <u>naclegal@mediaoneutah.com</u>

Salt Lake Tribune P. O. Box 45838 Salt Lake City, UT 84145

Subject: Notice of Agency Action - Newfield Production Company Cause No. UIC-381

To whom it may concern:

Enclosed is a copy of the referenced Notice of Agency Action. Please publish the Notice, once only, as soon as possible. Please <u>notify me via e-mail of the date it will be published</u>. My e-mail address is: <u>jsweet@utah.gov</u>.

Please send proof of publication and billing for account #9001402352 to:

Division of Oil, Gas and Mining PO Box 145801 Salt Lake City, UT 84114-5801

Sincerely,

Jean Sweet

**Executive Secretary** 

**Enclosure** 



From:

"Fultz, Mark" <naclegal@mediaoneutah.com>

To:

<jsweet@utah.gov>
11/1/2011 11:21 AM

Date: Subject:

Legal Notice

Attachments: OrderConf.pdf

AD# 739594 Run Trib - 11/4 Cost \$175.0 Thank you Mark







Remit to: P.O. Box 704005 West Valley City, UT 84170

## Order Confirmation for Ad #0000739594-01

Client

DIV OF OIL-GAS & MINING

**Payor Customer** 

DIV OF OIL-GAS & MINING

**Client Phone** 

801-538-5340

**Payor Phone** 

801-538-5340

Account#

9001402352

**Payor Account** 

9001402352

Address

1594 W NORTH TEMP #1210,P.O. BOX 145801 Payor Address SALT LAKE CITY, UT 84114 USA

1594 W NORTH TEMP #1210,P.O. BO)

SALT LAKE CITY, UT 84114

Fax

801-359-3940

Ordered By

Acct. Exec

**EMail** 

earlenerussell@utah.gov

Jean

mfultz

**Total Amount Payment Amt** 

\$175.00 \$0.00

**Tear Sheets** 

0

**Proofs** 

**Affidavits** 

**Amount Due** 

\$175.00

**Payment Method** 

PO Number

Legal Notice

**Confirmation Notes:** 

Text:

Jean

Ad Type

Ad Size

Color

Legal Liner

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**Product** 

Salt Lake Tribune::

**Placement** 

Legal Liner Notice - 0998

Scheduled Date(s): 11/04/2011

**Product** 

**Placement** 

sltrib.com:: Scheduled Date(s):

Legal Liner Notice - 0998 11/04/2011

<u>Placement</u>

utahlegals.com::

utahlegais.com

Scheduled Date(s):

11/04/2011

**Position** 

Public Meeting/Hear-ing Notices

Position

Public Meeting/Hear-ing Notices

**Position** 

utahlegals.com

**Ad Content Proof Actual Size** 

BEFORE THE DIVISION OF OIL, GAS AND MINING DEPARTMENT OF NATURAL RESOURCES STATE OF UTAH NOTICE OF ASDRUY ACTION CAUSE NO. UIC-381

IN THE MATTER OF THE APPLICATION OF NEWFIELD PRODUCTION COMPANY FOR ADMINISTRATIVE APPROVAL OF CERTAIN WELLS LOCATED IN SECTIONS 22 AND 23, TOWNSHIP 9 SOUTH, RANGE 15 EAST, DUCHESNE COUNTY, UTAH, AS CLASS II NUECTION WELLS.

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Class II injection wells:

Greater Manument Butte Unit:
Ashley Federal B-22-9-15 well located in SE/4 NE/4, Section
22, Township 9 South, Range 15 East API 43-013-32658
Ashley Federal 2-23-9-15 well located in NW/4 NE/4, Section
23, Township 9 South, Range 15 East API 43-013-32735

32735 Ashley Federal 4-23-9-15 well located in NW/4 NW/4, Sec-tion: 23, Township 9 South, Range 15 East API 43-013-

32736
Ashley Federal 6-23-9-15 well located in SE/4 NW/4, Section 23, Township 9 South, Range 15 East API 43-013-32827
Ashley Federal 8-23-9-15 well located in SE/4 NE/4, Section 23, Township 9 South, Range 15 East API 43-013-32828
Ashley Federal 14-23-9-15 well located in SE/4 SW/4, Section 23, Township 9 South, Range 15 East API 43-013-32817
Ashley Federal 16-23-9-15 well located in SE/4 SE/4, Section 23, Township 9 South, Range 15 East API 43-013-32425

The proceeding will be conducted in accordance with Utah Admin. R649-10, Administrative Procedures.

Selected zones in the Green River Formation will be used for water injection. The maximum requested injection pressures and rares will be determined based on fracture gradient information submitted by Newfield Production Company.

Any person desiring to object to the application or otherwise intervene in the proceeding must file a written protest or no-tice of intervenien with the Division within fifteen days following publication of this source. The Division's Presiding Officer for the proceeding is Brad Hill, Permitting Manager, at 4,5801. Soit Lake City, UT 64114-5801, phone number (801) 538-5340. If such a protest or notice of intervention is received, a hearing will be scheduled in accordance with the directmentational administrative procedural rules. Protestants and/or interveners should be prepared to demonstrate or the hearing how this matter affects their interests.

Dared this 1st day of November, 2011. STATE OF UTAH DIVISION OF OIL, GAS & MINING /s/ Brod Hill Permitting Manager 739594

LPAXIP



## State of Utah

#### DEPARTMENT OF NATURAL RESOURCES

MICHAEL R. STYLER
Executive Director

Division of Oil, Gas and Mining

JOHN R. BAZA
Division Director

November 1, 2011

Via e-mail: legals@ubstandard.com

Uintah Basin Standard 268 South 200 East Roosevelt, UT 84066

Subject: Notice of Agency Action - Newfield Production Company Cause No. UIC-381

To whom it may concern:

Enclosed is a copy of the referenced Notice of Agency Action. Please publish the Notice, once only, as soon as possible. Please <u>notify me via e-mail of the date it will be published</u>. My e-mail address is: <u>jsweet@utah.gov</u>.

Please send proof of publication and billing to:

Division of Oil, Gas and Mining PO Box 145801 Salt Lake City, UT 84114-5801

Sincerely,

Jean Sweet

**Executive Secretary** 

**Enclosure** 



## Jean Sweet - Re: Notice of Agency Action - Newfield Production Company Cause No. UIC-381

From: Cindy Kleinfelter <classifieds@ubstandard.com>

To: Jean Sweet <jsweet@utah.gov>

**Date:** 11/2/2011 3:17 PM

. . . .

Subject: Re: Notice of Agency Action - Newfield Production Company Cause No. UIC-381

## On 11/1/2011 10:02 AM, Jean Sweet wrote:

To whom it may concern:

Enclosed is a copy of the referenced Notice of Agency Action. Please publish the Notice, once only, as soon as possible. Please notify me via e-mail of the date it will be published. My e-mail address is: jsweet@utah.gov.

Please send proof of publication and billing to:

Division of Oil, Gas and Mining PO Box 145801 Salt Lake City, UT 84114-5801

Sincerely,

Jean Sweet, Executive Secretary Utah Div. of Oil, Gas & Mining 1594 West Temple, Suite 1210 Salt Lake City, UT 801-538-5329 jsweet@utah.gov

Received. Thank you. It will run Nov. 8. Cindy



GARY R. HERBERT Governor

GREGORY S. BELL Lieutenant Governor

## State of Utah

## DEPARTMENT OF NATURAL RESOURCES

MICHAEL R. STYLER Executive Director

Division of Oil, Gas and Mining

JOHN R. BAZA
Division Director

April 19, 2012

Newfield Production Company 1001 Seventeenth Street, Suite 2000 Denver, CO 80202

Subject: Greater Monument Butte Unit Well: Ashley Federal 6-23-9-15, Section 23, Township 9 South,

Range 15 East, SLBM, Duchesne County, Utah, API Well # 43-013-32827

#### Gentlemen:

Pursuant to Utah Admin. Code R649-5-3-3, the Division of Oil, Gas and Mining (the "Division") issues its administrative approval for conversion of the referenced well to a Class II injection well. Accordingly, the following stipulations shall apply for full compliance with this approval:

- 1. Compliance with all applicable requirements for the operation, maintenance and reporting for Underground Injection Control ("UIC") Class II injection wells pursuant to Utah Admin. Code R649-1 et seq.
- 2. Conformance with all conditions and requirements of the complete application submitted by Newfield Production Company.
- 3. A casing\tubing pressure test shall be conducted prior to commencing injection.
- 4. Pressure shall be monitored between the surface casing and the production casing on a regular basis. Any pressure changes observed shall be reported to the Division immediately.
- 5. The top of the injection interval shall be limited to a depth no higher than 3,911 feet in the Ashley Federal 6-23-9-15 well.

A final approval to commence injection will be issued upon satisfactory completion of the listed stipulations. If you have any questions regarding this approval or the necessary requirements, please contact Mark Reinbold at 801-538-5333 or Brad Hill at 801-538-5315.

Sincerely.

John Rogers

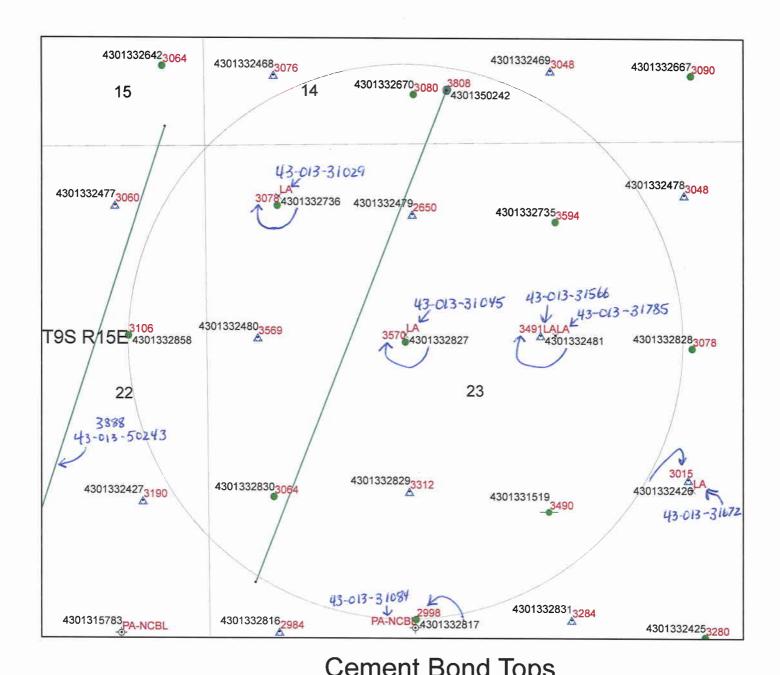
Associate Director

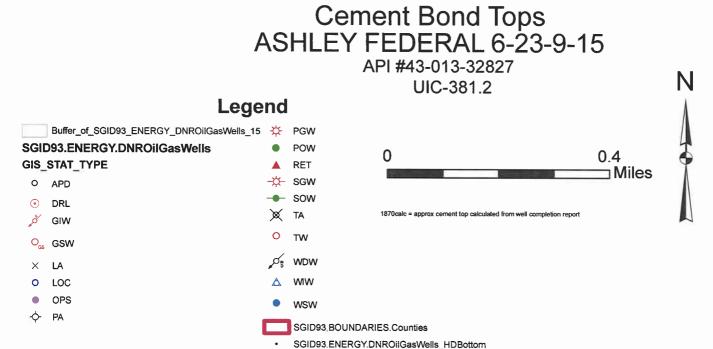
JR/MLR/is

cc: Bruce Suchomel, Environmental Protection Agency
Bureau of Land Management, Vernal
Duchesne County
Newfield Production Company, Myton
Well File

N:\O&G Reviewed Docs\ChronFile\UIC







SGID93\_ENERGY.DNROilGasWells\_HDPath

Wells-CbitopsMaster01\_20\_12

# DIVISION OF OIL, GAS AND MINING UNDERGROUND INJECTION CONTROL PROGRAM PERMIT STATEMENT OF BASIS

| Applicant: <u>N</u> | ewfield Production Company | _ Well: <u>A</u> | Ashley Federal 6-23-9-15 |  |
|---------------------|----------------------------|------------------|--------------------------|--|
| Location:           | 23/9S/15E                  | API:             | 43-013-32827             |  |

Ownership Issues: The proposed well is located on BLM land. The well is located in the Greater Monument Butte Unit. Lands in the one-half mile radius of the well are administered by the BLM. The Federal Government is the mineral owner within the area of review (AOR). Newfield and other various individuals hold the leases in the unit. Newfield has provided a list of all surface, mineral and lease holders in the half-mile radius. Newfield is the operator of the Greater Monument Butte Unit. Newfield has submitted an affidavit stating that all owners and interest owners have been notified of their intent.

Well Integrity: The proposed well has surface casing set at 321 feet and has a cement top at the surface. A 5½ inch production casing is set at 5,926 feet. A cement bond log demonstrates adequate bond in this well up to about 3,570 feet. A 2 7/8 inch tubing with a packer will be set at 4,554 feet. Higher perforations will be opened at a later date. A mechanical integrity test will be run on the well prior to injection. On the basis of surface locations, there are 7 producing wells, 4 injection wells, and 1 shut-in well in the AOR. One of the producing wells is horizontally drilled, with a surface location inside the AOR and a bottom hole location outside the AOR. All of the existing wells have evidence of adequate casing and cement for the proposed injection interval.

Ground Water Protection: As interpreted from Technical Publication No. 92, the base of moderately saline water is at a depth of approximately 1900 feet. Injection shall be limited to the interval between 3,911 feet and 5,747 feet in the Green River Formation. Information submitted by Newfield indicates that the fracture gradient for the 6-23-9-15 well is 0.73 psi/ft., which was the lowest reported fracture gradient for the injection zone. The resulting minimum fracture pressure for the proposed injection interval is 1,639 psig. The requested maximum pressure is 1,639 psig. The anticipated average injection pressure is 1100 psig. Injection at this pressure should not initiate any new fractures or propagate existing fractures in the adjacent confining intervals. Any ground water present should be adequately protected.

Ashley Federal 6-23-9-15 page 2

Oil/Gas& Other Mineral Resources Protection: The Board of Oil, Gas & Mining approved the Greater Monument Butte Unit on December 1, 2009. Correlative rights issues were addressed at this time. Previous reviews in this area indicate that other mineral resources in the area have been protected or are not at issue.

**Bonding:** Bonded with the BLM

Actions Taken and Further Approvals Needed: A notice of agency action has been sent to the Salt Lake Tribune and the Uinta Basin Standard. A casing/tubing pressure test will be required prior to injection. It is recommended that approval of this application be granted.

Note: Applicable technical publications concerning water resources in the general vicinity of this project have been reviewed and taken into consideration during the permit review process.

| Reviewer(s): | Mark Reinbold | Date | 11/4/2011 |
|--------------|---------------|------|-----------|
|              |               |      |           |

Sundry Number: 33236 API Well Number: 43013328270000

|                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                   | FORM 9                                                                      |  |
|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|--|
|                                                                                                                         | STATE OF UTAH DEPARTMENT OF NATURAL RESOURCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | res                                                                                                                                               |                                                                             |  |
| ı                                                                                                                       | DIVISION OF OIL, GAS, AND MI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                   | 5.LEASE DESIGNATION AND SERIAL NUMBER: UTU-66185                            |  |
| SUNDR                                                                                                                   | SUNDRY NOTICES AND REPORTS ON WELLS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                   |                                                                             |  |
| Do not use this form for pro<br>current bottom-hole depth, I<br>FOR PERMIT TO DRILL form                                | 7.UNIT or CA AGREEMENT NAME:<br>GMBU (GRRV)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                   |                                                                             |  |
| 1. TYPE OF WELL<br>Oil Well                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                   | 8. WELL NAME and NUMBER:<br>ASHLEY FED 6-23-9-15                            |  |
| 2. NAME OF OPERATOR:<br>NEWFIELD PRODUCTION CO                                                                          | DMPANY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                   | <b>9. API NUMBER:</b> 43013328270000                                        |  |
| 3. ADDRESS OF OPERATOR:<br>Rt 3 Box 3630 , Myton, UT                                                                    | , 84052 435 646-482                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | PHONE NUMBER:<br>5 Ext                                                                                                                            | 9. FIELD and POOL or WILDCAT:<br>MONUMENT BUTTE                             |  |
| 4. LOCATION OF WELL<br>FOOTAGES AT SURFACE:<br>1878 FNL 1888 FWL                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                   | COUNTY:<br>DUCHESNE                                                         |  |
| QTR/QTR, SECTION, TOWNSH                                                                                                | HIP, RANGE, MERIDIAN:<br>23 Township: 09.0S Range: 15.0E Meri                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | dian: S                                                                                                                                           | STATE:<br>UTAH                                                              |  |
| 11. CHECI                                                                                                               | K APPROPRIATE BOXES TO INDICA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | TE NATURE OF NOTICE, REPOR                                                                                                                        | RT, OR OTHER DATA                                                           |  |
| TYPE OF SUBMISSION                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | TYPE OF ACTION                                                                                                                                    |                                                                             |  |
| The subject well he injection well on 1 State of Utah DOG above listed well. Opsig and charted for injecting during the | □ CHANGE TO PREVIOUS PLANS  CHANGE WELL STATUS □ DEEPEN □ OPERATOR CHANGE □ PRODUCTION START OR RESUME □ REPERFORATE CURRENT FORMATION □ TUBING REPAIR □ WATER SHUTOFF □ WILDCAT WELL DETERMINATION  COMPLETED OPERATIONS. Clearly show has been converted from a property of the casing was contacted concerning the state of the casing was continuously of the casing was contin | producing oil well to an Chris Jensen with the g the initial MIT on the as pressured up to 1620 re loss. The well was not was 400 psig during the | Accepted by the Utah Division of Oil, Gas and Mining Date: January 16, 2013 |  |
| NAME (PLEASE PRINT) Lucy Chavez-Naupoto SIGNATURE N/A                                                                   | PHONE NUME<br>435 646-4874                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | BER TITLE Water Services Technician  DATE 12/20/2012                                                                                              |                                                                             |  |

Sundry Number: 33236 API Well Number: 43013328270000

# Mechanical Integrity Test Casing or Annulus Pressure Test

Newfield Production Company Rt. 3 Box 3630 Myton, UT 84052 435-646-3721

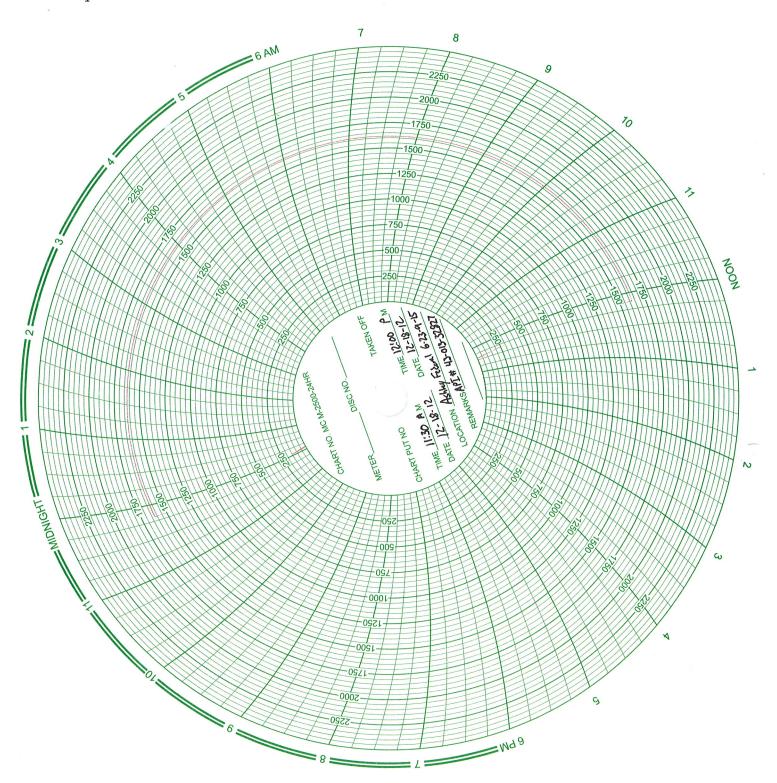
| Witness: Test Conducted by: Michael Je Others Present:         | Date 12 1 18 1 12                          | Time/                 | 1:30 am)pn      |
|----------------------------------------------------------------|--------------------------------------------|-----------------------|-----------------|
| Well: Ashley Februal 6-23-9-15 Well Location: Ashley Februal 6 | Field: <i>61</i> 00-<br>-23-9-U API No: 4, | ah Monum<br>3-013-328 | ent Butte<br>27 |
| <u>Time</u>                                                    | Casing Pressure                            |                       | ,               |
| 0 min                                                          | 1620                                       | _ psig                |                 |
| 5                                                              | 1620                                       | _ psig                | ı               |
| 10                                                             | 1620                                       | _ psig                |                 |
| 15                                                             | 1620                                       | _ psig                |                 |
| 20                                                             | 1628                                       | psig                  |                 |
| 25                                                             | 1620                                       | _ psig                |                 |
| 30 min                                                         | 1620                                       | _ psig                |                 |
| 35                                                             |                                            | _ psig                |                 |
| 40                                                             | •                                          | _ psig                | *               |
| 45                                                             |                                            | _ psig                |                 |
| 50                                                             |                                            | _ psig                |                 |
| 55                                                             |                                            | psig                  |                 |
| 60 min                                                         |                                            | _ psig                |                 |
| Tubing pressure                                                | e:                                         | psig                  |                 |
| Result:                                                        | Pass                                       | Fail                  |                 |

Signature of Witness:

Signature of Person Conducting Test: 1

Thebal If

Sundry Number: 33236 API Well Number: 43013328270000



### **Daily Activity Report**

Format For Sundry
ASHLEY 6-23-9-15
10/1/2012 To 2/28/2013

12/13/2012 Day: 2

Conversion

WWS# 7 on 12/13/2012 - Id rods, TIH breaking and doping - Flsuh rods w/30 bbls. Cont LD 45-slk 3/4, 30-4per3/4, 6-1-1/2 wt bats, stabilzer sub and pump. XO to tbg EQ. NDWH release TAC NU BOP ru tbg EQ flush tbg w/30bw. TOOH tallying tbg breaking and green doping every connection w/143 jts 2-7/8 j55 tbg. LD 31 jts, TAC, 1 jnt, SN, 2 jts, NC flushed 1 more time w/50bw. TIH w/2-3/8 re-entry guide, 2-3/8 x/n nipple, 2-3/8 pup jnt, x/over, packer, on-off tool, 2-7/8 sn, 143 its 2-7/8 J-55 tbg, pump 20bw, drop SV psi test tbg to 3000psi w/20bbls. - MIRUSU, pump 60 bbls down csg, RDPU, unseat pump, ld 1 1/2x 22 polish rod, flush rods w/30bbls. Spot pump psi test tbg to 3000psi w/20 bbls. Good test, LD 101 4-per 3/4. - Flsuh rods w/30 bbls. Cont LD 45-slk 3/4, 30-4per3/4, 6-1-1/2 wt bats, stabilzer sub and pump. XO to tbg EQ. NDWH release TAC NU BOP ru tbg EQ flush tbg w/30bw. TOOH tallying tbg breaking and green doping every connection w/143 jts 2-7/8 j55 tbg. LD 31 jts, TAC, 1 jnt, SN, 2 jts, NC flushed 1 more time w/50bw. TIH w/2-3/8 re-entry quide, 2-3/8 x/n nipple, 2-3/8 pup jnt, x/over, packer, on-off tool, 2-7/8 sn, 143 jts 2-7/8 J-55 tbg, pump 20bw, drop SV psi test tbg to 3000psi w/20bbls. - Flsuh rods w/30 bbls. Cont LD 45-slk 3/4, 30-4per3/4, 6-1-1/2 wt bats, stabilzer sub and pump. XO to tbg EQ. NDWH release TAC NU BOP ru tbg EQ flush tbg w/30bw. TOOH tallying tbg breaking and green doping every connection w/143 jts 2-7/8 j55 tbg. LD 31 jts, TAC, 1 jnt, SN, 2 jts, NC flushed 1 more time w/50bw. TIH w/2-3/8 re-entry guide, 2-3/8 x/n nipple, 2-3/8 pup jnt, x/over, packer, on-off tool, 2-7/8 sn, 143 jts 2-7/8 J-55 tbg, pump 20bw, drop SV psi test tbg to 3000psi w/20bbls. - MIRUSU, pump 60 bbls down csg, RDPU, unseat pump, ld 1 1/2x 22 polish rod, flush rods w/30bbls. Spot pump psi test tbg to 3000psi w/20 bbls. Good test, LD 101 4-per 3/4. - MIRUSU, pump 60 bbls down csg, RDPU, unseat pump, ld 1 1/2x 22 polish rod, flush rods w/30bbls. Spot pump psi test tbg to 3000psi w/20 bbls. Good test, LD 101 4per 3/4. - Flsuh rods w/30 bbls. Cont LD 45-slk 3/4, 30-4per3/4, 6-1-1/2 wt bats, stabilzer sub and pump. XO to tbg EQ. NDWH release TAC NU BOP ru tbg EQ flush tbg w/30bw. TOOH tallying the breaking and green doping every connection w/143 its 2-7/8 i55 the. LD 31 its, TAC, 1 jnt, SN, 2 jts, NC flushed 1 more time w/50bw. TIH w/2-3/8 re-entry guide, 2-3/8 x/n nipple, 2-3/8 pup jnt, x/over, packer, on-off tool, 2-7/8 sn, 143 jts 2-7/8 J-55 tbg, pump 20bw, drop SV psi test tbg to 3000psi w/20bbls. - MIRUSU, pump 60 bbls down csg, RDPU, unseat pump, ld 1 1/2x 22 polish rod, flush rods w/30bbls. Spot pump psi test tbg to 3000psi w/20 bbls. Good test, LD 101 4-per 3/4. - MIRUSU, pump 60 bbls down csg, RDPU, unseat pump, ld 1 1/2x 22 polish rod, flush rods w/30bbls. Spot pump psi test tbg to 3000psi w/20 bbls. Good test, LD 101 4-per 3/4. - Flsuh rods w/30 bbls. Cont LD 45-slk 3/4, 30-4per3/4, 6-1-1/2 wt bats, stabilzer sub and pump. XO to tbg EQ. NDWH release TAC NU BOP ru tbg EQ flush tbg w/30bw. TOOH tallying tbg breaking and green doping every connection w/143 jts 2-7/8 j55 tbg. LD 31 jts, TAC, 1 jnt, SN, 2 jts, NC flushed 1 more time w/50bw. TIH w/2-3/8 reentry guide, 2-3/8 x/n nipple, 2-3/8 pup jnt, x/over, packer, on-off tool, 2-7/8 sn, 143 jts 2-7/8 J-55 tbg, pump 20bw, drop SV psi test tbg to 3000psi w/20bbls. - Flsuh rods w/30 bbls. Cont LD 45-slk 3/4, 30-4per3/4, 6-1-1/2 wt bats, stabilzer sub and pump. XO to tbg EQ. NDWH release TAC NU BOP ru tbg EQ flush tbg w/30bw. TOOH tallying tbg breaking and green doping every connection w/143 jts 2-7/8 j55 tbg. LD 31 jts, TAC, 1 jnt, SN, 2 jts, NC flushed 1 more time w/50bw. TIH w/2-3/8 re-entry guide, 2-3/8 x/n nipple, 2-3/8 pup jnt, x/over, packer, on-off tool, 2-7/8 sn, 143 jts 2-7/8 J-55 tbg, pump 20bw, drop SV psi test tbg to 3000psi w/20bbls. - MIRUSU, pump 60 bbls down csg, RDPU, unseat pump, ld 1 1/2x 22 polish rod, flush rods w/30bbls. Spot pump psi test tbg to 3000psi w/20 bbls. Good test, LD 101 4-per 3/4. **Finalized** 

Daily Cost: \$0

Cumulative Cost: \$19,923

Sundry Number: 33236 API Well Number: 43013328270000
Summary Rig Activity
Page 2 of 3

#### 12/14/2012 Day: 3

Conversion

WWS# 7 on 12/14/2012 - press test TBG press up 3 times no test fish SV drop new SV - SITP 50 psi back up to the 3000psi lost 500psi in 40 minutes psi back up to 3000psi had to psi back up 3 more times @10:45 RET SV W/ sand line pump 20 BW drop new SV PSI test TBG to 3000 PSI- no test pressured back up 2 more times RU TBG EQ 2 1:00TOOH W/ tbg string PSI testing every 20 JTS on TOOH unable to locate leak changed 5 collars TIH w/ PKR assembly 20 JTS drop new SV psi test to 3000 psi-good test, TIH W/6JTS PSI TEST TOOH W/ 10 JTS PSI test TBG to 3000 psi- good test TIH W/6 JTS psi Test TBG to 3000PSI SWI ready to check. -SITP 50 psi back up to the 3000psi lost 500psi in 40 minutes psi back up to 3000psi had to psi back up 3 more times @10:45 RET SV W/ sand line pump 20 BW drop new SV PSI test TBG to 3000 PSI- no test pressured back up 2 more times RU TBG EQ 2 1:00TOOH W/ tbg string PSI testing every 20 JTS on TOOH unable to locate leak changed 5 collars TIH w/ PKR assembly 20 JTS drop new SV psi test to 3000 psi-good test, TIH W/6JTS PSI TEST TOOH W/ 10 JTS PSI test TBG to 3000 psi- good test TIH W/6 JTS psi Test TBG to 3000PSI SWI ready to check. -SITP 50 psi back up to the 3000psi lost 500psi in 40 minutes psi back up to 3000psi had to psi back up 3 more times @10:45 RET SV W/ sand line pump 20 BW drop new SV PSI test TBG to 3000 PSI- no test pressured back up 2 more times RU TBG EQ 2 1:00TOOH W/ tbg string PSI testing every 20 JTS on TOOH unable to locate leak changed 5 collars TIH w/ PKR assembly 20 JTS drop new SV psi test to 3000 psi-good test, TIH W/6JTS PSI TEST TOOH W/ 10 JTS PSI test TBG to 3000 psi- good test TIH W/6 JTS psi Test TBG to 3000PSI SWI ready to check.

Daily Cost: \$0

Cumulative Cost: \$21,903

#### 12/17/2012 Day: 4

Conversion

WWS# 7 on 12/17/2012 - psi tbg, set pkr - PSI back up to 3000psi, good test, cont TIH w/tbg. Redoping collars, psi test every 20 jts, on TIH w/final test 3000 psi. RU and RUH w/sandline ret SV. POOH and RD sandline. Mix pkr fluid w/fresh water pump H20 down csg. ND bop's set pkr @4549' for 15000#tension, SN@4542, XN @4557 EOT @4559. 45' above top perf, NU injection tree psi test csg to 1500 psi w/13 more bbls 1 hr to get good test RD rig. - PSI back up to 3000psi, good test, cont TIH w/tbg. Redoping collars, psi test every 20 jts, on TIH w/final test 3000 psi. RU and RUH w/sandline ret SV. POOH and RD sandline. Mix pkr fluid w/fresh water pump H20 down csg. ND bop's set pkr @4549' for 15000#tension, SN@4542, XN @4557 EOT @4559. 45' above top perf, NU injection tree psi test csg to 1500 psi w/13 more bbls 1 hr to get good test RD rig. - PSI back up to 3000psi, good test, cont TIH w/tbg. Redoping collars, psi test every 20 jts, on TIH w/final test 3000 psi. RU and RUH w/sandline ret SV. POOH and RD sandline. Mix pkr fluid w/fresh water pump H20 down csg. ND bop's set pkr @4549' for 15000#tension, SN@4542, XN @4557 EOT @4559. 45' above top perf, NU injection tree psi test csg to 1500 psi w/13 more bbls 1 hr to get good test RD rig. Finalized

Daily Cost: \$0

**Cumulative Cost:** \$28,711

12/20/2012 Day: 5

Conversion

Rigless on 12/20/2012 - Conduct initial MIT - On 12/17/2012 Chris Jensen with the State of Utah DOGM was contacted concerning the initial MIT on the above listed well. On 12/18/2012 the casing was pressured up to 1620 psig and charted for 30 minutes with no pressure loss. The well was not injecting during the test. The tubing pressure was 400 psig during the test. There was not a State representative available to witness the test. - On 12/17/2012 Chris Jensen with the State of Utah DOGM was contacted concerning the initial MIT on the above listed well. On 12/18/2012 the casing was pressured up to 1620 psig and charted for 30

Sundry Number: 33236 API Well Number: 43013328270000
Summary Rig Activity

Page 3 of 3

minutes with no pressure loss. The well was not injecting during the test. The tubing pressure was 400 psig during the test. There was not a State representative available to witness the test. - On 12/17/2012 Chris Jensen with the State of Utah DOGM was contacted concerning the initial MIT on the above listed well. On 12/18/2012 the casing was pressured up to 1620 psig and charted for 30 minutes with no pressure loss. The well was not injecting during the test. The tubing pressure was 400 psig during the test. There was not a State representative available to witness the test. **Finalized** 

Daily Cost: \$0

**Cumulative Cost:** \$110,568

**Pertinent Files: Go to File List** 

Sundry Number: 34377 API Well Number: 43013328270000

|                                                                  | STATE OF UTAH                                                                                                  |        |                                 |                         |                                                            |  |
|------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------|---------------------------------|-------------------------|------------------------------------------------------------|--|
| 1                                                                | DEPARTMENT OF NATURAL RESOUR<br>DIVISION OF OIL, GAS, AND MI                                                   |        | 3                               | 5.LEASE<br>UTU-60       | <b>DESIGNATION AND SERIAL NUMBER:</b> 6185                 |  |
| SUNDR                                                            | SUNDRY NOTICES AND REPORTS ON WELLS                                                                            |        |                                 |                         |                                                            |  |
|                                                                  | pposals to drill new wells, significantly<br>reenter plugged wells, or to drill horiz<br>n for such proposals. |        |                                 | 7.UNIT or<br>GMBU (     | r CA AGREEMENT NAME:<br>GRRV)                              |  |
| 1. TYPE OF WELL<br>Water Injection Well                          |                                                                                                                |        |                                 |                         | NAME and NUMBER:<br>Y FED 6-23-9-15                        |  |
| 2. NAME OF OPERATOR:<br>NEWFIELD PRODUCTION CO                   | DMPANY                                                                                                         |        |                                 | <b>9. API NU</b> 430133 | JMBER:<br>328270000                                        |  |
| 3. ADDRESS OF OPERATOR:<br>Rt 3 Box 3630 , Myton, UT             | , 84052 435 646-482                                                                                            |        | NE NUMBER:                      |                         | and POOL or WILDCAT:<br>MENT BUTTE                         |  |
| 4. LOCATION OF WELL<br>FOOTAGES AT SURFACE:<br>1878 FNL 1888 FWL |                                                                                                                |        |                                 | COUNTY                  |                                                            |  |
| QTR/QTR, SECTION, TOWNSH                                         | <b>HIP, RANGE, MERIDIAN:</b><br>23 Township: 09.0S Range: 15.0E Mer                                            | idian: | S                               | STATE:<br>UTAH          |                                                            |  |
| 11. CHEC                                                         | K APPROPRIATE BOXES TO INDICA                                                                                  | ATE N  | ATURE OF NOTICE, REPOR          | RT, OR O                | THER DATA                                                  |  |
| TYPE OF SUBMISSION                                               |                                                                                                                |        | TYPE OF ACTION                  |                         |                                                            |  |
|                                                                  | ACIDIZE                                                                                                        |        | ALTER CASING                    |                         | CASING REPAIR                                              |  |
| NOTICE OF INTENT Approximate date work will start:               | CHANGE TO PREVIOUS PLANS                                                                                       |        | CHANGE TUBING                   |                         | CHANGE WELL NAME                                           |  |
| Approximate date work will start.                                | ✓ CHANGE WELL STATUS                                                                                           |        | COMMINGLE PRODUCING FORMATIONS  | 1                       | CONVERT WELL TYPE                                          |  |
| SUBSEQUENT REPORT Date of Work Completion:                       | DEEPEN                                                                                                         | □ F    | RACTURE TREAT                   |                         | NEW CONSTRUCTION                                           |  |
| 2/1/2013                                                         | OPERATOR CHANGE                                                                                                | F      | PLUG AND ABANDON                |                         | PLUG BACK                                                  |  |
| SPUD REPORT                                                      | PRODUCTION START OR RESUME                                                                                     |        | RECLAMATION OF WELL SITE        |                         | RECOMPLETE DIFFERENT FORMATION                             |  |
| Date of Spud:                                                    | REPERFORATE CURRENT FORMATION                                                                                  | □ s    | SIDETRACK TO REPAIR WELL        |                         | TEMPORARY ABANDON                                          |  |
|                                                                  | TUBING REPAIR                                                                                                  |        | /ENT OR FLARE                   |                         | WATER DISPOSAL                                             |  |
| DRILLING REPORT Report Date:                                     | WATER SHUTOFF                                                                                                  |        | SI TA STATUS EXTENSION          |                         | APD EXTENSION                                              |  |
| Report Date:                                                     |                                                                                                                |        | SI IA STATUS EXTENSION          |                         | APD EXTENSION                                              |  |
|                                                                  | WILDCAT WELL DETERMINATION                                                                                     |        | OTHER                           | OTHE                    | :R:                                                        |  |
| l .                                                              | COMPLETED OPERATIONS. Clearly show                                                                             |        |                                 | lepths, vol             |                                                            |  |
| The above rele                                                   | rence well was put on inject<br>02/01/2013.                                                                    | HOH    | at 10.15 AWI OII                | c                       | Accepted by the<br>Utah Division of<br>Dil, Gas and Mining |  |
|                                                                  |                                                                                                                |        |                                 | Date                    | February 25, 2013                                          |  |
|                                                                  |                                                                                                                |        |                                 | By:                     | Bosquill                                                   |  |
|                                                                  |                                                                                                                |        |                                 | - , -                   |                                                            |  |
|                                                                  |                                                                                                                |        |                                 |                         |                                                            |  |
|                                                                  |                                                                                                                |        |                                 |                         |                                                            |  |
|                                                                  |                                                                                                                |        |                                 |                         |                                                            |  |
|                                                                  |                                                                                                                |        |                                 |                         |                                                            |  |
|                                                                  |                                                                                                                |        |                                 |                         |                                                            |  |
|                                                                  |                                                                                                                |        |                                 |                         |                                                            |  |
| NAME (PLEASE PRINT) Lucy Chavez-Naupoto                          | PHONE NUM<br>435 646-4874                                                                                      | BER    | TITLE Water Services Technician |                         |                                                            |  |
| SIGNATURE<br>N/A                                                 |                                                                                                                |        | <b>DATE</b> 2/4/2013            |                         |                                                            |  |

RECEIVED: Feb. 04, 2013

## Ashley Federal 6-23-9-15

Put on Production: 08/02/2006

API #43-013-32827; Lease #UTU-66185

GL: 6327' KB: 6339'

Spud Date: 06/14/2006

#### Injection Wellbore Diagram

#### **SURFACE CASING FRAC JOB** CSG SIZE: 8-5/8' 07/28/06 5618-5634 Frac CP2 sands as follows: GRADE: J-55 34,075# 20/40 sand in 394 bbls Lightning 17 TOC @ 275 frac fluid. Treated @ avg press of 1597 psi WEIGHT: 24# w/avg rate of 24.9 BPM. ISIP 1675 psi. Calc LENGTH: 8 its. (309.16') Casing Shoe @ 321 flush: 5616 gal. Actual flush: 5124 gal 07/28/06 5248-5260 Frac LODC sands as follows: DEPTH LANDED: 321.01' KB 69,111# 20/40 sand in 543 bbls Lightning 17 frac fluid. Treated @ avg press of 2325 psi w/avg rate of 24.7 BPM. ISIP 2450 psi. Calc HOLE SIZE: 12-1/4" CEMENT DATA: 160 sxs Class "G" cmt, est 4 bbls cmt to surf. flush: 5246 gal. Actual flush: 4788 gal. 07/28/06 5129-4997 Frac LODC, A3, & A1 sands as follows: 198,857# 20/40 sand in 710 bbls Lightning 17 frac fluid. Treated @ avg press of 2698 ps w/avg rate of 26.7 BPM. ISIP 3150 psi. Calc flush: 5127 gal. Actual flush: 4536 gal. 07/28/06 4808-48203 Frac B.5 sands as follows: PRODUCTION CASING 33,850# 20/40 sand in 380 bbls Lightning 17 CSG SIZE: 5-1/2" frac fluid. Treated @ avg press of 2084 psi w/avg rate of 24.5 BPM. ISIP 2090 psi. Calc GRADE: J-55 flush: 4806 gal. Actual flush: 4326 gal. WEIGHT: 15.5# 07/28/06 4604-4612 Frac D1 sands as follows: LENGTH: 135 jts. (5912.51') 43,995# 20/40 sand in 375 bbls Lightning 17 frac fluid. Treated @ avg press of 1928 psi DEPTH LANDED: (5925.76') KB w/avg rate of 25.5 BPM. ISIP 2450 psi. Calc flush: 4602 gal. Actual flush: 4536 gal 10/23/06 Pump Change Rod & Tubing detail CEMENT DATA: 300 sxs Prem. Lite II mixed & 450 sxs 50/50 POZ. CEMENT TOP: 275 8-7-08 Pump change. Updated rod & tubing details. 12/31/2011 Parted Rods. Rod & tubing detail updated. 12/14/12 Convert to Injection Well **TUBING** Conversion MIT Finalized - update tbg detail 12/18/12 SIZE/GRADE/WT .: 2-7/8" / J-55 / 6.5# NO. OF JOINTS: 143 jts (4530.7') SEATING NIPPLE: 2-7/8" (1.10') SN LANDED AT: 4542.7' KB ON/OFF TOOL AT: 4543.8° ARROW #1 PACKER CE AT: 4549.07 XO 2-3/8 x 2-7/8 J-55 AT: 4552.8° SN @ 4543` TBG PUP 2-3/8 J-55 AT: 4553.4° On Off Tool @ 4544' X/N NIPPLE AT: 4557 53 Packer @ 4549' TOTAL STRING LENGTH: EOT @ 4559.02' X/N Nipple @ 4557 PERFORATION RECORD EOT @ 4559 07/28/06 5618-5634' 4 JSPF 64 holes 4604-4612 07/28/06 5248-5260' 4 JSPF 48 holes 07/28/06 5129-5144' 4 JSPF 60 holes 07/28/06 5064-5080° 4 JSPF 64 holes 4808-48203 07/28/06 4980-4997 4 ISPF 68 holes 4980-4997 07/28/06 4808-4820° 4 JSPF 48 holes 07/28/06 4604-4612' 5064-50803 5129-5144 5248-5260 5618-56347 PBTD @ 5747' SHOE @ 5926' Ashley Federal 6-23-9-15 TD @ 5942' 1878' FNL & 1888' FWL SE/NW Section 23-T9S-R15E Duchesne County, Utah



## State of Utah

#### DEPARTMENT OF NATURAL RESOURCES

MICHAEL R. STYLER Executive Director

Division of Oil, Gas and Mining

JOHN R. BAZA
Division Director

### UNDERGROUND INJECTION CONTROL PERMIT

Cause No. UIC-381

Operator:

Newfield Production Company

Well:

Ashley Federal 6-23-9-15

Location:

Section 23, Township 9 South, Range 15 East

County:

Duchesne

API No.:

43-013-32827

Well Type:

Enhanced Recovery (waterflood)

#### Stipulations of Permit Approval

- 1. Approval for conversion to Injection Well issued on April 19, 2012.
- 2. Maximum Allowable Injection Pressure: 1,639 psig
- 3. Maximum Allowable Injection Rate: (restricted by pressure limitation)
- 4. Injection Interval: Green River Formation (3,911' 5,747')
- 5. Any subsequent wells drilled within a ½ mile radius of this well shall have production casing cement brought up to or above the top of the unitized interval for the Greater Monument Butte Unit.

Approved by:

John/Rogers

ssociate Director

1/31/1

Date

JR/MLR/js

cc: Bruce Suchomel, Environmental Protection Agency

Bureau of Land Management, Vernal

Eric Sundberg, Newfield Production Company, Denver

Newfield Production Company, Myton

Duchesne County

Well File

N:\O&G Reviewed Docs\ChronFile\UIC



Sundry Number: 84482 API Well Number: 43013328270000

|                                                                                           | STATE OF UTAH DEPARTMENT OF NATURAL RESOURCES VISION OF OIL, GAS, AND MININ                                                                                    | 5.LEASE DESIGNATION AND SERIAL NUMBER: UTU-66185                                             |                                                                                                                                                                                                                            |  |
|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| SUNDRY                                                                                    | NOTICES AND REPORTS ON                                                                                                                                         | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME:                                                        |                                                                                                                                                                                                                            |  |
| below current bottom-ho                                                                   | proposals to drill new wells, significantly oble depth, reenter plugged wells, or to dril<br>PERMIT TO DRILL form for such proposals.                          | horizontal laterals.                                                                         | 7.UNIT or CA AGREEMENT NAME:<br>GMBU (GRRV)                                                                                                                                                                                |  |
| 1. TYPE OF WELL Water Injection Well                                                      |                                                                                                                                                                |                                                                                              | 8. WELL NAME and NUMBER:<br>ASHLEY FED 6-23-9-15                                                                                                                                                                           |  |
| 2. NAME OF OPERATOR:<br>NEWFIELD PRODUCTION                                               | COMPANY                                                                                                                                                        |                                                                                              | <b>9. API NUMBER:</b> 43013328270000                                                                                                                                                                                       |  |
| 3. ADDRESS OF OPERATO<br>4 WATERWAY SQUARE PL                                             | DR:<br>L STE 100 , THE WOODLANDS, TX, 77380                                                                                                                    | PHONE NUMBER: 435-646-4802                                                                   | 9. FIELD and POOL or WILDCAT: MONUMENT BUTTE                                                                                                                                                                               |  |
| 4. LOCATION OF WELL<br>FOOTAGES AT SURFACE<br>1878 FNL 1888 FWL                           | :                                                                                                                                                              |                                                                                              | COUNTY:<br>DUCHESNE                                                                                                                                                                                                        |  |
| QTR/QTR, SECTION, TO                                                                      | WNSHIP, RANGE, MERIDIAN:<br>5 Township: 9S Range: 15E Meridian: S                                                                                              |                                                                                              | STATE:<br>UTAH                                                                                                                                                                                                             |  |
| 11.<br>CHECK                                                                              | APPROPRIATE BOXES TO INDICATE                                                                                                                                  | NATURE OF NOTICE, I                                                                          | REPORT, OR OTHER DATA                                                                                                                                                                                                      |  |
| TYPE OF<br>SUBMISSION                                                                     |                                                                                                                                                                | TYPE OF ACTION                                                                               |                                                                                                                                                                                                                            |  |
| On 11/13/2017 M<br>concerning the 5 Year<br>pressured up to 109<br>well was not injecting | CHANGE TO PREVIOUS PLANS  CHANGE WELL STATUS  DEEPEN  OPERATOR CHANGE  PRODUCTION START OR RESUME  REPERFORATE CURRENT FORMATION  TUBING REPAIR  WATER SHUTOFF | OGM was contacted<br>15/2017 the casing w<br>h no pressure loss. The<br>was 1588 psig during | NEW CONSTRUCTION  PLUG BACK  RECOMPLETE DIFFERENT FORMATION  TEMPORARY ABANDON  WATER DISPOSAL  APD EXTENSION  OTHER: 5 YR MIT  Cluding dates, depths, volumes, etc.  ACCEPTED by the Utah Division of Oil, Gas and Mining |  |
| NAME (PLEASE PRINT)<br>Lucy Chavez-Naupoto                                                | <b>PHONE NUMBE</b><br>435 646-4874                                                                                                                             | R TITLE<br>Field Production Assistant                                                        |                                                                                                                                                                                                                            |  |
| SIGNATURE<br>N/A                                                                          |                                                                                                                                                                | <b>DATE</b> 11/20/2017                                                                       |                                                                                                                                                                                                                            |  |

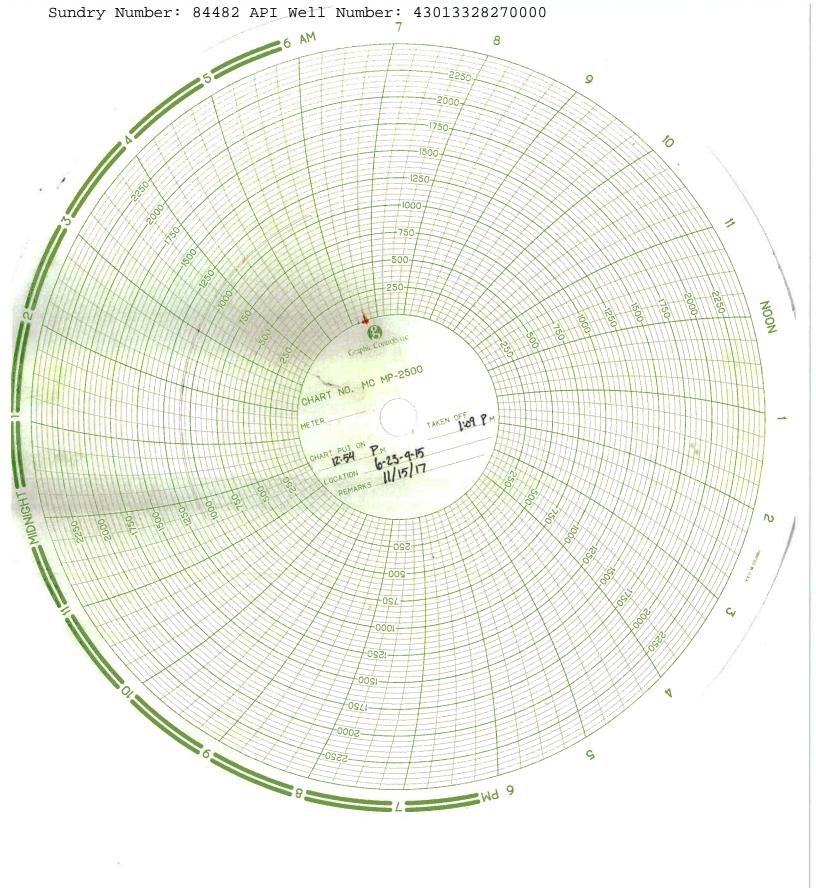
Sundry Number: 84482 API Well Number: 43013328270000

# Mechanical Integrity Test Casing or Annulus Pressure Test

Newfield Production Company Rt. 3 Box 3630 Myton, UT 84052 435-646-3721

| Witness: Mary P                                    | Date 11 / 15 / 17                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 7 Time 12:54                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Test Conducted by: Kane Stevenson Others Present:  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| outers Fresent.                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SASSen prisoners                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| Well: Case Ashler Federal<br>SE/NN Sec 23 TGS RISE | Field: Me                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | nument Butte                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Well Location: 6.23-9-15                           | API No: 43-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 013-20407                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| UTUST538X Duchesine County Utah                    | 43                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | OTO JADAT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                    | A THE RESIDENCE OF A STATE OF A S | A service of the serv |
|                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 185                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Time                                               | Casing Pressure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| 5                                                  | 1890                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | psig                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 10                                                 | 1090                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | psig                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 15                                                 | 1090                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | psig v                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 20                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | psig                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 25                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | psig                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 30 min                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | psig                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 35                                                 | A state of the sta | psig                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 40                                                 | . Company of the comp | psig                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 45                                                 | The County County County place are a different order of the County County of the Count | psig                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 50                                                 | The second section of the section of the second section of the secti | psig                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 55                                                 | Metalencense (American Carella Communication of Carella Carell | psig                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 60 min                                             | energy (1991) dates and constructions in a second construction of construction and construction of a c | psig                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Tubing pressure:                                   | 1588                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | psig                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                                    | Pass                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ail                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Insecting at 0 by                                  | ols o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

Signature of Person Conducting Test:



Division of Oil, Gas and Mining

Operator Change/Name Change Worksheet-for State use only

| Effective Date:             | 1/24/2020                |  |
|-----------------------------|--------------------------|--|
| FORMER OPERATOR:            | NEW OPERATOR:            |  |
| Newfield Production Company | Ovintiv Production, Inc. |  |
|                             |                          |  |
| Groups:                     |                          |  |
| Greater Monument Butte      |                          |  |

WELL INFORMATION:

| Well Name         | API Number | Town | Dir | Range | Dir | Sec | Entity Number | Туре | Status |
|-------------------|------------|------|-----|-------|-----|-----|---------------|------|--------|
| See Attached List |            |      |     |       |     |     |               |      |        |

Total Well Count:

4704

#### OPERATOR CHANGES DOCUMENTATION:

- $1. \ Sundry \ or \ legal \ documentation \ was \ received \ from \ the \ {\bf FORMER} \ operator \ on:$
- 2. Sundry or legal documentation was received from the NEW operator on:
- 3. New operator Division of Corporations Business Number:

9/2/2020

755627-0143

1/14/2021 12/21/2020

3/25/2020

3/16/2020 3/16/2020

REVIEW:

Receipt of Acceptance of Drilling Procedures for APD on: Reports current for Production/Disposition & Sundries:

OPS/SI/TA well(s) reviewed for full cost bonding: Approved by Dustin UIC5 on all disposal/injection/storage well(s) Approved on: Approved by Dayne

Surface Facility(s) included in operator change:

oved by Dayne
State 11-32 Pipeline
Monument Butte St 10-36

GB Fed 13-20-8-17 Canvasback Fed 1-22-8-17 Ashley Fed 8-14-9-15 Pipeline West Lateral 4C Slug Catcher (2-5-3-3) West Lateral Phase 5 Slug Catcher

Bar F Slug Catcher Dart Slug Catcher Mullins Slug Catcher

Temporary Produced Water Conditioning Site Dart Temporary Produced Water Facility Earl Temporary Water Treatment Facility

NEW OPERATOR BOND VERIFICATION:

State/fee well(s) covered by Bond Number(s):

B001834.A

107238142-Shut-In Bond

DATA ENTRY:

Well(s) update in the RBDMS on: Group(s) update in RDBMS on: Surface Facilities update in RBDMS on: Entities Updated in RBDMS on: 1/14/2021 1/14/2021

1/14/2021

COMMENTS:

|       | STATE OF UTAH  DEPARTMENT OF NATURAL RESOURCES  FORM 9                                                                                                                                                                                           |                                                                                        |                                       |                                  |  |  |  |
|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|---------------------------------------|----------------------------------|--|--|--|
|       |                                                                                                                                                                                                                                                  | DIVISION OF OIL, GAS AND MINING                                                        | 5. LEAS                               | SE DESIGNATION AND SERIAL NUMBER |  |  |  |
|       |                                                                                                                                                                                                                                                  |                                                                                        | see                                   | attached list                    |  |  |  |
|       | SUNDRY                                                                                                                                                                                                                                           | NOTICES AND REPORTS ON WELLS                                                           | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME: |                                  |  |  |  |
|       | CONDICT NOTICES AND ICE ONTO ON WELLS                                                                                                                                                                                                            |                                                                                        |                                       | attached                         |  |  |  |
| Do    | Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals. |                                                                                        |                                       |                                  |  |  |  |
| 1. T  | 1. TYPE OF WELL OIL WELL GAS WELL OTHER 8. WELL NAME and NUMBER: see attached                                                                                                                                                                    |                                                                                        |                                       |                                  |  |  |  |
|       | AME OF OPERATOR:                                                                                                                                                                                                                                 |                                                                                        |                                       | NUMBER:                          |  |  |  |
|       | wfield Production Comp                                                                                                                                                                                                                           |                                                                                        | atta                                  |                                  |  |  |  |
|       | DDRESS OF OPERATOR:                                                                                                                                                                                                                              | PHONE NUMBER:  The Microflorida TV 77390 (435) CAC 4036                                |                                       | LD AND POOL, OR WILDCAT:         |  |  |  |
| _     | Vaterway Square Place St CITY                                                                                                                                                                                                                    | The Woodlands STATE TX ZIP 77380 (435) 646-4936                                        | alla                                  | ched                             |  |  |  |
|       | OCATION OF WELL OOTAGES AT SURFACE:                                                                                                                                                                                                              |                                                                                        | COUNT                                 | <b>Y</b> :                       |  |  |  |
|       |                                                                                                                                                                                                                                                  | T WENDY                                                                                |                                       |                                  |  |  |  |
| Q     | TR/QTR. SECTION, TOWNSHIP, RANG                                                                                                                                                                                                                  | E, MERIDIAN:                                                                           | STATE                                 | UTAH                             |  |  |  |
| 11.   | CHECK APPR                                                                                                                                                                                                                                       | OPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPOR                                      | RT, O                                 | R OTHER DATA                     |  |  |  |
|       | TYPE OF SUBMISSION                                                                                                                                                                                                                               | TYPE OF ACTION                                                                         |                                       |                                  |  |  |  |
|       | NOTIOE OF INTENT                                                                                                                                                                                                                                 | ACIDIZE DEEPEN                                                                         |                                       | REPERFORATE CURRENT FORMATION    |  |  |  |
| 1     | NOTICE OF INTENT<br>(Submit in Duplicate)                                                                                                                                                                                                        | ALTER CASING FRACTURE TREAT                                                            |                                       | SIDETRACK TO REPAIR WELL         |  |  |  |
|       | Approximate date work will start                                                                                                                                                                                                                 | CASING REPAIR NEW CONSTRUCTION                                                         |                                       | TEMPORARILY ABANDON              |  |  |  |
|       |                                                                                                                                                                                                                                                  | CHANGE TO PREVIOUS PLANS  OPERATOR CHANGE                                              | $\exists$                             | TUBING REPAIR                    |  |  |  |
|       |                                                                                                                                                                                                                                                  | CHANGE TUBING PLUG AND ABANDON                                                         |                                       | VENT OR FLARE                    |  |  |  |
| Γ'''Ι | SUBSEQUENT REPORT                                                                                                                                                                                                                                |                                                                                        |                                       |                                  |  |  |  |
|       | (Submit Original Form Only)                                                                                                                                                                                                                      | CHANGE WELL NAME PLUG BACK                                                             | 닏                                     | WATER DISPOSAL                   |  |  |  |
|       | Date of work completion:                                                                                                                                                                                                                         | CHANGE WELL STATUS PRODUCTION (START/RESUME)                                           | Ц                                     | WATER SHUT-OFF                   |  |  |  |
|       |                                                                                                                                                                                                                                                  | COMMINGLE PRODUCING FORMATIONS RECLAMATION OF WELL SITE                                |                                       | OTHER                            |  |  |  |
|       |                                                                                                                                                                                                                                                  | CONVERT WELL TYPE RECOMPLETE - DIFFERENT FORMATION                                     |                                       |                                  |  |  |  |
| 12    | DESCRIBE PROPOSED OR CO                                                                                                                                                                                                                          | MPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volume | es, etc.                              |                                  |  |  |  |
| Th    | nis sundry is serve as no                                                                                                                                                                                                                        | tification of the formal corporate name change of Newfield Produc                      | tion C                                | company to Ovintiv Production    |  |  |  |
| In    | <ul> <li>Attached is a list of al</li> </ul>                                                                                                                                                                                                     | I wells wells that will be operated under Ovintiv Production Inc effe                  | ective                                | January 24, 2020.                |  |  |  |
| -     |                                                                                                                                                                                                                                                  |                                                                                        |                                       |                                  |  |  |  |
|       | REVIOUS NAME:                                                                                                                                                                                                                                    | NEW NAME:                                                                              |                                       |                                  |  |  |  |
|       | ewfield Producion Comp                                                                                                                                                                                                                           |                                                                                        |                                       |                                  |  |  |  |
|       | Waterway Square Place<br>ne Woodlands, TX 77380                                                                                                                                                                                                  |                                                                                        |                                       |                                  |  |  |  |
|       | 35)646-4825                                                                                                                                                                                                                                      | (435)646-4825                                                                          |                                       |                                  |  |  |  |
| (7    |                                                                                                                                                                                                                                                  |                                                                                        |                                       |                                  |  |  |  |

| NAME (PLEASE PRINT) Shon McKinnon | TITLE | Regulatory Manager, Rockies |
|-----------------------------------|-------|-----------------------------|
| SIGNATURE THOUSE SIGNATURE        | DATE  | 3/16/2020                   |

(This space for State use only)

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

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| Do not use this form for proposals to drill no drill horizontal la | Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| 12. DESCRIBE PROPOSED OR CO                                        | OMPLETED OPERATIONS. 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(This space for State use only)



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

|                  | TRANSFER OF AUTHORITY TO INJECT       |              |                                            |  |  |
|------------------|---------------------------------------|--------------|--------------------------------------------|--|--|
| Well Name and I  |                                       |              | API Number Atttached                       |  |  |
| Location of Well |                                       |              | Field or Unit Name                         |  |  |
| Footage:         |                                       | County:      | See Attached  Lease Designation and Number |  |  |
| QQ, Section,     | Township, Range:                      | State: UTAH  | See Attached                               |  |  |
|                  |                                       |              |                                            |  |  |
| EFFECTIVE D      | DATE OF TRANSFER: 1/24/2020           |              |                                            |  |  |
|                  |                                       |              |                                            |  |  |
|                  |                                       |              |                                            |  |  |
| CURRENT OP       | ERATOR                                |              |                                            |  |  |
|                  | N - 5 11 S - 1 - 1 - 1 - 1            |              |                                            |  |  |
| Company:         | Newfield Production Company           | Name:        | Shon McKinnon                              |  |  |
| Address:         | 4 Waterway Square Place, Suite 100    | _ Signature: |                                            |  |  |
|                  | city The Woodlands state TX zip 77380 | Title        | Regulatory Manager, Rockies                |  |  |
| Phone:           | (435) 646-4825                        | Date:        | 3/18/2020                                  |  |  |
| Comments:        |                                       |              |                                            |  |  |
|                  |                                       |              |                                            |  |  |
|                  |                                       |              |                                            |  |  |
|                  |                                       |              |                                            |  |  |
| NEW OPERAT       | OR                                    |              |                                            |  |  |
|                  |                                       |              |                                            |  |  |
| Company:         | Ovintiv Production, Inc               | _ Name:      | Shon McKinnon                              |  |  |
| Address:         | 4 Waterway Square Place, Suite 100    | _ Signature: |                                            |  |  |
|                  | city The Woodlands state TX zip 77380 | _ Title:     | Regulatory Manager, Rockies                |  |  |
| Phone:           | (435) 646-4825                        | Date:        | 3/18/2020                                  |  |  |
| Comments         |                                       |              |                                            |  |  |
|                  |                                       |              |                                            |  |  |

(This space for State use only)

Approved by the Utah Division of Oil, Gas and Mining

Mar 25, 2020

EPA approval required

Max Inj. Press. Max Inj. Rate Perm. Inj. Interval Packer Depth Next MIT Due Operator Change/Name Change Worksheet-for State use only

Effective Date: 7/1/2021

FORMER OPERATOR:

Ovintiv Production, Inc.

NEW OPERATOR:

Ovintiv USA, Inc.

Groups: Greater Monument Butte

WELL INFORMATION:

Well Name API Number Town Dir Range Dir Sec Entity Number Type Status
See Attached List Unumber Type Status

Total Well Count: Pre-Notice Completed: 4689 9/22/2021

OPERATOR CHANGES DOCUMENTATION:

1. Sundry or legal documentation was received from the **FORMER** operator on:

2. Sundry or legal documentation was received from the **NEW** operator on:

3. New operator Division of Corporations Business Number:

5053175-0143

9/15/2021 9/15/2021

9/15/2021

REVIEW:

Receipt of Acceptance of Drilling Procedures for APD on: Reports current for Production/Disposition & Sundries:

OPS/SI/TA well(s) reviewed for full cost bonding: Approved by Dustin

UIC5 on all disposal/injection/storage well(s) Approved on: Approved by Dayne

Surface Facility(s) included in operator change:

9/22/2021

10/25/2021 10/4/2021

ator change: Monument Butte Liq. Cond.
Pleasant Valley (New)

West Lateral 4C Slug Catcher (2-5-3-3)
West Lateral Phase 5 Slug Catcher

Bar F Slug Catcher Dart Slug Catcher Mullins Slug Catcher Ashley

Sundance Ranch Pleasant Valley Monument Butte Ashley Fed 8-14-9-15 Pipeline Ute Tribal 4-13-4-2W Pipeline State 11-32 Pipeline Monument Butte St 10-36

GB Fed 13-20-8-17 Canvasback Fed 1-22-8-17

NEW OPERATOR BOND VERIFICATION:

State/fee well(s) covered by Bond Number(s):

B001834-B 107238142A

DATA ENTRY:

Well(s) update in the RBDMS on: 11/24/2021
Group(s) update in RDBMS on: 11/21/2021
Surface Facilities update in RBDMS on: 11/24/2021
Entities Updated in RBDMS on: 11/24/2021

#### COMMENTS:

9/22/2021, Since the Newfield to Ovintiv operator change was processed at the beginning of 2021, Name change will only need to match the existing bonds in place under Ovintiv Production, Inc; no additiaonl bond will be required at this time.

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES

| DIVISION OF OIL, GAS AND MINING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 5. LEASE DESIGNATION AND SERIAL NUMBER:  See attached list |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| SUNDRY NOTICES AND REPORTS ON WELLS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME:                      |
| Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 7. UNIT or CA AGREEMENT NAME:                              |
| 1. TYPE OF WELL OIL WELL GAS WELL OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 8. WELL NAME and NUMBER:                                   |
| 2. NAME OF OPERATOR: Ovintiv Production, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 9. API NUMBER:                                             |
| 3. ADDRESS OF OPERATOR: PHONE NUMBER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 10. FIELD AND POOL, OR WILDCAT:                            |
| 4 Waterway SQ PL STE 100 CITY The Woodlands STATE TX ZIP 77380 (281) 210-5100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                            |
| FOOTAGES AT SURFACE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | COUNTY:                                                    |
| QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | STATE: UTAH                                                |
| 11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | RT, OR OTHER DATA                                          |
| TYPE OF SUBMISSION TYPE OF ACTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                            |
| NOTICE OF INTENT (Submit in Duplicate)  Approximate date work will start:  Approximate date work will start:  7/11/2021  CHANGE TO PREVIOUS PLANS  OPERATOR CHANGE  CHANGE TUBING  CHANGE WELL NAME  CHANGE WELL STATUS  COMMINGLE PRODUCING FORMATIONS  DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volume  This sundry is to serve as notification that Ovintiv Production Inc. merged into Ovintiv USA Inc.  PREVIOUS NAME:  Ovintiv Production Inc.  Waterway Square Place Suite 100  The Woodlands, TX 77380  (281) 210-5100  NEW NAME:  OCASING REPAIR  ALTER CASING  FRACTURE TREAT  NEW CONSTRUCTION  OPERATOR CHANGE  PREVIOUS NAME:  OVINTIV USA Inc.  AUTHOR WASHING  NEW NAME:  OVINTIV USA Inc.  4 Waterway Square Place Suite 100  The Woodlands, TX 77380  (281) 210-5100 |                                                            |
| NAME (PLEASE PRINT)  Julia Carter  SIGNATURE  DATE  Manager, US Re  9/8/2021                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | gulatory Operations                                        |
| (This space for State use only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ROVED                                                      |

By Utah Division of Oil, Gas, and Mining Rachel Medina



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

|                   | TRANSFER OF AU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ITHORITY TO I | NJECT                             |
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| Well Name and     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               | API Number                        |
| See attache       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               | Attached Field or Unit Name       |
|                   | "                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | •             | See Attached                      |
| Footage :         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | County:       | Lease Designation and Number      |
| QQ, Section       | , Township, Range:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | State: UTAH   | See Attached                      |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                                   |
| EFFECTIVE         | DATE OF TRANSFER: 7/1/2021                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |               |                                   |
| CURRENT OF        | PERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |               |                                   |
| Company:          | Ovintiv Production, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Name:         | Julia Carter                      |
| Address:          | 4 Waterway Square Place, Suite 100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Signature:    | Juliam. Caster                    |
|                   | city The Woodlands state TX zip 77380                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Title:        | Manager, US Regulatory Operations |
| Dhana             | (281) 210-5100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |               | 9/8/2021                          |
| Phone:            | The state of the s | Date:         | OTOTE DE L'                       |
| Comments          | :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |               |                                   |
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| NEW OPERA         | TOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |               |                                   |
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| Company:          | Ovintiv USA Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Name:         | Julia Carter                      |
| Address:          | 4 Waterway Square Place Suite 100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Signature:    | Julian Carter                     |
|                   | city The Woodlands state TX zip 77380                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Title:        | Manager, US Regulatory Operations |
| Phone:            | (281) 210-5100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Date:         | 9/8/2021                          |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Date.         |                                   |
| Comments          | :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |               |                                   |
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| (This space for S |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               | PA approval required              |
|                   | Utah Division of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ш             |                                   |
|                   | Oil, Gas and Mining                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |               | nj. Press.<br>nj. Rate            |
|                   | Just                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |               | Inj. Interval                     |
|                   | Oct 04, 2021                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Packe         | r Depth                           |
|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Next l        | MIT Due                           |

Sundry Number: 119210 API Well Number: 43013328270000 FORM 9 STATE OF UTAH DEPARTMENT OF NATURAL RESOURCES **5.LEASE DESIGNATION AND SERIAL NUMBER:** DIVISION OF OIL, GAS, AND MINING UTU-66185 6. IF TRIBAL, ALLOTTEE OR TRIBE NAME: SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill new wells, significantly deepen existing wells 7.UNIT or CA AGREEMENT NAME: below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Greater Monument Butte Use APPLICATION FOR PERMIT TO DRILL form for such proposals. 1. TYPE OF WELL 8. WELL NAME and NUMBER: Water Injection Well Ashlev Fed 6-23-9-15 2. NAME OF OPERATOR: 9. API NUMBER: Ovintiv USA, Inc. 43013328270000 3. ADDRESS OF OPERATOR: PHONE NUMBER: 9. FIELD and POOL or WILDCAT: 4 Waterway Square Place, Suite 100, The Woodlands, TX, 77380 MONUMENT BUTTE 4. LOCATION OF WELL COUNTY: **FOOTAGES AT SURFACE:** DUCHESNE 1878 FNL 1888 FWL QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN: STATE: Qtr/Qtr: SENW Section: 23 Township: 9S Range: 15E Meridian: S UTAH 11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF TYPE OF ACTION **SUBMISSION** ☐ ACIDIZE ALTER CASING CASING REPAIR CHANGE TO PREVIOUS PLANS CHANGE TUBING CHANGE WELL NAME ■ NOTICE OF INTENT ☐ CHANGE WELL STATUS ☐ COMMINGLE PRODUCING FORMATIONS CONVERT WELL TYPE Approximate date work will start: DEEPEN FRACTURE TREAT ■ NEW CONSTRUCTION SUBSEQUENT REPORT Date of Work Completion: OPERATOR CHANGE PLUG AND ABANDON PLUG BACK 9/14/2022 ☐ PRODUCTION START OR RESUME ☐ RECLAMATION OF WELL SITE RECOMPLETE DIFFERENT FORMATION SPUD REPORT Date of Spud: REPERFORATE CURRENT FORMATION ☐ SIDETRACK TO REPAIR WELL TEMPORARY ABANDON TUBING REPAIR VENT OR FLARE WATER DISPOSAL ☐ DRILLING REPORT Report Date: ☐ WATER SHUTOFF ☐ SI TA STATUS EXTENSION APD EXTENSION ☐ WILDCAT WELL DETERMINATION **✓** OTHER OTHER: MIT 12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volumes, etc. A 5 YR MIT was performed on the above listed well. On 09/14/2022 the casing was Accepted by the pressured up to 1025 PSIG and charted for 20 minutes with no pressure loss. The **Utah Division of** tubing pressure was 862 PSIG during the test. State representative, Eden Oil, Gas and Mining Hartung, was present to witness the test. FOR RECORD ONLY (This is not an approval) September 28, 2022

NAME (PLEASE PRINT)
Teresa Robbins
435-646-4886

SIGNATURE
N/A

PHONE NUMBER
Warehouse Lead

DATE
9/15/2022

Sundry Number: 119210 API Well Number: 43013328270000

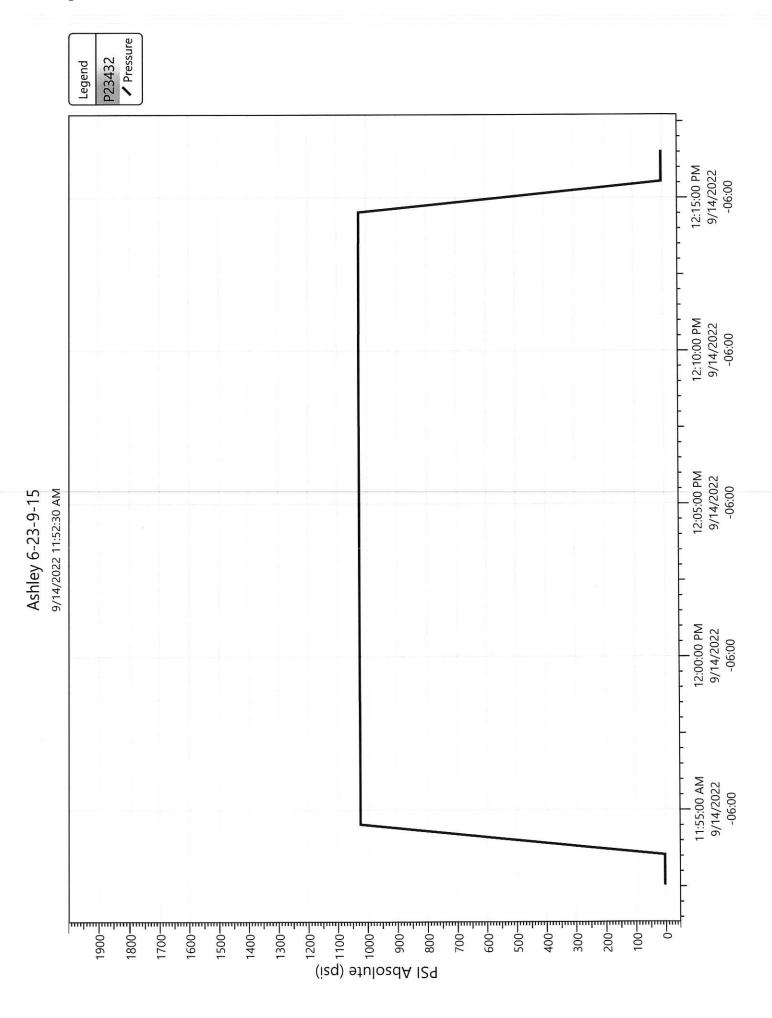
## **Mechanical Integrity Test**

## **Casing or Annulus Pressure Mechanical Integrity Test**

Ovintiv Rt 3 Box 3630 Myton, UT 84052 435.646.3721

| Witness: FAM HAVYUNG Test Conducted By: Kane Channel                           | 1                              | 9/14/22                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Time: 11:54                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ampm        |
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| Others Present:                                                                |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Water Company of the |             |
| Well Name: Ashler                                                              |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |
| 1 7000                                                                         | 0-23-9-15                      | Country Dialog                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Ctat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ); IF       |
| 22 10 Was 6 Was                                                                |                                | County: Dichesh                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | e: UT       |
| Location: 6 Sec:                                                               | 23 T 9                         | N/S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | R15 (E)/ W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |             |
| Operator: Sout                                                                 |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <del></del> |
| Last MIT: / /                                                                  | Maximu                         | m Allowable Pressure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | : 1639                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | psig        |
| Is this a regulary scheduled                                                   | test? $\{\chi\}$ Yes           | { } No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |
| Initial Test for Permit?                                                       | { } Yes                        | $\{X \}$ No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |
| Test after well rework?                                                        | { } Yes                        | { X } No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |
| Well injection during test?                                                    | { } Yes                        | $\{\chi\}$ No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | If Yes, rate:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | bpd         |
|                                                                                |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | S.I.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 4/1/20      |
| Pre-test casing / tubing annulus p                                             | oressure: 0                    | 1 862                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | psig                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |
| MIT DATA TABLE Tes                                                             | et #1                          | Test #2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 7           |
|                                                                                | ESSURE                         | 1 est #2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | =           |
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| Initial Pressure 862<br>End of test pressure 862                               | psig                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | psig                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _           |
|                                                                                | psig <br>NULUS                 | PRESSURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | psig                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 4           |
|                                                                                |                                | PRESSURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 4           |
| 0 minutes 1025 6                                                               | psig                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | psig                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | -           |
| 10 .                                                                           | psig                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | psig                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | -           |
| 1.5                                                                            | psig psig                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | psig<br>psig                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | -           |
| 20                                                                             | psig                           | The same of the sa | psig                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | -           |
| 20 minutes 1624.8                                                              | psig                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | psig                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | $\dashv$    |
| 30 minutes                                                                     | psig                           | 9-75                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | psig                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | -           |
| minutes                                                                        | psig                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | psig                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |
| minutes                                                                        | psig                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | psig                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |
| RESULT \ \ \ \ \ \ \ \ \ \ \ Pas                                               |                                | { } Pass                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | { } Fail                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             |
| 90 7                                                                           |                                | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |
| Does the annulus pressure build back i                                         | up after test? { }             | Yes { X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | } No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |
|                                                                                | ,                              | ( )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ,           |
| Additional comments for mechanical i                                           | ntegrity pressure test, such a | s volume of fluid add                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ed to annulus and bled                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | back at end |
| of test, reason for failing test (casing head leak, tubing leak, other), etc.: |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |
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| / . +/                                                                         |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |
| Signature of Witness: MM MW                                                    | tmy                            | grande and the second s |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |
| Signature of Person Conducting Test:                                           |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |

Sundry Number: 119210 API Well Number: 43013328270000



Operator Change/Name Change Worksheet-for State use only

9/1/2022 Effective Date:

| FORMER OPERATOR:  | NEW OPERATOR:                |
|-------------------|------------------------------|
| Ovintiv USA, Inc. | Scout Energy Management, LLC |
|                   |                              |
| Groups:           |                              |

#### WELL INFORMATION:

| Well Name         | API Number | Town | Dir | Range | Dir | Sec | Entity Number | Type | Status |
|-------------------|------------|------|-----|-------|-----|-----|---------------|------|--------|
| See Attached List |            |      |     |       |     |     |               |      |        |

Total Well Count: 2888 Pre-Notice Completed: 10/19/2022

#### OPERATOR CHANGES DOCUMENTATION:

9/26/2022 1. Sundry or legal documentation was received from the **FORMER** operator on: 2. Sundry or legal documentation was received from the **NEW** operator on: 9/26/2022

12607016-0161 3. New operator Division of Corporations Business Number:

**REVIEW:** 

11/15/2022 Receipt of Acceptance of Drilling Procedures for APD on:

10/19/2022 Reports current for Production/Disposition & Sundries: OPS/SI/TA well(s) reviewed for full cost bonding: Approved by Dustin 10/11/2022 12/15/2022 UIC5 on all disposal/injection/storage well(s) Approved on: Approved by Orlan

10/19/2022 Surface Facility(s) included in operator change:

NEW OPERATOR BOND VERIFICATION:

612402641-Blanket Bond State/fee well(s) covered by Bond Number(s):

612402460-Full-Cost Shut-In Bond

DATA ENTRY:

12/20/2022 and 1/25/2023 Well(s) update in the RBDMS on:

Group(s) update in RDBMS on: 12/20/2022 Surface Facilities update in RBDMS on: NA Entities Updated in RBDMS on: 1/25/2023

**COMMENTS:** 

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES

| DIVISION OF OIL, GAS AND MINING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 5. LEASE DESIGNATION AND SERIAL NUMBER: See attached Exhibit A |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|--|--|--|
| SUNDRY NOTICES AND REPORTS ON WELLS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME:  None - N/A              |  |  |  |
| Do not use this form for proposals to drill new walls, significantly deepen existing walls below current bottom held dooth, contar alwayed walls, or to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 7. UNIT or CA AGREEMENT NAME:                                  |  |  |  |
| Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hole depth, reenter plugged wells, or to drill horizontal laterals. Use APPLICATION FOR PERMIT TO DRILL form for such proposals.  1. TYPE OF WELL                                                                                                                                                                                                                                                                                                                                                                                      | Greater Monument Butte Unit  8. WELL NAME and NUMBER:          |  |  |  |
| OIL WELL GAS WELL OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | See attached Exhibit A                                         |  |  |  |
| 2. NAME OF OPERATOR: Scout Energy Management, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 9. API NUMBER:<br>Attached                                     |  |  |  |
| 3. ADDRESS OF OPERATOR: 13800 Montfort Road, Suite 1 <sub>CITY</sub> Dallas STATE TX ZIP 75240 PHONE NUMBER: (972) 325-1096                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 10. FIELD AND POOL, OR WILDCAT: See attached Exhibit A         |  |  |  |
| 4. LOCATION OF WELL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                |  |  |  |
| FOOTAGES AT SURFACE: See attached Exhibit A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | COUNTY:                                                        |  |  |  |
| QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | STATE: UTAH                                                    |  |  |  |
| 11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | RT, OR OTHER DATA                                              |  |  |  |
| TYPE OF SUBMISSION TYPE OF ACTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                |  |  |  |
| NOTICE OF INTENT (Submit in Duplicate) Approximate date work will start:  9/1/2022  CHANGE TO PREVIOUS PLANS  CHANGE TUBING  CHANGE WELL NAME  CHANGE WELL STATUS  PRODUCTION (START/RESUME)  CONVERT WELL TYPE  PESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volume.  PREVIOUS OPERATOR:  OVINITY USA Inc.  NEW OPERATOR:  SCOUT Energy Management, LLC effective September 1, 2022.  NEW OPERATOR:  OVINITY USA Inc.  13800 Montfort Road The Woodlands, Texas, 77380  Dallas, TX 75240 | on the attached exhibit from Ovintiv ement, LLC                |  |  |  |
| Signature - Christian C. Sizemore Director, Rockies and Land Innovation State/Fee Bond #105189977 State/Fee Bond #612                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Signature - Todd FLott                                         |  |  |  |
| NAME (PLEASE PRINT) Todd Flott TITLE Managing Director                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | TITLE Managing Director                                        |  |  |  |
| SIGNATURE DATE 8/31/20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | DATE 8/31/2022                                                 |  |  |  |
| (This space for State use only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                |  |  |  |

## **APPROVED**

By Rachel Medina at 10:58 am, Dec 21, 2022

see attached Exhibit A

Lease Designation and Number see attached Exhibit A



Well Name and Number see attached list Location of Well

QQ, Section, Township, Range:

281-210-5100

Comments: UIC wells under UDOGM Jurisdiction

Footage:

Phone:

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

| 4.04 | L, GAS & STATURE                |                     |  |  |  |  |  |  |
|------|---------------------------------|---------------------|--|--|--|--|--|--|
|      | TRANSFER OF AUTHORITY TO INJECT |                     |  |  |  |  |  |  |
|      |                                 | API Number attached |  |  |  |  |  |  |
|      |                                 | Field or Unit Name  |  |  |  |  |  |  |

County: see attached

State: UTAH

Date:

CURRENT OPERATOR

Company: Ovintiv USA Inc.
Address: 4 Waterway Square Place, Suite 100
city The Woodlands state TX zip 77380

CURRENT OPERATOR

Name: Christian C. Sizemore
Signature: Director, Rockies and Land Innovation

NEW OPERATOR

Company: Scout Energy Management LLC Name: Jon Piot

Address: 13800 Montford Road, Suite 100 Signature: Signature: Title: Managing Director

Phone: 972-325-1027 Date: 1115/2022

(This space for State use only)

EPA approval required

Max Inj. Press.

Max Inj. Rate

Perm. Inj. Interval

Packer Depth

Next MIT Due