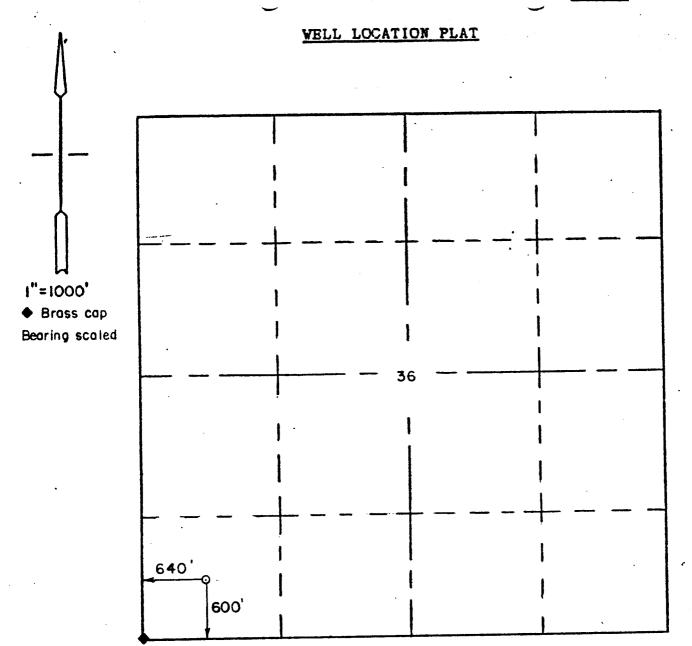
STATE OF UTAH DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL GAS AND MINING

(Other instructions on reverse side)

•	DIVISION OF OIL	, GAS, AND MINING	}		5. Lease Designation an	d Serial No.
					U-56960	
APPLICATION	FOR PERMIT	TO DRILL, DEEP	PEN, OR PLUG	BACK	6. If Indian, Allottee or	Tribe Name
la. Type of Work					- <u>N/A</u>	
DRILI	L X X	DEEPEN [PLUG	BACK 🗌	7. Unit Agreement Name	:
b. Type of Well Oil Gas	<u>'</u>				N/A	•
Well ₩e	Other		Zone AA	Multiple D	8. Farm or Lease Name	
· ·	03/628-9211		-17th Street,	Suite 40	O N. Chapita	Federal
<u>Quintana Petrol</u>			er, CO 80265		9. Well No.	
3. Address of Operator 3	03/322-7878	•	Box 44065		#1-36	711
Permitco Inc	Agent	Denve	er, CO 80201-	4065	10. Field and Pool, or W	
4. Location of Weil (Repor At surface			te requirements.*)	•	11. Sec., T., R., M., or	TURAL BUTTES
600'	FSL and 640' I	-WL			and Survey or Area	DIR.
At proposed prod. zone	SW 'SW				Sec. 36, T8	RS - R22F
14. Distance in miles and o		own or post office*			12. County or Parrish	
20 miles no	rthwest of Bor	nanza, Utah			Uintah	Utah
15. Distance from proposed location to nearest			No. of acres in lease		of acres assigned	****
property or lease line, (Also to nearest drig. li	ft. 60	00'	640 ./.	to thi	is well 40	
18. Distance from proposed	location*	19.	Proposed depth	20. Rotar	y or cable tools	
to nearest well, drilling or applied for, on this l	lease, ft. no	one	7650	R	otary	
21. Elevations (Show wheth	er DF, RT, GR, etc.)		<i>/ •</i>		22. Approx. date work	will start*
4850' GR					April 30, 1	1987
23.		PROPOSED CASING AN	ID CEMENTING PROGI	RAM		
Size of Hole	Size of Casing	Weight per Foot	Setting Depth		Quantity of Cement	
12-1/4"	8-5/8"	24#	250'	175 s	x or suffic. to	
. 7-7/8"	5-1/2"	15.5 & 17#	76501		x or suffic. to	
	***************************************			of in	terest.	
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	•					
Quintana Petrol						
Wasatch, and Me	sa Verde forma	ations. If prod	ductive, casin	g will t	he run and the	well
completed. If		will be plugged	d and abandone	d as per	BLM and State	of
Utah requiremen	ts.					
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See Onshore Ord	er No. 1 attac	ched.		וען	a (WEUV) P	
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IN ABOVE SPACE DESCR ductive zone. If proposal is						
preventer program, if any.						
	1/1/		Consultant for			
Signed Our	J XI	Cer Title	Quintana Petro	leum Cor	p. 4/14	1/8/
(This space for Federal	or State office use)					
4:	3-047-31	795	ΔΡ	PROVEC	BY THE STAT	T F
Permit No	- 5 - 7 - 2//		Approval Date		DIVISION OF	
A 1. 1			<u> </u>		AND MINING	
Approved by Conditions of approval,	if any:	Title		/+L,UA3	7	
			PAT	-/ * -2	5-0/2	
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WELL LOCATION DESCRIPTION:

Quintana Petroleum
North Chapita Federal 1-36
600'FSL & 640'FWL
Section 36, T.8 S.,R. 22 E.,SLM
Uintah County, Utah
4850' ground elevation
References: 200' South 4838'
200' North 4839'

APR 17 1987 COLL. GAS & MINING

TERED LAND SUR

The above plat is true and correct to my knowledge and

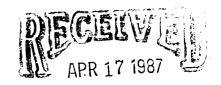
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TE OF UT

ONSHORE OIL & GAS ORDER NO. 1;

Approval of Operations on Onshore Federal and Indian Oil and Gas Leases



DIVISION OF OIL. GAS & MINING

NORTH CHAPITA FEDERAL 1-36
600' FSL and 640' FWL
Sec. 36, T8S - R22E
Uintah County, Utah

Prepared For:

QUINTANA PETROLEUM CORPORATION

By:

PERMITCO INC. P.O. Box 44065 Denver, Colorado 80201-4065 303/322-7878

Copies Sent To:

- 4 BLM Vernal, Utah
- 1 Utah Division of Oil Gas & Mining SIC, UT
- 4 Quintana Petroleum Corp Denver, CO



QUINTANA PETROLEUM CORPORATION

1050 SEVENTEENTH STREET SUITE 400 DENVER COLORADO 80265 (303) 628-9211

March 30, 1987

Bureau of Land Management 17 South 500 East Vernal, UT 84078

Re: N. Chapita Federal #1-36

Coyote Wash Unit Federal #1-28

Uintah County, Utah

Gentlemen:

This letter is to inform you that Permitco is authorized to act as Agent and to sign documents on behalf of Quintana Petroleum Corporation when necessary for filing county, state and federal permits including Onshore Order No. 1 Right-of-Way applications, etc. for the referenced wells.

It should be understood that Permitco is acting as Agent only in those matters stated above and is not responsible for drilling, completion, production or compliance with regulations.

Quintana Petroleum Corporation agrees to accept full responsibility for operations conducted in order to drill, complete and produce the above-mentioned wells.

Very truly yours,

John W. Wessels

District Operations Manager

cc: Permitco - Lisa Green

JWW: jp

DRILLING PROGRAM

ONSHORE OIL & GAS ORDER NO. 1 Approval of Operations on Onshore Federal and Indian Oil and Gas Leases

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

1. The surface formation and estimated formation tops to be encountered are as follows:

Formation	<u>Depth</u>	Subsea
<u>Uinta</u>	Surface	
Green River "X"	3530'	+1310'
Wasatch	5050 '	- 210'
Mesa Verde	7350'	-2510°
T.D.	7650'	-2810'

2. a. The estimated depths at which oil, gas, water or other mineral bearing zones are expected to be encountered are as follows:

Substance	Formation	Anticipated Depth
Oil	Green River	3530'
Gas	Wasatch	5050*
Gas	Mesa Verde	7350'

All shows of fresh water and minerals will be reported and adequately protected. If requested a sample will be taken of any water flows and furnished to the BLM in Vernal, Utah for analysis. All oil and gas shows will be tested to determine commercial potential.

b. Quintana Petroleum Corp. plans to protect all surface fresh water zones by running a sufficient amount of surface casing.



DRILLING PROGRAM

3. Quintana Petroleum Corp.'s minimum specifications for pressure control equipment are as follows:

Pressure control equipment will consist of a Double Gate, Series 900, 3000# W.P. (minimum) BOP from 250' to T.D. (See BOP Diagram attached.)

BOP systems will be consistent with API RP 53. Pressure tests will be conducted before drilling out from under all casing strings which are set and cemented in place. Blowout preventer controls will be installed prior to drilling the surface shoe and prior to starting workover or completion operations. Preventers will remain in use until the well is completed or abandoned. Preventers will be inspected and operated at least daily to ensure good mechanical working order. Preventers will be pressure tested to 70% of the internal yield of the casing or to the working pressure before drilling out from below each casing string. All BOP pressure tests must be recorded on the daily drilling report. The choke manifold will be rated and tested to the same pressure as the BOP.

4. a. Casing

The proposed casing program is as follows:

				7.31	O 3-	-	or
Purpose	Depth	Hole Size		Wt.	<u>Grade</u>	Type	<u>Used</u>
Surface	0-250 '	12-1/4"	8-5/8*	24#	J-55	ST&C	New
Production	0-6300'	7-7/8"	5-1/2*	15.5	J-55	LT&C	New
Production	6300-765	50 7-7/8 "	5-1/2"	17#	J-55	LT&C	New

All casing strings will be tested to 0.2 psi/ft. or 1000 psi, whichever is greater.

b. Cement

The cementing program will be as follows:

Surface

Type and Amount
175 sx Class "G" w/3% CaCl₂ and 1/4#/sk
Flocele added; or sufficient to
circulate to surface.



Now

DRILLING PROGRAM

4. Cement Program (cont.)

Production Type and Amount

1st Stage: 550 sx Class "G" cement with fluid loss

additive;

2nd Stage: DV Tool at 2850, 150 sx light cement

containing 1/4#/sk flocele or

sufficient amount to cover zones of

interest.

Note: Cement blends and volumes may change upon inspection of open hole logs.

- c. Auxiliary Equipment will be as follows:
 - 1. Kelly cock.
 - 2. A full opening safety valve will be on the floor at all times, with cross overs to all drill collars.
 - 3. Necessary solids control equipment.
 - 4. Pit Level Indicator and Flow Show

5. Drilling fluid will be as follows:

Interval	Mud Type	Mud Wt.	Visc.	· F/L	PH
0-2500'	Gel/Lime	8.8-9.2	26-30	F/L N/C	9
2500-7650'	Dispersed	8.8-9.8	35-40	8-10	10.5

There will be sufficient weighted material on location to control a kick should one occur.

Monitoring of the system will be done visually and as indicated above (4C4).



DRILLING PROGRAM

- 6. Coring, logging and testing programs are as follows:
 - a. No conventional cores are anticipated.
 - b. The logging program will consist of a DIL-SFL-GR from 7650' to base of surface casing. A GR/FDC/CNL will be run from 7650' to 1500'. Possible Microlog over zones of interest.
 - No DST's are anticipated.

Whether the well is completed as a dry hole or as a producer, "Well Completion or Recompletion Report and Log" (Form 3160-4) will be submitted not later than 30 days after completion of the well or after completion of operations being performed, in accordance with 43 CFR 3164. Two copies of all logs, core descriptions, core analysis, well-test data, geologic summaries, sample descriptions, and all other surveys or data obtained and compiled during the drilling, workover, and/or completion operations, will be filed with Form 3160-4. Samples (cuttings, fluids, and/or gases) will be submitted if requested by the District Manager.

- 7. Abnormal conditions, bottom hole pressures and potential hazards.
 - a. The maximum bottom hole pressure to be expected is 3000 psi.
 - b. Quintana Petroleum Corporation plans to spud the North Chapita Federal #1-36 upon approval of this application and intends to complete the well within approximately one month after the well has reached T.D.

8. Other Information

- a. Location construction is planned to commence upon approval of this application.
- b. It is anticipated the duration of drilling will be 12 days.
- c. Test the Wasatch through perforations. Fracture and stimulate with + 40,000 gallons gelled water and +80,0000 and.



DRILLING PROGRAM

- d. The operator will contact the Bureau of Land Management in Vernal, Utah at least 48 hours prior to beginning any dirt work on this location.
- e. No location will be constructed or moved, no well will be plugged, and no drilling or workover equipment will be removed from a well to be placed in a suspended status without prior approval of the AO. If operations are to be suspended, prior approval of the AO will be obtained and notification given before resumption of operations.
- f. The spud date will be reported orally to the AO Vernal BIM Office within 24 hours after spudding. If the spudding occurs on a weekend or holiday, the report will be submitted on the following regular work day. The oral report will be followed up with a Sundry Notice.
- g. In accordance with NTL-1, this well must be reported on Form 3160.6, "Monthly Report of Operations," starting with the month in which operations commence and continuing each month until the well is physically plugged and abandoned. This report should be filed in duplicate directly with the BLM, Craig District Office.
- h. <u>Immediate Report</u>: Accidental spills, blowouts, fires, leaks, or any other unusual occurrences shall be promptly reported in accordance with the requirements of NTL-3A or its revision.
- i. If the well is successfully completed for production, then the AO will be notified when the well is placed in a producing status. Such notification will be sent by telegram or other written communication, no later than 5 days following the date on which the well is placed on production. Such notification may be provided orally if confirmed in writing, and must be received in this office 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 information items:
 - 1. Operator Name
 - 2. Well name, number and location
 - 3. Date well was placed on production
 - 4. The lease, or communitized tract, or unit participating area to which the well's production is attributed.

Permitco

DRILLING PROGRAM

- j. Pursuant to NTI-2B requirements regarding disposal facilities for new wells, this is authorization for unlined pit disposal of the water produced from this well for a period of 90 days from the date of initial production for sales purposes. During this period, an application for approval for permanent disposal method, along with the required water analysis and other information, must be submitted for the AO's approval. Failure to timely file an application with the time allowed will be considered an incident of non-compliance, and will be grounds for issuing a shut-in order until the application is submitted.
- k. Pursuant to NTL-4A, lessees or operators are authorized to vent/flare gas during initial well evaluation tests, not exceeding a period of 30 days or the production of 50 MMCF of gas, whichever occurs first. An application must be filed with the AO and approval received, for any venting/flaring of gas beyond the initial 30 day or authorized test period.
- 1. A schematic facilities diagram as required by 43 CFR 3162.7-2, 3162.7-3 and 3162.7-4 shall be submitted to the Vernal BIM Office within 30 days of installation or first production, whichever occurs first. All site security regulations as specified in 43 CFR 3162.7 shall be adhered to. All product lines entering and leaving hydrocarbon storage tanks will be effectively sealed in accordance with 43 CFR 3162.7-4.
- m. No well abandonment operations will begin without the prior approval of the AO. In the case of newly drilled dry holes or failures, and in emergency situations, oral approval will be obtained from the AQ.

SUBMITTAL OF THE THREE ABANDONMENT SUNDRY NOTICES (FORM 3160-5) AS PER ONSHORE ORDER NO. 1 WILL BE:

- 1. Request for Approval to Abandon
 - a. Proposed plugging procedures, or
 - Confirmation of verbal plugging procedures (prompt confirmation required)



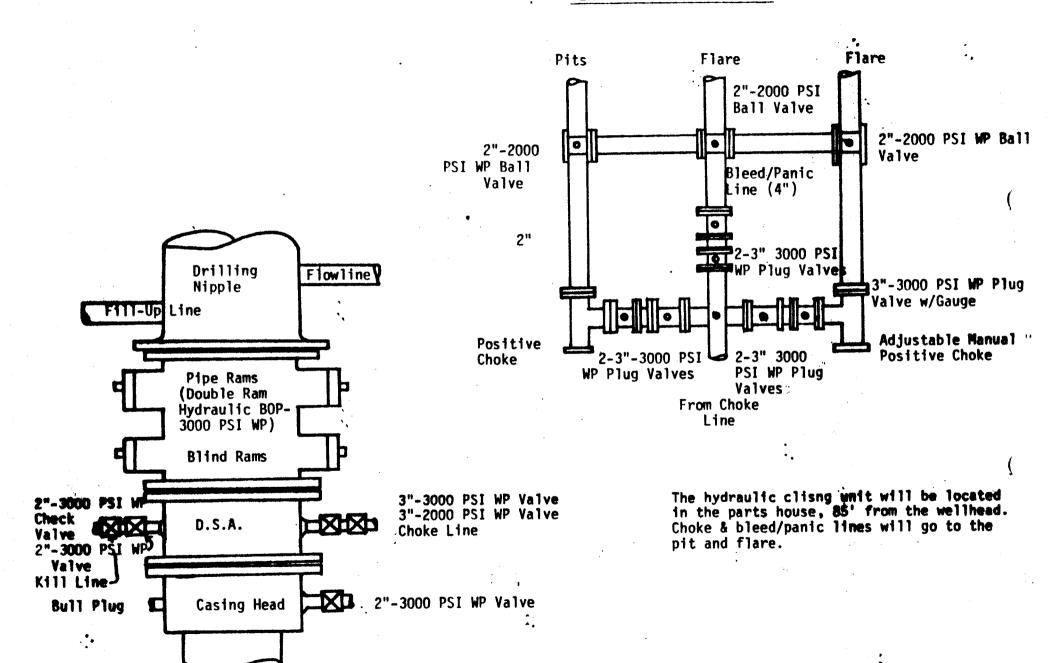
DRILLING PROGRAM

8. Other Information (cont.)

- 2. Subsequent Report of Abandonment
 - a. "Other" category marked executed plugging procedures (within 30 days following completion of abandonment)
- 3. Subsequent Report of Abandonment
 - a. "Other" category marked final abandonment after surface rehabilitation completion.
- n. Subsequent report will indicate where plugs were placed and the current status of surface restoration. Final abandonment will not be approved until the surface reclamation work required by the approved abandonment notice has been completed to the satisfaction of the AO or his representative, or the appropriate surface managing agency.
- o. Pursuant to Onshore Oil and Gas Order No. 1, lessees and operators have the responsibility to see that their exploration, development production, and construction operations are conducted in a manner which conforms with applicable Federal laws and regulations and with State and local laws and regulations to the extent that such State and local laws are applicable to operations on Federal or Indian lands.
- p. If air drilling, the operator shall control blooie line discharge dust by use of water injection or any other acceptable method. The blooie line discharge shall be a minimum of 100 feet from the well head and be directed into the blooie pit in such a manner as to allow containment of drill bit cuttings and waste in the blooie pit.



PLAIN VIEW-CHOKE MANIFOLD



SURFACE USE PLAN

ONSHORE OIL & GAS ORDER NO. 1

Thirteen Point Surface Use Plan

1. Existing Roads

- a. The proposed well site is located 32 miles south of Vernal, Utah.
- b. Directions to the location from Vernal, Utah are as follows:

Go southeasterly on the paved county road leading from Jensen, Utah and proceed towards Bonanza, Utah for 24 miles. Turn west and go 4/10 mile. Turn left on the Glen Bench Road and go southwest for 13 miles. Turn left and go southeast 2.5 miles. Turn right and go northeast for 1.1 miles. Turn right onto new access (flagged) and proceed approximately 3300 feet to the location.

- For location of access roads within a 2-Mile radius, see Map
 #1.
- d. Improvement to the existing access will not be necessary.
- e. All existing roads will be maintained and kept in good repair during all drilling and completion operations associated with this well.
- f. Existing roads and newly constructed roads on surface under the jurisdiction of any Surface Managing Agency shall be maintained in accordance with the standards of the SMA.

2. Planned Access Roads

a. During the drilling and completion stages of this well, the maximum total disturbed width will be 30 feet. The length of the access road will be approximately 3300 feet and will be crowned and ditched with a running surface of 16-18 feet. Appropriate water control will be installed to control errosion.



SURFACE USE PLAN

2. Planned Access Roads (cont.)

- b. The estimated grade will be approximately 5%.
- c. No turnouts are planned.
- d. The access road was centerline flagged at the time of staking.
- e. Drainage will be installed as deemed necessary by the dirt contractor. No drainages shall be blocked by loose dirt or debris.
- f. No culverts will be installed unless commercial production is established. All drainages will be crossed with low water crossings.
- q. No cattleguards will be necessary.
- h. Surface disturbance and vehicular travel will be limited to the approved location and approved access route. Any additional area needed will be approved in advance.
- i. Surfacing material may be necessary depending on weather conditions.
- j. The maximum cut on location is 17.0 feet. The maximum fill is 12.0 feet.
- k. A Right-of-Way application will be submitted for the new access crossings Sections 1 and 2 of T9S - R22E.
- 1. Access roads and surface disturbing activities will conform to standards outlined in the <u>USGS Publication (1978) Surface</u>
 Operating Standards for Oil and Gas Development.
- m. If the well is productive, the road shall be upgraded to meet the standards of the anticipated traffic flow and all-weather road requirements. Upgrading shall include ditching, draining, graveling, crowning, and capping the roadbed as necessary to provide a well constructed safe road. Prior to upgrading, the road shall be cleared of any snow cover and



SURFACE USE PLAN

2. Planed Access Roads (cont.)

m. (cont.) allowed to dry completely. Traveling off the 30 foot right-of-way will not be allowed. Road drainage crossings shall be of the typical dry creek drainage crossing type. Crossings shall be designed so they will not cause siltation or accumulation of debris in the drainage crossing nor shall the drainages be blocked by the roadbed. Erosion of drainage ditches by runoff water shall be prevented by diverting water off at frequent intervals by means of cutouts. Upgrading shall not be allowed during muddy conditions. Should mud holes develop, they shall be filled in and detours around them avoided.

3. <u>Location of Existing Wells Within a 1-Mile Radius of the Proposed Location.</u> (See Map #2).

- a. Water Wells -none
- b. Injection or disposal wells -none
- c. Producing Wells two
- d. Drilling Wells none
- e. Shut-in Wells two
- f. Abandoned Wells none

4. Location of Tank Batteries and Production Facilities.

a. All permanent structures (onsite for six months or longer) constructed or installed (including oil well pump jacks) will be painted a non-reflective earthtone color to match one of the standard environmental colors, as determined by the Rocky Mountain Five State Interagency Committee. All facilities will be painted within six months of installation. Facilities required to comply with the Occupational Safety and Health Act (OSHA) will be excluded.



SURFACE USE PLAN

4. Production Facilities (cont.)

- b. If a tank battery is constructed on this lease, it will be surrounded by a dike of sufficient capacity to contain at least 1-1/2 times the storage capacity of the battery. The integrity of the dike must be maintained.
- c. If commercial production is established, a Sundry Notice with a production facility layout will be submitted.
- d. All loading lines will be placed inside the berm surrounding the tank battery.
- e. Any necessary pits will be properly fenced to prevent any wildlife entry. The production pit will be flagged overhead.
- f. All site security guidelines identified in 43 CFR 3162.7 regulations will be adhered to.
- g. All off-lease storage, off-lease measurement, or commingling on-lease or off-lease will have prior written approval from the District Manager.
- h. All product lines entering and leaving hydrocarbon storage tanks will be effectively sealed.
- i. Gas meter runs for each well will be located within 500 feet of the wellhead. The gas flowline will be buried from the wellhead to the meter and 500 feet downstream of the meter run or any production facilities. Meter runs will be housed and/or fenced.
- j. The oil and gas measurement facilities will be installed on the well location. The oil and gas meters will be calibrated in place prior to any deliveries. Tests for meter accuracy will be conducted monthly for the first three months on new meter installations and if proven accurate, quarterly thereafter. The AO will be provided with a date and time for the initial meter calibration and all future meter proving schedules. A copy of the meter calibration reports will be submitted to the Craig District Office, RIM. All meter measurement facilities will conform with the API standards for liquid hydrocarbons and the AGA standard for natural measurement.

SURFACE USE PLAN

4. Production Facilities (cont.)

- k. All access roads will be upgraded to Class III standards and maintained as necessary to prevent erosion and accommodate year-round traffic.
- 1. The road will be maintained in a safe useable condition.

5. Location and Type of Water Supply

- a. All water needed for drilling purposes will be obtained from the White River located with the Uintah and Ouray Indian Reservation in the NE/4 of Section 17, T9S R22E.
- b. Water will be trucked or pumped to location over the roads marked on Map #1.
- c. No water well is to be drilled on this lease.

6. Source of Construction Material

- a. Surface and subsoil materials in the immediate area will be utilized.
- b. Road surfacing and pad construction material will be obtained from a commercial source.
- c. The use of materials under BIM jurisdiction will conform with 43 CFR 3610.2.3. Construction material will not be located on lease.
- d. No construction materials will be removed from Federal land.

7. Methods of Handling Waste Disposal

a. The reserve pit will be lined unless sufficient native clay is encountered to prevent seepage of drilling fluids and/or water.



SURFACE USE PLAN

7. Methods for Handling Waste Disposal (cont.)

- b. A trash cage will be used to contain trash and its contents removed at the end of drilling operations and hauled to an approved disposal sight. The road and pad will be kept litter free.
- c. Produced waste water will be confined to a unlined pit for a period not to exceed 90 days after initial production. During the 90-day period, an application for approval of a permanent disposal method and location, along with the required water analysis, will be submitted for the District Manager's approval.
- d. Drill cuttings are to be contained and buried in the reserve pit.
- e. Any salts and/or chemicals which are an integral part of the drilling system will be disposed of in the same manner as the drilling fluid.
- f. A chemical porta-toilet will be furnished with the drilling rig.
- g. The produced fluids will be produced into a test tank until such time as construction of production facilities is completed. Any spills of oil, gas salt water or other produced fluids will be cleaned up and removed.

8. Ancillary Facilities

a. There are no airstrips, camps, or other facilities planned during the drilling of the proposed well.

9. Well Site Layout

a. See Diagram #1 for rig layout. See Diagram #2 for cross section of drill pad. See Diagram #3 for cuts and fills.



SURFACE USE PLAN

9. Wellsite Layout (cont.)

- b. The location of mud tanks; reserve pit, trash cage; pipe racks; living facilities and soil stockpiles will be shown on Diagrams #1 and #3.
- c. During construction, all brush will be removed from the wellpad and access road and stockpiled separately from the topsoil.
- d. During construction 6 inches of topsoil will be removed from the cut areas only and stockpiled separately on the west side of the location to be used later during the reclamation process.
- e. Access to the wellpad will be from the southwest.
- f. Three sides of the reserve pit will be fenced with wire mesh and topped with at least one strand of barbed wire. before drilling starts. The fourth side will be fenced as soon as the drilling is completed. The fence will be kept in good repair while the pit is drying.
- g. The fence will be constructed as prescribed in the <u>USGS</u>

 <u>Publication (1978) Surface Operating Standards for Oil and Gas</u>

 <u>Development.</u> Alternatives to the prescribed standards shall be submitted to the Authorized Officer for approval.

10. Reclamation

- a. Immediately upon completion of drilling, all trash and debris will be collected from the location and surrounding area. All trash and debris will be disposed of in the trash cage and will then be hauled to an approved landfill.
- b. Before any dirt work to restore the location takes place, the reserve pit must be completely dry.
- c. All disturbed areas will be recontoured to blend as nearly as possible with the natural topography to the satisfaction of the authorized officer. This includes removing all berms and refilling all cuts.

Permitco Incorporated
A Petroleum Permitting Company

Permitco

SURFACE USE PLAN

10. Reclamation of Surface (cont.)

- d. During final restoration, the stockpiled topsoil will be uniformly spread over the recontoured disturbed area before reseeding. Stockpiled vegetation shall be scattered over the recontoured area following replacement of topsoil and after reseeding.
- e. The reserve pit and that portion of the location and access road not needed for production and production facilities will be reclaimed as described in the reclamation section. Enough topsoil will be kept to reclaim the remainder of the location at a future date. This remaining stockpile of topsoil will be seeded in place using the prescribed seed mixture.
- f. Waste materials will be disposed of as stated in #7 of this Surface Use Plan.
- g. Prior to reseeding, all disturbed areas, including the access roads, will be scarified and left with a rough surface.
- h. Seed will be broadcast or drilled at the time specified by the BIM. If broadcast, a harrow or some other implement will be dragged over the seeded area to assure seed coverage and the seed mixture will be proportionately larger (double the lbs. per acres).
- i. An appropriate seed mixture will be determined by the BLM at the time the restoration activities are scheduled to begin.
- j. At such time as the well is plugged and abandoned the operator will submit a surface reclamation plan to the Surface Management Agency for prescribed seed mixtures and reseeding requirements.
- k. If the seeding is unsuccessful, the lessee/operator may be required to make subsequent seedings.



SURFACE USE PLAN

11. a. Surface Ownership

Wellpad and partial access road - Bureau of Land Management Remainder of the access road is maintained by the Uintah County Road Department or is on the Uintah and Ouray Indian reservation.

b. Mineral Ownership

Federal

12. Other Information

- a. There will be no change from the proposed drilling and/or workover program without prior approval from the District Manager. Safe drilling and operating practices must be used. All wells, whether drilling, producing, suspended, or abandoned will be identified in accordance with 43 CFR 3162.2.
- b. "Sundry Notice and Report on Wells" (Form 3160-5) will be filed for approval for all changes of plans and other operations in accordance with 43 CFR 3164.
- c. The dirt contractor will be provided with an approved copy of the surface use plan and will keep a copy on-site during the construction and reclamation operations.
- d. This permit will be valid for a period of one year from the date of approval. After permit termination, a new application will be filed for approval for any future operations.
- e. A Class III survey was conducted by LaPlata Archeological Consultants. No significant cultural resources were found and clearance is recommended. A copy of this report is attached.
- f. If during operations, any archaeological or historical sites, or any object of antiquity (subject to the Antiquities Act of June 8, 1906) are discovered, all operations which would affect such sites are to be suspended and the discovery reported promptly to the Surface Management Agency.



SURFACE USE PLAN

12. Other Information (cont.)

- g. On BLM administered land, it is required that a proposed use of pesticide, herbicide or other possible hazardous chemicals shall be cleared for use prior to application.
- h. The operator or his contractor shall contact the BLM Offices at 801/789-1362 between 24 and 48 hours prior to construction activities.

13. Lessee's or Operator's Representative and Certification

Permit Matters
PERMITCO INC.
Lisa L. Green
P.O. Box 44065
Denver, CO 80201-4065
303/322-7878

Drilling & Completion Matters
QUINTANA PETROLEUM CORP.
1050-17th Street
Suite 400
Denver, CO 80265
John Wessels - 303/628-9211 (W)
Scott Kimbrough - 303/969-9468 (H)

Certification

I hereby certify that I, or persons under my direct supervision, have inspected the proposed drillsite and access route; that I am familiar with the conditions which presently exist; that the statements made in this plan are, to the best of my knowledge, true and correct; and, that the work associated with the operations proposed herein will be performed by Quintana Petroleum Corp. and its contractors and subcontractors in conformity with the 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.

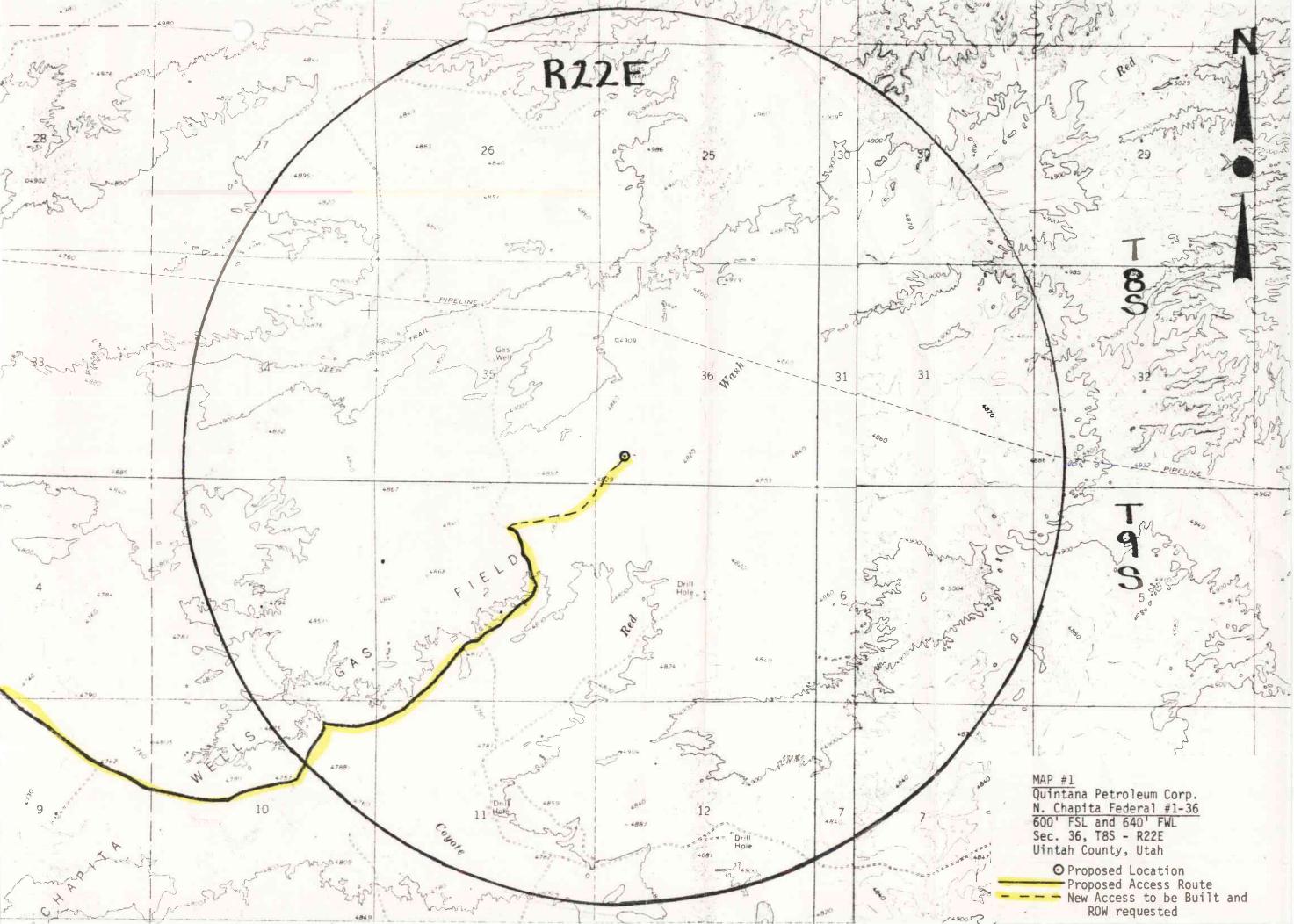
4/14/87

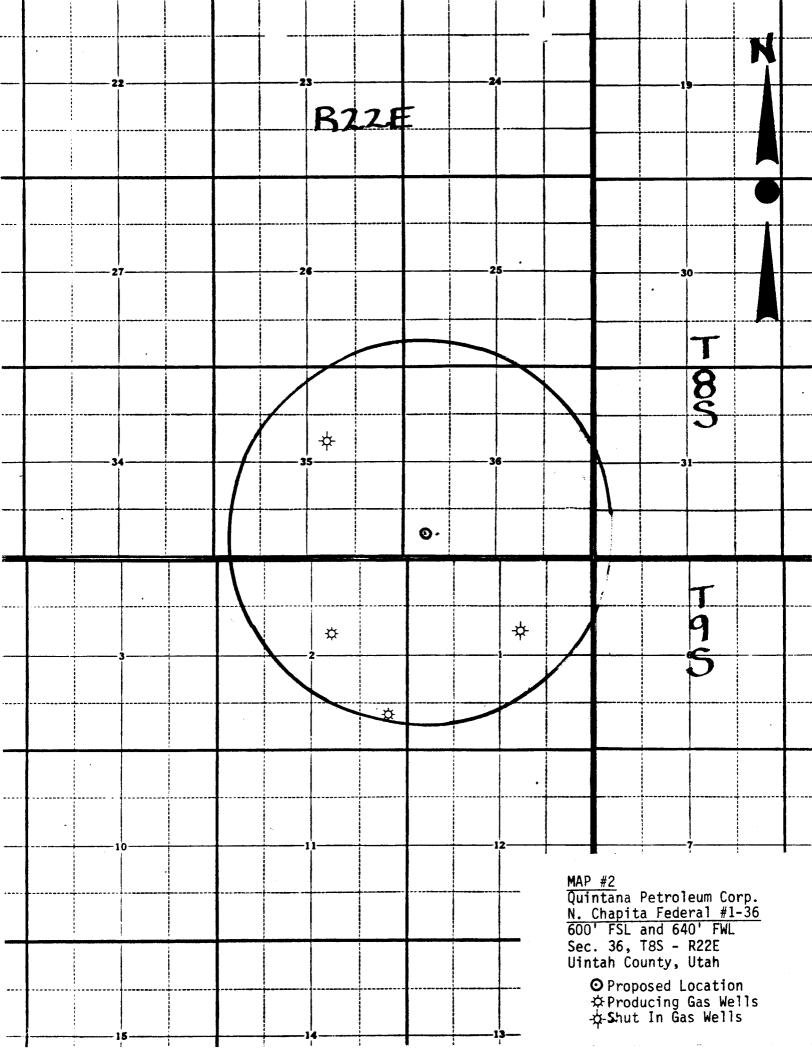
Date:

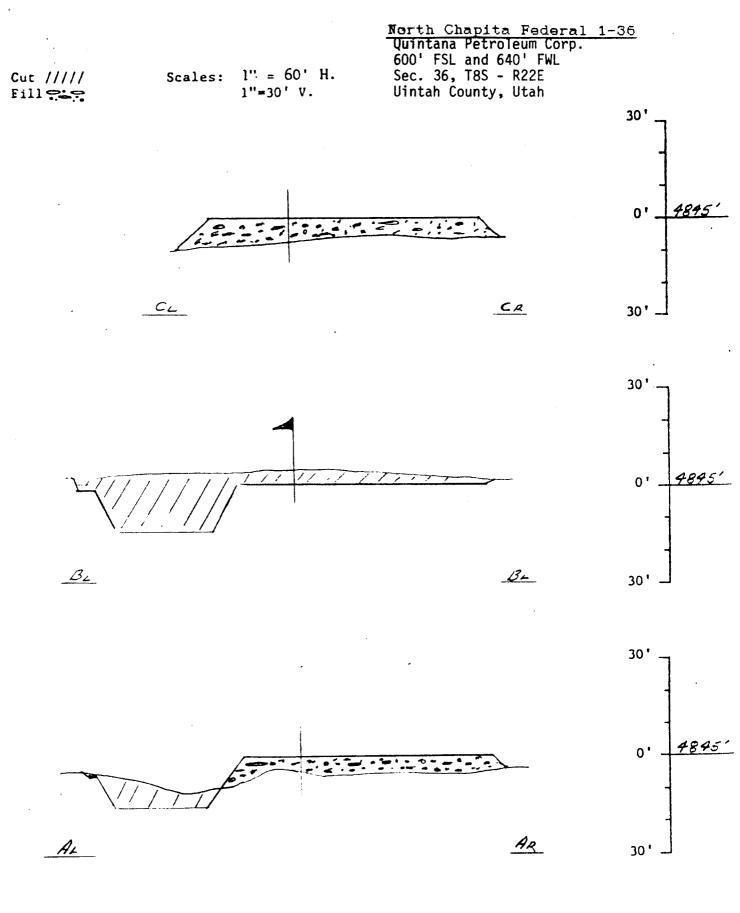
Lie L. Green - PERMITCO INC.

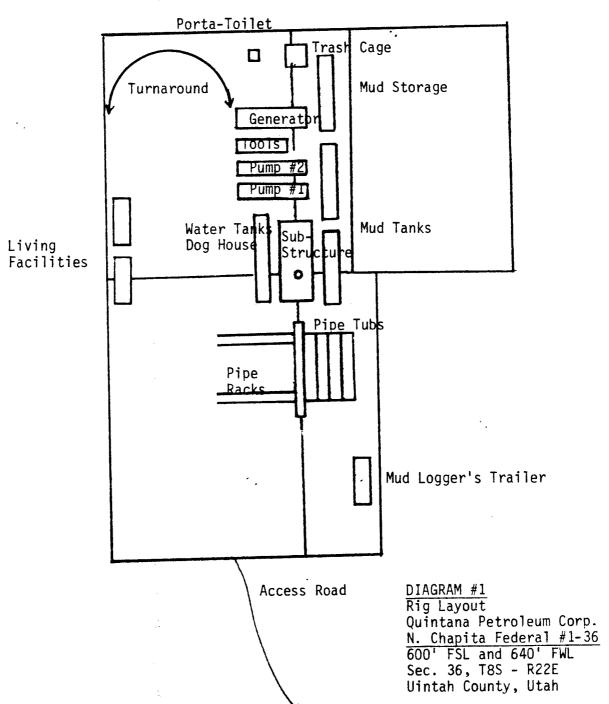
Authorized Agent for: QUINTANA PETROLEUM CORP.

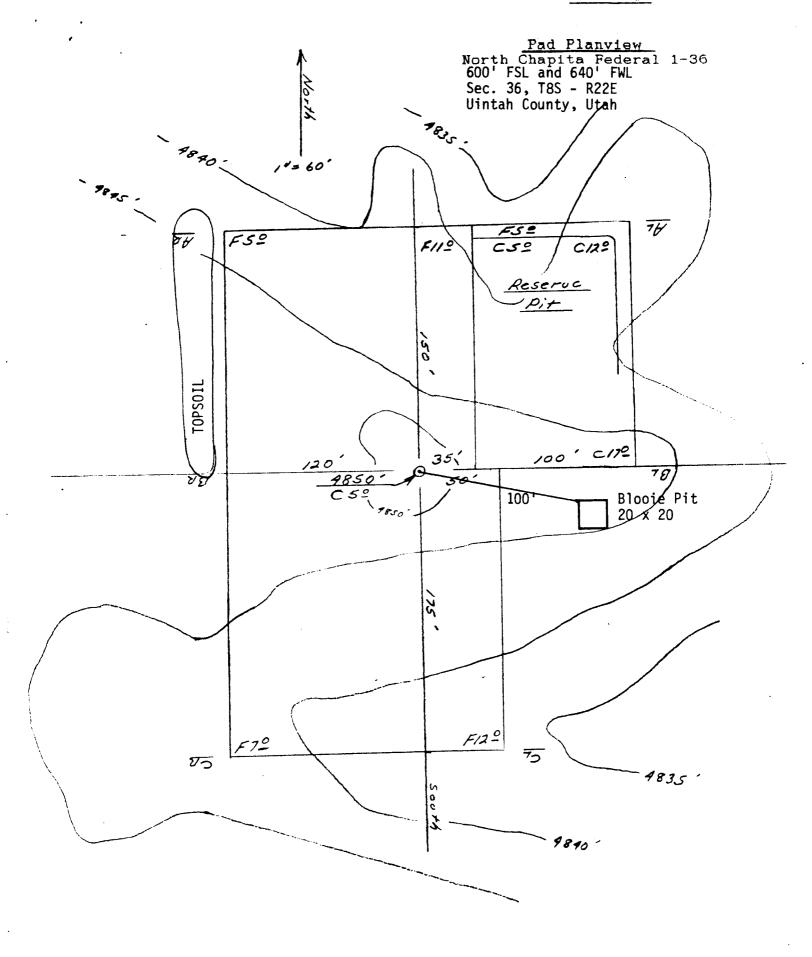












AN ARCHEOLOGICAL SURVEY OF QUINTANA PETROLEUM CORPORATION'S NORTH CHIPETA FEDERAL #1-36 WELL PAD AND ACCESS ROAD, UINTAH COUNTY, UTAH

LAC REPORT 8733

by Barry N. Hibbets

La Plata Archeological Consultants, Inc. P.O. Box 783 Dolores, Colorado 81323

April 3, 1987

Federal Antiquities Permit
. 85UT57626
Utah State Permit
. U87LA-125(b)

Prepared For:
Quintana Petroleum Corporation
Prudential Plaza
1050 17th Street
Suite 400
Denver, Colorado 80265

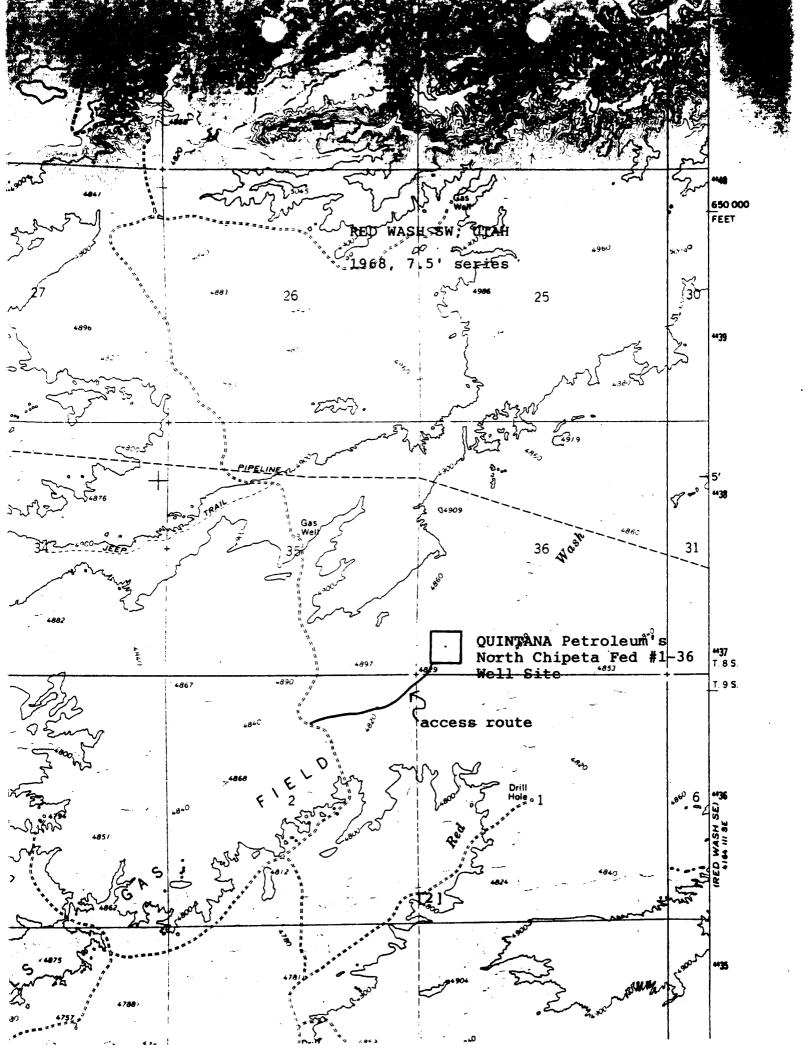
ABSTRACT

During March, 1987, an archeological survey of Quintana Petroleum Corporation's North Chipeta Federal #1-36 well site and
ca. 3000' of access road was conducted by personnel of La Plata
Archeological Consultants, Inc. The project area is located
in east-central Uintah County, Utah, on land administered by
the Bureau of Land Management - Book Cliffs Resource Area.
A 660 x 660' square area (10 acres) surrounding the well centerstake, and a 100' wide corridor follwing the ca. 3000' of access
road (6.89 acres) was archeologically examined. No cultural
resources were encountered during the examination, and archeological
clearance for Quintana's North Chipeta Federal #1-36 well site
and access road is recommended.

INTRODUCTION

During March, 1987, an archeological survey of Quintana Petroleum Corporation's North Chipeta Federal #1-36 well site and ca. 3000' of access road was conducted by personnel of La Plata Archeological Consultants, Inc. The project area is located in east-central Uintah County, Utah, on land administered by the Bureau of Land Management - Book Cliffs Resource Area. The well site is located in the SW½ of the SW½ of section 36, Township 8 South, Range 22 East. The access route traverses portions of section 36, and sections 1 and 2, Township 9 South, Range 22 East.

The survey was conducted on March 26 by Mr. Barry N. Hibbets during the on-site pre-drill inspection. Others present during the examination were Ms. Lisa Green (Permitco), Mr. Gerald



Huddleston (Huddleston Land Surveys), representatives of Quintana Petroleum, and Messers. Greg Darlington and Kieth Chapman of the BLM.

PHYSIOGRAPHY AND ENVIRONMENT

The project area is located in the vicinity of Red Wash in the Chipeta Wells Gas Field, three to four miles northeast of the White River. Terrain in the vicinity of the well site is a semi-stabilized sand dune surrounded by clayey playas and badlands topography. The access route generally follows dunal ridges and crosses one wide flat playa. The area favors western to southern exposures with slope angles generally less than 10°. Elevations range from 4820 to 4880' MSL.

Vegetation in the area (when present) is confined to shrub and grass associations confined to dunal areas. Major species include four-wing saltbush, shadscale, golden rabbitbush, Indian ricegrass, prickley pear, and little bluestem. Playas and badlands slopes are void of vegetation.

Except for the White River, present perennial water in the area is quite rare. Most major washes and arroyos carry water seasonally.

Avian, reptilian, and mammalian associations are consistant with those of the lower elevations throughout the Uintah Basin.

SURVEY PROCEDURE

Prior to the initiation of the field work site file and literature reviews were conducted at the BLM - Vernal District Office and through the Utah Division of State History - Antiquities Section. The results of these reviews concluded that no pre-

viously recorded sites are present in the project area, and none of the area has been previously archeologically surveyed.

On-the-ground survey was conducted by the single archeologist systematically walking over the proposed well site via a series of north-south transects spaced at 15m intervals.

A 660 x 660' square area (10 acres) surrounding the well centerstake was archeologically examined. The ca. 3000' of proposed access was surveyed via two sinuous transects spaced at 15m intervals, effectively inventorying a corridor 100' wide (6.89 acres).

No subsurface probings or excavations were attempted. SURVEY RESULTS

No cultural resources were encountered during the examination.

SUMMARY AND RECOMMENDATIONS

On March 26, 1987, an archeological survey of Quintana Petroleum Corporation's North Chipeta Federal #1-36 well site and ca. 3000' of access road was conducted by Mr. Barry N. Hibbets of La Plata Archeological Consultants, Inc. The project area is situated in east-central Uintah County, Utah, on land administered by the Bureau of Land Management - Book Cliffs Resource Area. A 660 x 660' square area (10 acres) surrounding the well centerstake, and a 100' wide corridor along the ca. 3000' of access road (6.89 acres) was archeologically examined.

No cultural resources were encountered during the examination. Should subsurface cultural deposits be encountered during the construction phases of the project work should be halted

and the BLM - Book Cliffs Resource Area Archeologist notified.

Measures will then be taken to evaluate the nature and significance of the deposit. Given this stipulation archeological clearance for Quintana Petroleum Corporation's North Chipeta Federal #1-36 well site and access road is recommended.

Form 3160-8 (November 1983) (Formerly 9-1123)

(Submit in triplicate to appropriate **BLM** District Office)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

DESIGNATION OF OPERATOR

The undersigned is, on the records of the Bureau of Land Management, holder of lease

STATE OFFICE:

SERIAL NO .:

U-56960

and hereby designates

NAME:

Quintana Petroleum Corporation

ADDRESS:

1050 17th Street, Suite 400

Denver, Colorado 80265

as his operator and local agent, with full authority to act in his behalf in complying with the terms of the lease and regulations applicable thereto and on whom the authorized officer may serve written or oral instructions in securing compliance with the Operating Regulations (43 CFR 3160) with respect to (describe acreage to which this designation is applicable):

T. 8 S., R. 22 E

Section 36: All

Uintah County, Utah

It is understood that this designation of operator does not relieve the lessee of responsibility for compliance with the terms of the lease and the Operating Regulations. It is also understood that this designation of operator does not constitute an assignment of any interest in the lease.

In case of default on the part of the designated operator, the lessee will make full and prompt compliance with all regulations, lease terms, or orders of the Secretary of the Interior or his representative.

The lessee agrees promptly to notify the authorized officer of any change in the designated operator.

(Signature of Jessee) Marvin H. Morris, Agent\and Attorney-in-Fact 601 Jefferson, 38th Floor - Dresser Tower

P. O. Box 3331, Houston, Texas 77253

(Address)

This form does not constitute an information collection as defined by 44 U.S.C. 3502 and thereto does not require OMB approval.

Form 3160-8 (November 1983) (Formerly 9-1123)

(Submit in triplicate to appropriate BLM District Office)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

RECEIVED

DESIGNATION OF OPERATOR

AFR 02'87

HOUSTON HOQ

LAND

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STATE OFFICE:

SERIAL NO .:

U-56960

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The lessee agrees promptly to notify the authorized officer of any change in the designated operator.

By:

SOHIO PETROLEUM COMPANY

(Signature of lessee)

John Lemmens, Agent and Attorney-in-Fact

5151 San Felipe, P. O. Box 4587

Houston, Texas 77210

(Address)

This form does not constitute an information collection as defined by 44 U.S.C. 3502 and thereto does not require OMB approval.

CONFIDENTIAL PERIOD SIXPINED ON 11-92-12

WELL NAME N. Chipita Televal 1-36	87
WELL NAME n. Chipita Televal 1-36	
SEC JWSW 36 T 85 R 22E COUNTY Thintal	
API NUMBER TYPE OF LEASE	
CHECK OFF:	
PLAT BOND NEARE WELL	ST
LEASE FIELD POTAS OIL S	H OR
PROCESSING COMMENTS: No other well in Sec. 34	
need water primit	
APPROVAL LETTER:	
SPACING: 203 UNIT 302	
CAUSE NO. & DATE	
STIPULATIONS: 1- Water	
	····



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

April 27, 1987

Quintana Petroleum Corporation c/o Permitco, Incorporated P. O. Box 44065 Denver, Colorado 80201-4065

Gentlemen:

Re: North Chapita Federal 1-36 - SW SW Sec. 36, T. 8S, R. 22E 600' FSL, 640' FWL - Uintah County, Utah

Approval to drill the referenced well is hereby granted in accordance with Rule 302, Oil and Gas Conservation General Rules, subject to the following stipulations:

1. Prior to commencement of drilling, receipt by the Division of evidence providing assurance of an adequate and approved supply of water as required by Chapter 3, Title 73, Utah Code Annotated.

In addition, the following actions are necessary to fully comply with this approval:

- 1. Spudding notification to the Division within 24 hours after drilling operations commence.
- 2. All well operators are responsible for sending an Entity Action Form to the Division of Oil, Gas and Mining within five working days of the time that a new well is spudded or a change in operations or interests necessitates a change in Entity status.
- 3. Submittal to the Division of completed Form OGC-8-X, Report of Water Encountered During Drilling.
- 4. Prompt notification to the Division should you determine that it is necessary to plug and abandon this well. Notify John R. Baza, Petroleum Engineer, (Office) (801) 538-5340, (Home) 298-7695, or R. J. Firth, Associate Director, (Home) 571-6068.

Page 2 Quintana Petroleum Corporation North Chapita Federal 1-36 April 27, 1987

- Prior to commencement of the proposed drilling operations, plans for toilet facilities and the disposal of sanitary waste at the drill site shall be submitted to the local health department having jurisdiction. Any such drilling operations and any subsequent well operations must be conducted in accordance with applicable state and local health department regulations. A list of all local health departments and copies of applicable regulations are available from the Division of Environmental Health, Bureau of General Sanitation, telephone (801) 533-6163.
- 6. This approval shall expire one (1) year after date of issuance unless substantial and continuous operation is underway or an application for an extension is made prior to the approval expiration date.

The API number assigned to this well is 43-047-31795.

Sincerely,

Associate Director, Oil & Gas

as
Enclosures
cc: Branch of Fluid Minerals
D. R. Neilson
8159T

Form 3160-5	UN!""TD STATES	SUBMIT IN TRIPL" "B"	Form approved. Budget Bureau No. 1004-0135 Expires August 31, 1985
,	MEN. OF THE INTERI		5. LEASE DESIGNATION AND SERIAL NO.
	U OF LAND MANAGEMEN		U-56960 THE INDIAN, ALLOTTHE OR TRIPE NAME 05071
(Do not use this form for propor Use "APPLICA	ICES AND REPORTS (Rais to drill or to deepen or plug I ATION FOR PERMIT—" for such p	JN WELLS back to a different reservoir. roposals.)	N/A
OIL GAS VY OTHER		•	7. UNIT AGREEMENT NAME N/A
2. NAME OF OPERATOR 303/628-9	211 1050-17th	Street, Suite 400	8. FARM OR LEASE NAME
Quintana Petroleum Cor	p. Denver, (0 80265	N. Chapita Federal
Permitto Inc Agent Location of well (Report location of			#1-36 10. FIRED AND POOL, OR WILDCAT
See also space 17 below.) At surface 600' FSL and	640' FWL		Wildcat 11. SEC., T., B., M., OR BLK. AND
SW SW		•	SURVEY OR AREA
14. PERMIT NO.	15. BLEVATIONS (Show whether DF	P, RT, GR, etc.)	Sec. 36. T8S - R22E 12. COUNTY OR PARISH 18. STATE
	4850' GR		Uintah Utah
16. Check A	opropriate Box To Indicate N	Nature of Notice, Report, or C	Other Data
NOTICE OF INTER	ITION TO:	PERSON	URNT REPORT OF:
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING ABANDONMENT®
	ABANDON® CHANGE PLANS	(Other)	ABARDURABAT
REPAIR WELL (Other)	Change I Dang	(Norz: Report results	of multiple completion on Well letion Report and Log form.)
 Please mark all inf received as "CONFID Thank you for your 	ENTIAL".	date by your office	and all future information
			CEIVE MAY 0 6 1987 DIVISION OF GAS & MINING

cc: 3 - BLM - Vernal, Utah 1 - Div. of Oil, Gas & Minimum on Harbare Side 1 - Quintana Petroleum = Denver, CO

North Chapeter tel 1-36 See 36 ToS, Raad. Clarothyby 5.16.98 EH

foduction unif w/ meter

emergency pet

Condensate tank -betrned

evell head

orm approved, udget Bureau No. 1004—613: xpires August 31, 1985 DESIGNATION AND SERIAL NO.
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OR LEASE NAME
TH CHAPITA FEDERAL
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1) Form 3260-3 (November 1983) (formerly 9-331C)

UNITED STATES Other instructive reverse side of the instructive reverse rever

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approach 2 100-6136 Badget Burd 5v2 100-6136 Expires August 31, 1985

•	5. LEASE DESIGNATION AND SERIAL NO.									
	U-56960									
APPLICATION	N FOR PERMIT 1	O DRILL,	DEEP	EN, OR PLUG I	BACK	6. IF INDIAN, ALLOTTER OR TRIBE NAME				
la. TYPE OF WORK	***	DEEPEN		PLUG BA		N/A				
DRI	7. UNIT AGREEMENT NAME									
b. TYPE OF WELL	AB OTHER		8 1	INGLE XX MULTI	PLE [N/A 8. FARM OR LEASE HAME				
2. NAME OF OPERATOR	78LL ΔΔ			7th Street, Sui	to 400					
Quintana Petro				, CO 80265	LE 700	9. WELL NO.				
3. ADDRESS OF OPERATOR				ox 44065		#1-36				
Permitco Inc.				, CO 80201-406	55	10. FIELD AND POOL, OR WILDCAT				
4. LOCATION OF WELL (R	eport location clearly and					Wildcat				
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	AND DIRECTION FROM NEAR		T OFFICE	E*		12. COUNTY OR PARISH 13. STATE				
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LOCATION TO NEAREST PROPERTY OR LEASE I	r		10. AL			OF ACRES ASSIGNED HIS WELL				
(Also to nearest drlg	. unit line, if any)	600		640		40				
18. DISTANCE FROM PROP TO NEAREST WELL, D	RILLING, COMPLETED,		•			OTARY OR CABLE TOOLS				
OR APPLIED FOR, ON THE		none	<u> </u>	7650'	I Ro	Rotary				
21. ELEVATIONS (Show who 4850 GR	ether DF, KT, GR, etc.)					22. APPROX. DATE WORK WILL START				
23.						April 30, 1987				
	P	PROPOSED CASI	NG ANI	CEMENTING PROGR	AM					
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER F	00T	BETTING DEPTH	_	QUANTITY OF CEMENT				
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requirements.	See Onshore Ord	der No. 1 a	llaci	ied.						
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DIVISION OF OIL, GAS & MINING

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

preventer program, it any.		
24. **BIGNED GLASS G MILLEN	Consultant for Quintana Petroleum Corp.	DATE 4/14/87
(This space for Federal or State office use)		
PERMIT NO. 43-047-31795	APPROVAL DATE	
APPROVED BY Acold E. Jenesh.	THUS ACTING ADM-MINERALS	5/14/87

NOTICE OF APPROVAL

CONDITIONS OF APPROVAL ATTACHED TO GREEATER'S COPY

*See Instructions On Reverse Side

CONDITIONS OF APPROVAL FOR NOTICE TO DRILL

Company _		Qui	ntana	Petroleum	Corp.	_ Well No.	No.	Chapita	Fed.	1-36
Location	SW/SW	Sec.	36	T8S	R22E	Lease	≥ No.	บ-56960		

Approval of this application 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.

A. DRILLING PROGRAM

1. Estimated Depth at Which Oil, Gas, Water, or Other Mineral Bearing Zones are Expected to be Encountered

All fresh water and prospectively valuable minerals (as described by BLM at onsite) encountered during drilling, will be recorded by depth and adequately protected.

Report all water shows and water-bearing sands encountered to Wayne Svejnoha of this office. Copies of State of Utah form OGC-8-X will be acceptable. If noticeable water flows are encountered, submit samples to this office along with any water analyses conducted by the operator.

2. Pressure Control Equipment

All BOPE and testing procedures will be consistent with API RP 53. Preventers will be inspected and operated at least daily to ensure good mechanical working order, and this inspection recorded on the daily drilling report. Preventers will be pressure tested before drilling casing cement plugs.

An annular bag-type preventer shall be utilized and tested to 1500 PSI prior to drilling out the surface casing shoe.

An internal BOP (Dart-type) and a drill string safety value (TIW style) with its operating wrench shall be maintained on the rig floor (in the open position) at all times. Values should fit all drill string connections.

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

3. Casing Program and Auxiliary Equipment

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

If $5\frac{1}{2}$ " casing is run and cemented, a Cement Bond Log shall be run to determine cement top as well as percentage bond.

4. Mud Program and Circulating Medium

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

5. Coring, Logging and Testing Program

Daily drilling and completion progress reports shall be submitted to this office on a weekly basis.

Samples (cuttings, fluids, and/or gases) will be submitted when requested by the authorized officer (AO).

6. Notifications of Operations

Form 3160-6 "Monthly Report of Operations", will be filed, in duplicate, to the Vernal BLM District Office, 170 South 500 East, Vernal, Utah 84078.

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

Pursuant to NTL-2B, with the approval of a District Engineer, produced water may be temporarily disposed of into unlined pits for a period of up to 90 days.

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

7. Other Information

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

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

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

Gas meter runs for each well will be located within 500 feet of the wellhead. The gas flowline will be buried or anchored down from the wellhead to the meter and 500 feet downstream of the meter run or any production facilities. Meter runs will be housed and/or fenced.

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

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

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

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

Section 102(b)(3) of the Federal Oil and Gas Royalty Management Act of 1982, as implemented by the applicable provisions of the operating regulations at Title 43 CFR 3162.4-1(c), requires that "not later than the 5th business day after any well begins production on which royalty is due anywhere on a lease site or allocated to a lease site, or resumes production in the case of a well which has been off production for more than 90 days, the operator shall notify the authorized officer by letter or sundry notice, Form 3160-5, or orally to be followed by a letter or sundry notice, of the date on which such production has begun or resumed."

The date on which production is commenced or resumed will be construed for oil wells as the date on which liquid hydrocarbons are first sold or shipped from a temporary storage facility, such as a test tank, and for which a run ticket is required to be generated or, the date on which liquid hydrocarbons are first produced into a permanent storage facility, whichever first occurs; and, for gas wells as the date on which associated liquid hydrocarbons are first sold or shipped from a temporary storage facility, such as a test tank, and for which a run ticket is required to be generated or, the date on which gas is first measured through permanent metering facilities, whichever first occurs.

offer receive of the first troduction marter

If you fail to comply with this requirement in the manner and time allowed, you shall be liable for a civil penalty of up to \$10,000 per violation for each day such violation continues, not to exceed a maximum of 20 days. See Section 109(c)(3) of the Federal Oil and Gas Royalty Management Act of 1982 and the implementing regulations at Title 43 CFR 3162.4-1(b)(5)(ii).

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

Craig M. Hansen (801) 247-2318 Assistant District Manager

for Minerals

Gerald E. Kenczka (801) 781-1190

Petroleum Engineer

R. Allen McKee (801) 781-1368

Petroleum Engineer

Date NOS Received 03/23/87

FOR THE SURFACE USE PROGRAM OF THE APPLICATION FOR PERMIT TO DRILL

Ser District

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Company/Operator _	Quintana Petroleum Corporation
Well Name & Number	North Chapita 1-36
Lease Number	บ-56960
Location SW 4	SW ½ Sec. 36 T. 8 S. R. 222E.
Surface Ownership	Public Land Administered by the BLM
	Portions of the access road are on state
	lands in Sec. 2, T. 9 S., R. 22 E.

THIRTEEN POINT SURFACE USE PROGRAM:

Multipoint Requirements to Accompany APD

1. Methods for Handling Waste Disposal

*Burning will not be allowed. All trash must be contained in a trash cage and hauled away to an approved disposal site at the completion of the drilling activities.

The reserve pit shall be lined unless sufficient native clay is encountered to prevent seepage of drilling fluids and/or water. (In this case some native clay is present.)

Produced waste water will be confined to the reserve pit or an appropriately constructed production pit on location or, if deemed necessary, a storage tank for a period not to exceed 90 days after first production. During the 90-day period an application for approval of a permanent disposal method and location, along with required water analysis, will be submitted for the A0's approval. Failure to file an application within the time allowed will be considered an incident of noncompliance.

2. Well Site Layout

The reserve pit will be located as indicated in the layout diagram.

The stockpiled topsoil will be stored as indicated in the layout diagram.

Access to the well pad will be from the south side of the pad as indicated in the APD map proceeding southwest to an existing road.

3. Plans for Restoration of Surface

Before any dirt work to restore the location takes place, the reserve pit must be completely dry and all cans, barrels, pipe, etc. will be removed. The reserve pit and that portion of the location and access road not needed for production facilities/operations will be reclaimed. The reserve pit will be reclaimed within one year from the date of well completion.

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

4. Other Additional Information

Checkdams appropriately situated near drainage crossings of the access road may help to regulate and limit runoff impacts in the area. BLM has examined the area and has some suggestions for where such structures could be constructed to assist in improving the access road.

All lease and/or unit operations will be conducted in such a manner that full compliance is made with all applicable laws, regulations, Onshore Oil and Gas Orders, the approved plan of operations, and any applicable Notice to Lesses. The operator is fully responsible for the actions of his subcontractors. A copy of these conditions will be furnished the field representative to insure compliance.

Product forces where which he coefficies so the coefficient of the coe

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DIVISION OF OIL, GAS AND MINING

DATE_

5-20-87

CONFIDENTIAL

	SPUDDIN	G INFORMATION	API #43-047-31795	
NAME OF COMPANY:	QUINTANA PET	ROLEUM		
WELL NAME:	NORTH CHAPIT	A FEDERAL 1-36		
SECTION SW SW 36 7	OWNSHIP 8S	_ RANGE22E	COUNTYUintah	
DRILLING CONTRACTOR	Leon Ro	ss Drilling		
RIG #				
SPUDDED: DATE	5-19-87			
TIME	11:00 AM			
HowI	Ory Hole Spudder			
DRILLING WILL COMME	ENCE 5-21-87 - 0	<u>lsen – Rig</u> #7		
REPORTED BY Ray	y Koehn			
TELEPHONE #789	9-9550 ext. 121			
DATF 5-2	20-87	SIGNED	AS	

Normation of	
Form 3160-5 (November 1983) (Formorly 0.33) (Formorly 0.33) (Formorly 0.33)	Form approved.
(Formerly 9-331) DEPARTA AT OF THE INTERIOR (Other Instruction)	Expires August 31
BUREAU OF LAND MANAGEMENT	5. LEASE DESIGNATION AND SERIAL NO
SUNDRY MOTICES AND DEPOSIT	U-56960
SUNDRY NOTICES AND REPORTS ON WELLS	6. IF INDIAN, ALLOTTEE OR TRIBE NAM
(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. 1. Use "APPLICATION FOR PERMIT—" for such proposals.)	N/A 060211
OIL GAR C	
WELL WELL WELL TO OTHER	7. UNIT AGREEMENT NAME
	N/A
QUINTANA PETROLEUM CORPORATION (303)628-9211	8. FARM OR LEASE NAME
1050 - 17th Street Gut	NORTH CHAPITA FEDERAL
1050 - 17th Street, Suite 400, Denver, Colorado 80265 See also space 17 below.) At surface (CO.)	
At surface 17 below.)	#1-36
600' FSL & 640' FWL	
(SW SW)	Wildcat 11. SBC., T., E., M., OR BLK. AND SURVEY OF ARMA
. 1	SURVEY OR ARMA
PERMIT NO.	Section 36, T8S-R22E
43-047-31795 18. BLEVATIONS (Show whether DF, RT, OR, etc.) 4850° GR	12. COUNTY OR PARISE 18. STATE
The state of the s	
Check Appropriate Box To Indicate Nature of Notice, Report, or Ot	Can
NOTICE, OF INTENTION TO:	her Data
	NT REPORT OF:
WATER SHUT-OPP	REPAIRING WELL
ABANDON® PRACTURE TREATMENT	ALTERING CASING
REPAIR WELL CHANGE PLANS	ABANDONMENTS
(V(BPF) = In. al (Other)	
proposed work. If well is the operations (Clearly state all neathers) Completion or Recompleti	multiple completion on Well
nent to this work.) a directionally drilled, give subsurface locations and measured and true pertinent dates, in	cluding estimated date of stand
PROGRESS REPORT XX (Note: Report results of Completion or Recompletion of Reco	lepths for all markers and zones perti-
SUMMARY OF OPERATIONS - As of 5/26/87	CONCIDENTIAL
	Ι.ΙΙΝΕΙΙΙΕΝΙΙΔΙ
1. Spud with dry hole digger 5/19/87.	OOM IDENTIFIED
- Oct 21 Of Condictor Design 1 1 1 1 1 1	
	•
** *** G NU UISAN RIG #7	
5. Now drilling 7 7/8" hole at 2469'.	
	MARIA
MAY 28 1	עשור 1997
	307
DIVISION (ne .
OIL, GAS & M	
, and a M	MINING
ereby certify that the foregoing is true and correct	
	·
ONED Amulillama TITLE Production Technician	
bis space for Federal or State office use)	DATE5/26/87
PROVED BY TITLE TITLE	
TERUVALLE ANY:	Th A form

*See Instructions on Reverse Side

cc: Utah DOGM

. . 7 %

150

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

TEMPORARY

FILING FOR WATER IN THE STATE OF UTAH

APPLICATION	TO APPR	OPRIATE	WATER

Rec. by DLT	
Fee Paid \$ 15.00	
Platted # 22347	,
Microfilmed	
Roll #	

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

1	Λ			ı		N	I	T	1	Λ	1
U	1	V	Γ		U	1)	J		I	A	L

MAY 20 1987

WATER RIGHTS

APPLICATION NO. T62511

WATER USER CLAIM NO. 49 - 1414

1. PRIORITY OF RIGHT: May 15, 1987

FILING DATE: May 15, 1987

2. OWNER INFORMATION

Name: Quintana Oil Corp.

P.O.Box 545, Vernal, Ut. 84078

Address: Petrollum 1050 17th ST Sulte 400, Denver, CO 80265

c/o Voyles Transportation Co., inc.

The land is not owned by the applicant(s), see explanatory.

- 3. QUANTITY OF WATER: 20.0 acre feet (Ac. Ft.)
- 4. SOURCE: White River DRAINAGE: SE Unita Basin

which is tributary to Green River

which is tributary to Colorado

POINT(S) OF DIVERSION:

COUNTY: Ulntah

(1) S. 1800 feet, W. 1200 feet, from the NE Corner of Section 17,

Township 9 S, Range 22 E, SLB&M

Description of Diverting Works: Tank truck and pump

COMMON DESCRIPTION: Mountain Fule Bridge Fue (

5. NATURE AND PERIOD OF USE

Oll Exploration From May 15 to May 14

RECIEIVED
JUN 0 1 1987

6. PURPOSE AND EXTENT OF USE

Oil Exploratio: Oilk well Drilling & Completion

DIVISION OF OIL, GAS & MINING

7. PLACE OF USE

The western is us	ed in	a l 1	or c	arts o	f eac	ch of	the	follow	ing	legal	subdi	lvisio	ns •		
1110 1101 1 1 1 1 1 1 1 1	orth Ea	st Qua				est Qua	arter	Sc	outh We	est Qua	rter	Sc	outh E	est Qua	erter
TOWN RANGE SEC NET		SW l	SEł	NE1	NW1	SW 1	SE 1	NE 1	NW 1	SW1	SE‡	NE1	NW 1	SWI	SE 1
	- 1411 A	V V	V V	l v	Y	Y	X	lx	X	X	Х	IX	X	X	Χ
8 S 22 E 36 X	Α	^ _		^_				 							

All locations in Salt Lake Base and Meridian

43-047-31795-56W (1-36) SWSW

EXPLANATORY only well in Sec.

Water to be dirverted at the Mountain Fute Bridge and hauled to a well site in section 35, T8S, R22E SLB&M.

CONFIDENTIAL
PERIOD
EXPIRED

The applicant hereby acknowledges he/they are a citizen(s) of the United States or intends to become such a citizen.

The quantity of water sought to be appropriated is limited to that which can be beneficially used for the purpose herein described.

The undersigned hereby acknowledges that even though he/they may have been assisted in the preparation of the above-numbered application through the courtesy of the employees of the Division of Water Rights, all responsibility for the accuracy of the information contained therein, at the time of filing, rests with the applicant(s).

Signature of Applicant

M 22 703 37

STATE ENGINEER'S ENDORSEMENT

WATER RIGHT NUMBER: 49 - 1414

APPLICATION NO. T62511

1. May 15, 1987

Application received.

2. May 18, 1987

Application designated for APPROVAL by RWL and SG.

3. Comments:

Conditions:

This application is hereby APPROVED, dated May 29, 1987, subject to prior rights and this application will expire on May 29, 1988.

State Engineer

SIGNED	that the foregoing is true and		oduction Technician	DATE 6/24/87
				DIVISION OF OIL, GAS & MINING
•				JUN 26 1987
			D	विद्याणाहरू
	 Drilled to Set and cen Drilling ri 	mented 5½" casi		n completion unit.
proposed work nent to this wo	SUMMARY OF OPER			spiction Report and Log form.) es, including estimated date of starting any ical depths for all markers and zones perti-
REPAIR WELL (Other)	PROGRESS REPO	ORT X		ABANDONMENT® its of multiple completion on Well apletion Report and Log form.)
TEST WATER SE	PULL OR A MULTIPLE	LTER CASING COMPLETE	WATER SHUT-OFF FRACTURE TREATMENT	REPAIRING WELL ALTERING CASING
16.	Check Appropriate Notice, or intention to:	le Box To Indicate N	Nature of Notice, Report, or	Other Data
14. PERMIT NO. 43-047-		VATIONS (Show whether D	F. RT, GR, etc.)	12. COUNTY OR PARISE 13. STATE Uintah Utah
600' FSL 8 (SW SW)			•'	Wildcat 11. SBC, T, B, M, OR BLE. AND SURVEY OR ALEA Section 36, T8S-R22E
1050 - 17t 4. LOCATION OF WE See also space 1 At surface	th Street, Suite 4(LL (Report location clearly and 7 below.)	00, Denver, Co	lorado 80265 State requirements.*	#1-36
3. ADDRESS OF OPE			03)628-9211	NORTH CHAPITA FEDERAL 9. WELL NO.
OIL OF	SEE OTHER			7. UNIT AGRESMENT MAME N/A 8. FARM OR LEAGE WAME
	SUNDRY NOTICES A			N/A 062937
(Formerly 9–331)	BUREAU OF L	AND MANAGEMEN	T	U-56960 II INDIAN, ALLOTTEE OR TRISE NAME

cc: Utah DOGM

*See Instructions on Reverse Side

Form 3160-4 (November 1983) (formerly 9-330)

UNITED STATES SUBMIT DEPARTMENT OF THE INTERIOR

SUBMIT IN DUPLICATE.

(Nee other instructions on reverse side)

5. LEASE DESIGNATION AND SERIAL NO.

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

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		BUREAU	OF LAN	ND MANAG	EME	NT			1	56960		Orl.	
WELL CO	MPLETIO	N OR	RECO	MPLETIC)N F	REPART	ANI	LOG	*	•	, ALI,O	TTEE OR TRIE	IB NAME
In. TYPE OF WE	LL:	WELL	WELL D	DRY		Other Land			N/	A 'NIT AGR	EEMEN	T NAMB	
L TYPE OF COM					_	1818	NOV	3 0 198	37	A			
WELL XX	OVER	EN	BYCK [DIFF.		Other	NOV	5 15 15 15 15 15 15 15 15 15 15 15 15 15	`` '	ARM UR			~
2. NAME OF OPERA			3D 4 MT (3)			(303)628	044	HOIVIN UF	NC	RTH C		TA FEDE	CAL
QUINTANA 3. ADDRESS OF UPE		1 CORP	JRATION			(303)620	al, G	as & min	ING #	. – 36			
1050 - 17	th Street	. Sui	te 400,	Denver,	Col	lorado	8026	5			D P00	L, OR WILDCA	T
4. LOCATION OF WE	I.L (Report loc	ation clea	rly and in o	sccordance w	ith an	y State requi	rement	a) *		ldcat			
At surface	600' FSL	& 640	' FWL (SW SW)		CONT	ınг	ALTIAL		SEC., T., OR AREA	R., M.,	ON BLOCK AND	SURVEY
At top prod. in	_	below				CONF	IJt	NIIAL	- Se	ction	36.	T85-R22	2E
At total depth	Same												
	Same			14. PERM	IT NO.) ,		SSUED	12.	COUNTY PARISH	OR	13. STAT	£
	1 10 2 2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3			43-04 E COMPL. (Re				27/87		ntah	1 10	Utah	HEAD
15. DATE SPUDDED								ATIONS (DF.	RKB, RT, GR	, ETC.)*	15.		1225
5/19/87 20. TOTAL DEPTH, MD	6/8 4 TVD 21.		8/28	TVD 22. I		TIPLE COMPL.		50 T		FARY TOO	LS	4850 CABLE TO	OLS
7680 '				H	iow M	ANT*		DRILLE	D BY	-7680 '	[N/A	
24. PRODUCING INTE	RVAL(S), OF TI	IIS COMPL	ETION-TOP	, BOTTOM, NA	ME (N	ID AND TVD)	'		· · · · · · · · · · · · · · · · · · ·		25	5. WAS DIRECT	
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						Compre		Process	- <u>30-8</u>	7	27. W	NO	UED.
CNL/Litho I			ook; Ph	asor In	duct	ion-SFL;	Lon	ng Spaci	ing Son:	ic;		No	
28.						ort all strings	s set in		NTING RECOR				
CASING SIZE	WEIGHT, 1		DEPTH SE			2½"	120	sxs Cl				None	JLLED
9 5/8" 5 1/2"	15.5#	·		0.46'		2% 7/8"		sxs ()			ite	None	
3 1/2	13.31	X 1/1/	7000	-		770	300	& 50 s		,			
	_												
29.		LINER	RECORD	•	***			30.	TUBI	NG RECO	ORD		
BIZE	TOP (MD)	BOTTO	M (MD)	SACKS CEMI	ENT*	SCREEN (M	D) .	SIZE	_	SET (M	D)	PACKER SET	(MD)
N/A		_						CONF	<u>IDENTIA</u>	<u> </u>			
31. PERFORATION RE	CORD (Interval	size and	number)	<u> </u>		32.	ACI	D. SHOT. F	RACTURE.	CEMEN'	r sou	EEZE, ETC.	
	•		-			DEPTH INT						MÁTERIAL USI	ED
Informat	ion held	confid	ential										
						CC	NFII	DENTIAL					
					DROF	UCTION							
33.* DATE FIRST PRODUCT	TON P	ODUCTION	METHOD (flowing, gas		imping—eize	and ty	pe of pump				s (Producing	or
S.I waiti	1	s mark	et		Flo	wing				shu	t-in)	S.I.	
DATE OF TEST	HOURS TEST	ED C	HOKE SIZE	PROD'N.		OIL-BBL.		GAS-MCF.	WA	TER—BBL	· [GAS-OIL RATI	ō
Information	held conf	ident	ial		→		-						
PLOW. TUBING PRESS.	CASING PRES		LCULATED	OIL-BBI		GAS	MCF.	w I	ATER—HBL.		OIL G	RAVITY-API (C	ORR.)
24	 (90/d 400d	tor tuel .	ented etc.						722	T WITNE	SED R	Ŧ	
34. DISPOSITION OF	.ag (3066, 486 6	jor juei, v	-n.cu, 6iC.)						128		4	-	
35. LIST OF ATTACH	MENTS								!				
36. I hereby certify	that the fore	oing and	attached in	formation is	сошр	lete and corr	ect as	determined	from all a	ailable r	ecords	I	
SIGNED A	mulilli-)				Producti	on T	echnici	lan	T) A MY	, 1	1/25/87	
SIGNED 4	muma	WW.		TITL	E					DATE	لـــــ		

	ТОР	TRUE VERT. DEPTH	
GEOLOGIC MARKERS	T	MEAS, DEPTH	
38, GEOI		NAME	
		1	
drill-stem, tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures, and recoveries):	DESCRIPTION, CONTENTS, ETC.		
ed, time tool open, f	DESCRIPTIO		
cushion use			
erval tested,	BOTTOM		
cluding depth int	ТОР		
drill-stem, tests, in recoveries):	FURMATION		

QUINTANA PETROLEUM CORPORATION

1050 SEVENTEENTH STREET SUITE 400 DENVER. COLORADO 80265

120304

(303) 628-9211

November 25, 1987

NOV 3 0 1987

CIL, GAS & MINING

State of Utah Division of Oil, Gas & Mining 3 Triad Center, Suite 350 Salt Lake City, Utah 84180-1204

RE: North Chapita Federal #1-36

SW SW Section 36, T8S-R22E Uintah County, Utah

43047-31795 Prl.

Gentlemen:

CONFIDENTIAL

Enclosed for your records please find the following information on the subject well:

1. Set of Logs / VV

2. Well Completion Report

We request that this and all information on the North Chapita Federal #1-36 be held confidential for the maximum time allowable.

Very truly yours,

Jeannie Williams

Production Technician

/jw

enclosures



355 West North Temple, 3 Triad Center, Suite 350, Salt Lake City, Ut 84180-1203. ●(801-538-5340)

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Page		ot	



MONTHLY OIL AND GAS PRODUCTION REPORT

Operator name and address	:		····						
•QUINTANA PETROLEUM CO 1050 17TH ST STE 400 DENVER CO ATTN: JOHN W WESSELS	80265	Utah Account No. N9485 Report Period (Month/Year) 4 / 88 Amended Report							
Well Name	Producing	Days	Production Volum						
API Number Entity Location DEADMAN CANYON FEDERAL #2-20	_		Oil (BBL)	Gas (MSCF)	Water (BBL)				
JEADMAN CANYON FEDERAL #2-20	1.547								
+303731303 10695 37S 24E 20 DEADMAN CANYON FED. #1-20	ISMY								
+303731293 10696 37S 24E 20	ISMY								
DEADMAN CANYON FED #1-28									
4303731306 10714 37S 24E 28	ISMY								
NORTH CHAPITA FED. 1-36 4 4304731795 10745 08S 22E 36	MVRD 🗸								
CABALLO FEDERAL #1-9 +303731365 10830 36S 23E 9	ISMY								
+303731303 10030 303 232 3	13/11		<u> </u>						
OPA									
<u> </u>									
			-						
	Т	OTAL							
Comments (attach separate sheet if nece	ssary)	71 A - 2 - 1	<u></u>	the state of the s					
have reviewed this report and certify the	information	to be	accurate and com	plete. Date					
9				Telephone					
Authorized signature									

STATE OF UTAH

DIVISION OF OIL, GAS AND MINING 355 West North Temple, 3 Triad, Suite 350, Salt Lake City, UT 84180-1203

Page_	}	of	1
6		O1	

MONTHLY OIL AND GAS PRODUCTION REPORT

OPERATOR NAME AND ADDRESS:			N9485 UTAH ACCOUNT NUMBER:							
JEANNIE SNIDER QUINTANA PETROLEUM CORP			REPORT PERIOD (MONTH/YEAR): 11 / 94							
1325 S COLORADO BLVD B4 DENVER CO 80222			AMENDED REPORT (Highlight Changes)							
Well Name	Producing	Well	Days	Production Volumes						
API Number Entity Location	Zone	Status	Oper	OIL(BBL)	GAS(MCF)	WATER(BBL)				
NORTH CHAPITA FED. 1-36				- U-56960	(Rellands UniF).	- Blm Aprv. 1-25-95				
4304731795 10745 085 22E 36	MVRD	<u> </u>			Coldination					
LITTLE BONANZA 1-4 4304731854 10937 095 24E 4	NESE WSTC		_	- U-54017	(C.A. UTU7/692	- Blin April. 1-25-15				
BADLANDS FEDERAL 1-31 4304731857 10960 08S 23E 31	MVRD		 	- U-Lo1401	(Bedlends Unit)	- Blm Aprv. 1-25-95				
CABALLO UNIT 1-15 4303731403 10994 36S 23E 15	ISMY			- U-62953	(Caballo Unit) -	- 4				
DEADMAN CANYON FEDERAL #2-20 4303731303 11010 37S 24E 20	ISMY		_	U-57469	(Deadman Unit)	i.				
DEADMAN CANYON 3-20 			-	- U-57469	(Deadman Unit)					
EADMAN CANYON FED #1-28 4303731306 11010 375 24E 28	ISMY		_	u-49678	(Deedman Unit)	*c .				
BADLANDS FED #1-32 4304731869 11627 085 23E 32	MVRD		-	- 4-56965	(Badlands Unit) -	Ben Apr. 125-95				
Deedman (yn. 1-20 + 4303731293 10696 375 24E 20	Ism√	/GIW		- U-57469	(Deedman Unit) -	_ "				
				·						
			TOTALS							
OMMENTS:						24				
					_					
hereby certify that this report is true and complete to	the best of n	ny knowledge	e.		Date:					
lame and Signature:		·			Telephone Number:					

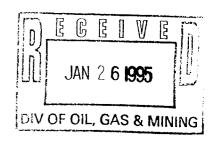
יאט) STATES	SUBMIT IN	DUPLICA
DEPARTMENT	OF THE INT	ERIOBOO	(Secother in
DEPARTMENT BUREAU OF L	AND MANAGED	E(CEII)	/ [5]]]]
DI ETION OF DEC	OMBI ETION	DODT AND	

Form 3160-4 (November 1983) (formerly 9-330)	DEPAR ⁻			STAT		SUBM TERLO	IT IN	DUPLIC.	A otheri	n-	Expires	Bure Aug	eu No. 1004-0137 ust 31, 1985	/
		REAU O				尼(C)	\mathbb{M}	(V)5	M	·	486 DES	IG NAT	UN AND SERIAL NO.	
WELL CO	MPLETION	OR R	ECON	APLETIC		EPORT	AN	D LO	圳			ALI.01	THE OR TRIBE NAME	
In TYPE OF WEL			WELL X		-434	JAN	95	1989 -		- N/A	IT AGRE	EMENT	NAMB	
L TYPE OF COM			W F. I. I.		_		Ni Shi	ΛC		- N/A				
WELL XX	OVER EN		BACK [DIFF.		OIV:SAS	NOIC A & B	OF Miking		<u>-</u> 1	RM UR L			
2. NAME OF OPERA										1	TH CH	LAPI	TA FEDERAL	
QUINTANA 3. ADDRESS OF UPE	PETROLEUM (CORPORA	ALTON			(303)628	-92	11		- # ₁₋	-			
1050 - 17	th Street.	Suite	400,	Denver	, Co	lorado	802	65				POOL	. OR WILDCAT	
4. LOCATION OF WE	LL (Report location	on clearly	and in a	cordance	with an	y State requi	remen	ita)*			dcat			
At surface	600' FSL &	640' E	FWL (S	(W2 W	r	ONEIL	IEN	ITIAI			EC., T., R. K AREA	., м., с	M BLOCK AND BURVEY	
At top prod. in: At total depth	terval reported be Same	low			l	ONFIL		MIIHL	•	Sec	tion	36,	T8S-R22E	
	Same			14. PER	MIT NO.	1		ISSUED			OUNTY OF	R	13. STATE	
15. DATE SPUDDED	16. DATE T.D. R	FICHED	T DATE	43-C	147-3			/27/87			tah	19 #	Utah	
				_	-			VATIONS (D)F, RKB	3, RT, GE, 1	erc.)		48 50 '	
5/19/87 20. TOTAL DEPTH, MD	6/8/8° 4 TVD 21. PLU	G, BACK T.D.	8/28/ md a t		WS.	TIPLE COMPL.		850 1	ERVALS		RY TOOL		CABLE TOOLS	
7680 '		7652 '				-		- DATE	->		7680 '		N/A	
24. PRODUCING INTE		•			VAME (MD AND TVD)						25	. WAS DIRECTIONAL SURVEY MADE	
- 7544 '- 763	6' (inclusi	ive) -	Mesa	Verde									No	
26. TYPE ELECTRIC	AND OTHER LOGS	RUN				Compu	ter	Proce	ssed	Log	1:	27. w	AS WELL CORED	
CNL/Litho I	ensity; Cy	berlool	k; Pha	sor I	nduct	-				_	2;		No	
28.						ort all string		in well)						
CABING SIZE	WEIGHT, LB./	FT. DE	PTH SET			I.E SIZE	10			G RECORD		1	AMOUNT PULLED	
9 5/8"	40# 15.5# &	174	275 7680			.2¼'' 7/8''		8 sxs 0 sxs			eve T.	1+0	None None	
5 1/2"	13.3# &	1 / 11	/000/	-00		770	30	& 50			343 11.			
												-		
29.		LINER RI	CORD					30.		TUBING	RECO	RD		
SIZE	TOP (MD)	BOTTOM	(MD)	SACKS CE		SCREEN (M	D)	SIZE			SET (MD)	PACKER SET (MD)	
N/A					<u> </u>			2 7/8	-	7550	•66'		7530'	
31. PERFORATION RE	COED (Interval, si	re and num	nber)			32.	AC	ID, SHOT	FRA	CTURE, C	EMENT	SQUI	EEZE, ETC.	
7622'-7636'	', 4" gun,	4 jspf	•			DEPTH INT	CERVA	L (MD)	<u> </u>	AMOUNT A	ND KIND	OF 1	ATERIAL USED	
7597'-7602						7622'-	-763	6' {	976	bbls	2% K	C1,	40% CO2 assi	st
7544 '-7549 '									1				0 sand.	
7596 '- 7603'	, 2" gun,	Z Jspr	•			7544 '- 7596 '-							ssist frac	
33.*			·	 	PRO	DUCTION	700	3 (i wit	. و / د ۱۱۰	JUU1F .	20/4	o sand.	
DATE FIRST PRODUCT	ION PRODU	CTION MET	HOD (FI	owing, ga	lift, p	umping—eize	and t	ype of pun	np)		WELL S		(Producing or	
S.I WO g Flow test 8	as market /28/87				Flo	wing					·		S.I.	
DATE OF TEST	HOURS TESTED	1	E SIZE	PROD'N.		OIL-BBL.		GAS—MC		WATI	er—BBL.		GAS-OIL RATIO	
8/28/87	CASING PRESSUR		.6/64"	011.—81		-0- GAS-	MCT	78.		R—HBL.	-0-	016 61	LAVITY-API (CORR.)	
350			UR RATE	1	0-		536	5		-0-				
34. DISPOSITION OF G	AB (Sold, used for	fuel, vente	d, etc.)	<u> </u>	-	<u></u>				TEST	WITHES	ED B		
To be sold										R.	C. L	yncl	1	
35. LIST OF ATTACH	HENTS													
36. I hereby certify	that the forest	or and atte	ched Inf	ormation	is com	lete and corr	ect as	determin	ed from	m sil ava	ilable re	cords		
ر.		``		J									1/05/07	
SIGNED	nuliluam	<u>/_</u>	·	_ TIT	LE _	Producti	on '	Techni	cian	<u> </u>	DATE		1/25/87	
				1.0	, .	1 10.0			_					

	ď	TRUE VERT. DEPTH		
GEOLOGIC MARKERS	LOG TOP	MEAS. DEPTH	4900'	
		NAME	Wasatch Fm. Mesa Verde Fm.	
	DESCRIPTION, CONTENTS, ETC.			OIL AND GAS DRN RJF JRB GLH DTC SLS 1-TAS A FILE
recoveries);	воттом			
	TOP			
recoveries);	FORMATION		No cores. No DST's.	

BUREAU OF LAND MANAGEMENT

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



IN REPLY REFER TO: UT-922

January 25, 1995

Ballard & Associates, Inc. 518 17th Street, Suite 1180 Denver, Colorado 80202

Re: Successor of Operator

Communitization Agreement (CA)

UTU71692

Uintah County, Utah

Gentlemen:

On January 23, 1995, we received an indenture dated December 1, 1994, whereby Quintana Petroleum Corporation resigned as Operator and Ballard & Associates, Inc. was designated as Successor Operator for CA UTU71692, Uintah County, Utah.

The instrument is hereby approved effective January 25, 1995. In approving this designation, the Authorized Officer neither warrants nor certifies that the designated party has obtained all required approval that would entitle it to conduct operations under CA UTU71692.

Your statewide (Utah) oil and gas bond No. 1005 will be used to cover all operations within CA UTU71692.

It is requested that you notify all interested parties of the change in operator. Copies of the approved instruments are being distributed to the appropriate federal offices, with one copy returned herewith.

Sincerely,

/s/ Robert A. Henricks

Robert A. Henricks Chief, Branch of Fluid Minerals

Enclosure

bcc: District Manager - Vernal (w/enclosure)

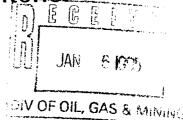
Division of Oils Gas & Mining File - CA UTU71692 (w/enclosure) MMS - Data Management Division

Agr. Sec. Chron Fluid Chron

U-922:TAThompson:tt:01-25-95

BUREAU OF LAND MANAGEMENT

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



IN REPLY REFER TO: UT-922

January 25, 1995

Ballard & Associates, Inc. 518 17th Street, Suite 1180 Denver, Colorado 80202

Re:

Deadman (Upper Ismay) Unit

San Juan County, Utah

Gentlemen:

On January 23, 1995, we received an indenture dated December 1, 1994, whereby Quintana Petroleum Corporation resigned as Unit Operator and Ballard & Associates, Inc. was designated as Successor Unit Operator for the Deadman (Upper Ismay) Unit, San Juan County, Utah.

The instrument is hereby approved effective January 25, 1995. In approving this designation, the Authorized Officer neither warrants nor certifies that the designated party has obtained all required approval that would entitle it to conduct operations under the Deadman (Upper Ismay) Unit Agreement.

Your statewide (Utah) oil and gas bond No. 1005 will be used to cover all operations within the Deadman (Upper Ismay) Unit.

It is requested that you notify all interested parties of the change in unit operator. Copies of the approved instruments are being distributed to the appropriate federal offices, with one copy returned herewith.

Sincerely,

/s/ Robert A. Henricks

Robert A. Henricks Chief, Branch of Fluid Minerals

Enclosure

bcc:

District Manager - Moab (w/enclosure)

Division of Oil, Gas & Mining

Branch of Mineral Leasing Adjudication

File - Deadman (Upper Ismay) Unit (w/enclosure)

MMS - Data Management Division

Agr. Sec. Chron Fluid Chron

BUREAU OF LAND MANAGEMENT

Utah State Office P.O. Box 45155 Salt Lake City, Utah 84145-0155 DIV OF OIL, GAS & MINING

IN REPLY REFER TO: UT-922

January 25, 1995

Ballard & Associates, Inc. 518 17th Street, Suite 1180 Denver, Colorado 80202

Re: Caballo Unit

San Juan County, Utah

Gentlemen:

On January 23, 1995, we received an indenture dated December 1, 1994, whereby Quintana Petroleum Corporation resigned as Unit Operator and Ballard & Associates, Inc. was designated as Successor Unit Operator for the Caballo Unit, San Juan County, Utah.

The instrument is hereby approved effective January 25, 1995. In approving this designation, the Authorized Officer neither warrants nor certifies that the designated party has obtained all required approval that would entitle it to conduct operations under the Caballo Unit Agreement.

Your statewide (Utah) oil and gas bond No. 1005 will be used to cover all operations within the Caballo Unit.

It is requested that you notify all interested parties of the change in unit operator. Copies of the approved instruments are being distributed to the appropriate federal offices, with one copy returned herewith.

Sincerely,

/s/ Robert A. Henricks

Robert A. Henricks Chief, Branch of Fluid Minerals

Enclosure

bcc: District Manager - Moab (w/enclosure)

*Division of Oil, Gas & Mining

Branch of Mineral Leasing Adjudication

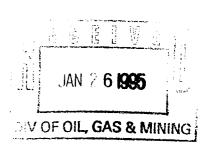
File - Caballo Unit (w/enclosure)
MMS - Data Management Division

Agr. Sec. Chron Fluid Chron

U-922:TAThompson:tt:01-25-95

BUREAU OF LAND MANAGEMENT

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



IN REPLY REFER TO: UT-922

January 25, 1995

Ballard & Associates, Inc. 518 17th Street, Suite 1180 Denver, Colorado 80202

Re:

Badlands Unit

Uintah County, Utah

Gentlemen:

On January 23, 1995, we received an indenture dated December 1, 1994, whereby Quintana Petroleum Corporation resigned as Unit Operator and Ballard & Associates, Inc. was designated as Successor Unit Operator for the Badlands Unit, Uintah County, Utah.

The instrument is hereby approved effective January 25, 1995. In approving this designation, the Authorized Officer neither warrants nor certifies that the designated party has obtained all required approval that would entitle it to conduct operations under the Badlands Unit Agreement.

Your statewide (Utah) oil and gas bond No. 1005 will be used to cover all operations within the Badlands Unit.

It is requested that you notify all interested parties of the change in unit operator. Copies of the approved instruments are being distributed to the appropriate federal offices, with one copy returned herewith.

Sincerely,

/s/ Robert A. Henricks

Robert A. Henricks Chief, Branch of Fluid Minerals

Enclosure

bcc: District Manager - Vernal (w/enclosure)

Division of Oil, Gas & Mining

Branch of Mineral Leasing Adjudication
File - Badlands Unit (w/enclosure)

MMS - Data Management Division

Agr. Sec. Chron

Agr. Sec. Chron Fluid Chron

U-922:TAThompson:tt:01-25-95

Page No. 01/25/95

WELL STATUS REPORTS UTAH STATE OFFICE

INSPECTION ITEM	API NO.	WELL NUMBER	QTQT	SEC	TWN	RNG	WELL STATUS	LEASE NAME	OPERATOR
** INSPECTION ITEM UTU60 UTU60917A	917 A 430473185700s1	BADLANDS 1-31	MV A SENW	31	88	23E	PGW	UTU61401	QUINTANA PETROLEUM CORPOR
** INSPECTION ITEM UTU60 UTU60917B	917B 430473179500s1	BADLANDS 1-36	WS A SWSW	36	8\$	22E	PGW	UTU56960	QUINTANA PETROLEUM CORPOR
** INSPECTION ITEM UTU60 UTU60917C	917C 430473186900S1	BADLANDS 1-32	WS B SESE	32	88	23E	PGW	UTU56965	QUINTANA PETROLEUM CORPOR

OPERATOR CHANGE HORKSHEL				Routidy.
Attach all documentation rece Initial each listed item when	ived by the division regar completed. Write N/A if	rding this change. item is not applica	able.	2- LWF 7-PL 3-1785 8-SJ 4- VLC 9-VILE
XXX Change of Operator (we Designation of Operator		Designation of Operator Name (5- RJF V 6- LWP
The operator of the well	(s) listed below has			/
DENVE JODIE phone	RD & ASSOCIATES INC 17TH ST STE 1180 R CO 80202 SUNDQUIST (303) 595-8515 t no. N 0895 (1-30-		(address) 1325 DENVE JEANN phone	S COLORADO BLVD B411 CR CO 80222 (IE SNIDER (303) 629-9559 nt no. N 9485
Hell(S) (attach additional p				
Name: **SEE ATTACHED** Name:	API: API: API: API: API:	Entity: Entity: Entity: Entity: Entity:	SecIwpRn SecTwpRn SecTwpRn SecTwpRn SecTwpRn	g Lease Type: g Lease Type:
Let 2. (Rule R615-8-10)	Sundry or other 1 to this form). (fect	1-3-95)		received from <u>former</u> ved from <u>new</u> operator
3. The Department of operating any well		npany registered	e new operator at d with the state	oove is not currently? (ye) If
comments section changes should ta	e Documentation Form of this form. Mana ke place prior to co	m to this rep agement review mpletion of ste	ort). Make not of <mark>Federal and</mark> ps 5 through 9 b	e of BLM status in I <mark>ndian well oper</mark> ator elow.
5. Changes have been listed above. (1-30	entered in the Oil	and Gas Informa	ation System (Wa	ng/IBM) for each well
6. Cardex file has b	•	well listed ab	ove 2-9-95	
7. Well file labels	have been updated fo	r each well lis	ted above. 2 -9- 9	Î.
Le 8. Changes have been		nthly "Operator	, Address, and	
9. A folder has been placed there for	set up for the Ope reference during rou	rator Change fi ting and proces	le, and a copy of sing of the orig	of this page has beer inal documents.

~~~

| OPERATOR      | CHANGE WORKSHIET (CONTINUED) Initial each item when completed. Write N/A if item is not applicable.                                                                                                   |
|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ENTITY        | REVIEW                                                                                                                                                                                                |
| Lec 1.        | (Rule R615-8-7) Entity assignments have been reviewed for all wells listed above. Werentity changes made? (yes/no) (If entity assignments were changed, attach copies of Form 6, Entity Action Form). |
| <u>N/A</u> 2. | State Lands and the Tax Commission have been notified through normal procedures of entity changes.                                                                                                    |
| BOND, VE      | ERIFICATION (Fee wells only)                                                                                                                                                                          |
| Lich I        | (Rule R615-3-1) The new operator of any fee lease well listed above has furnished proper bond.                                                                                                        |
| 2.            | A copy of this form has been placed in the new and former operators' bond files.                                                                                                                      |
| 3.            | The former operator has requested a release of liability from their bond (yes/no)                                                                                                                     |
|               | INTEREST OHNER NOTIFICATION RESPONSIBILITY                                                                                                                                                            |
|               | (Rule R615-2-10) The former operator/lessee of any fee lease well listed above has bee notified by letter dated                                                                                       |
|               | Copies of documents have been sent to State Lands for changes involving State leases.                                                                                                                 |
| FILMING       | G ·                                                                                                                                                                                                   |
|               | All attachments to this form have been microfilmed. Date: Jebruay 21 1995                                                                                                                             |
| FILING        |                                                                                                                                                                                                       |
| 1.            | Copies of all attachments to this form have been filed in each well file.                                                                                                                             |
| 2.            | The <u>original</u> of this form and the <u>original</u> attachments have been filed in the Operator Change file.                                                                                     |
| COMMEN.       | TS                                                                                                                                                                                                    |
| _64m          | a april 1-25-95                                                                                                                                                                                       |
|               |                                                                                                                                                                                                       |
|               |                                                                                                                                                                                                       |
|               |                                                                                                                                                                                                       |
|               |                                                                                                                                                                                                       |

HE71/3// 35

| FORM APPROVED BUREAU OF LAND MANAGEMENT  SUNDRY NOTICES AND REPORTS ON WELLS  Do not use this form for proposals to drill or to deepen or centry to a different estation.  SUBMIT IN TRIPLICATE  SUBMIT IN TRIPLICATE  Name of Operator  Ballard & Associates  Address and Telephone No.  1 Lose Designation and Serial No.  SUBMIT IN TRIPLICATE  DIV OF OIL GAS & MINING  Ballard & Associates  Address and Telephone No.  SUBMIT IN TRIPLICATE  Control of Well (Footage. Sec T. R. M., or Survey Description)  Control of Well (Footage. Sec T. R. M., or Survey Description)  Control of Well (Footage. Sec T. R. M., or Survey Description)  Change of Plans  Type Of SUBMISSION  Type Of ACTION  Change of Plans  No. Chargement Designation  UTU60917B  8. Well Name and No.  NO. CHAPITA FED. #1-3  9. API Well No.  43-047-31795  10. Field and Pool, or Exploratory Area.  Wildcat  11. County or Partish, State  Uintah County, Utah  Type Of SUBMISSION  Type Of ACTION  Change of Plans  New Construction  Non-Routine Fracturing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             |                                   |                     |            |                        |                     |                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------------|---------------------|------------|------------------------|---------------------|-----------------------|
| SUNDRY NOTICES AND REPORTS ON WELLS  Do not use this form for proposals to drill or to deepen or peater, to a different reservoir.    SUBMIT IN TRIPLICATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | • • • • • •                 |                                   |                     | 1OR        |                        | Budget Bure         | eau No. 1004-0135     |
| Do not use this form for proposals to drill or to deepen or seattry to a different essentif.    Use "APPLICATION FOR PERMIT—" for schiproposals                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             | BUREAU OF I                       | AND MANAGEM         | ENT        |                        | 5. Lease Designati  | ion and Serial No.    |
| Type of Well   Gas   Well   Other   S. Well   Other   DIV OF OIL, GAS & MINING   S. Well Name and No. No. CHAPITA FED. #1-3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Do not use this fo          | orm for proposals to dri          | ill or to deepen or | reentry to | a different reservoir. | 6. If Indian, Allot | tee or Tribe Name     |
| Change of Plans   Secompletion   S   |                             | SUBMIT                            | IN TRIPLICATE       |            | - 3 1005               | _                   |                       |
| 2. Name of Operator Ballard & Associates  3. Address and Telephone No. 518 - 17th Street, Suite 1180, Denver, CO 80202 (303)595-8515  4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 600' FSL & 640' FWL SW SW Section 36, T8S-R22E  12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  TYPE OF SUBMISSION  TYPE OF ACTION    Notice of Inten:   Abandonment   Change of Plans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                             | Other                             |                     |            |                        |                     |                       |
| Ballard & Associates  Address and Telephone No.  518 - 17th Street, Suite 1180, Denver, CO 80202 (303)595-8515  Lucation of Well (Footage, Sec., T., R., M., or Survey Description)  600' FSL & 640' FWL  SW SW Section 36, T8S-R22E  Uintah County, Utah  12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  TYPE OF SUBMISSION  TYPE OF ACTION    Abandonment   Change of Plans     New Construction   New Construction     New Construction   New Construction     New Construction   New Construction     New Construction   New Construction     New Construction     New Construction     New Construction     New Construction     New Construction     New Construction     New Construction     New Construction     New Construction     New Construction     New Construction     New Construction     New Construction     New Construction     New Construction     New Construction     New Construction     New Construction     New Construction     New Construction     New Construction     New Construction     New Construction     New Construction     New Construction     New Construction     New Construction     New Construction     New Construction     New Construction     New Construction     New Construction     New Construction     New Construction     New Construction     New Construction     New Construction     New Construction     New Construction     New Construction     New Construction     New Construction     New Construction     New Construction     New Construction     New Construction     New Construction     New Construction     New Construction     New Construction     New Construction     New Construction     New Construction     New Construction     New Construction     New Construction     New Construction     New Construction     New Construction     New Construction     New Construction     New Construction     New Construction     New Construction     New Construction     New Construction     New Construction     New Construction     New Construction     New Construction     New Constru |                             | Other                             |                     | DIVOE      | OIL GAS & MINING       |                     | ITA FED. #1-36        |
| 3. Address and Telephone No.  518 - 17th Street, Suite 1180, Denver, CO 80202 (303)595-8515  4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  600' FSL & 640' FWL  SW SW Section 36, T8S-R22E  10. Field and Pool, or Exploratory Area  Wildcat  11. County or Parish, State  Uintah County, Utah  12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  TYPE OF SUBMISSION  TYPE OF ACTION    Abandonment   Change of Plans   New Construction   New | Ballard & As                | sociates                          |                     | DIV 0.     |                        |                     | 1705                  |
| 518 - 17th Street, Suite 1180, Denver, CO 80202 (303)393-8313  4 Lucation of Well (Footage, Sec., T., R., M., or Survey Description) 600' FSL & 640' FWL SW SW Section 36, T8S-R22E  12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  TYPE OF SUBMISSION  TYPE OF ACTION    Abandonment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 3. Address and Telephone !  | ło,                               |                     |            |                        |                     |                       |
| 12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  TYPE OF SUBMISSION  Abandonment Recompletion  11. County or Parish, State  Uintah County, Utah  TYPE OF ACTION  Change of Plans New Construction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 518 - 17th S                | treet, Suite 1180                 | , Denver, CO        | 80202      | (303) 595-8515         | 1                   | , or Exploratory Area |
| SW SW Section 36, T8S-R22E  Uintah County, Utah  CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  TYPE OF SUBMISSION  TYPE OF ACTION  Abandonment  Recompletion  New Construction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 4. Location of Well (Footag | e. Sec., T., R., M., or Survey De | escription1         |            |                        |                     |                       |
| CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  TYPE OF SUBMISSION  TYPE OF ACTION  Abandonment Recompletion  New Construction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 600' FSL & 6                | 40' FWL                           |                     |            |                        | 11. County or Pari  | isn, State            |
| TYPE OF SUBMISSION    Notice of Intent:   Abandonment   Change of Plans     Recompletion   New Construction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SW SW Sectio                | n 36, T8S-R22E                    |                     |            |                        | Uintah (            | County, Utah          |
| TYPE OF SUBMISSION  Notice of Inten:  Abandonment Recompletion  TYPE OF ACTION  Change of Plans New Construction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 12. CHECK                   | APPROPRIATE BOX(                  | s) TO INDICATE      | NATURE     | OF NOTICE, REPOR       | T, OR OTHE          | R DATA                |
| Notice of Intent  Recompletion  New Construction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                             |                                   |                     |            |                        |                     |                       |
| Recompletion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | . Notice o                  | f Inten:                          |                     |            |                        |                     |                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>IXX</b>                  |                                   |                     | •          |                        |                     |                       |

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

Casing Repair

Altering Casing

Effective 7:00 a.m. December 1, 1994, the Operator of this well will change from Quintana Petroleum Corporation to:

Final Abandonment Notice

Ballard & Associates 518 - 17th Street, Suite 1180 Denver, Colorado 80202

Other Change of Operator

Water Shut-Off

Dispose Water

Conversion to Injection

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

Effective December 1, 1994, Ballard & Associates is responsible under the terms and conditions of the lease for operations conducted on the leased lands or a portion threrof under Bureau of Land Management Bond UT1005 issued by Norwest Bank Billings letter of credit.

| cc: Ttah DOGM                                             | Seller/Owner/Lessee Name: QUINTANA PETROLI<br>Date: December 7, 1994<br>Signed: | UM CORPORATION |
|-----------------------------------------------------------|---------------------------------------------------------------------------------|----------------|
| Signed Signed                                             | Title Vice President Acquisitions                                               | Date           |
| (This space for Federal or State office use)  Approved by | Tide                                                                            | Date           |

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

## BALLARD & ASSOCIATES, INC.

P. O. Box 20174 Billings, Montana 59104 (406) 259-8790

W. W. Ballard President







518 17th St., Suite #1180 Denver, Colorado 80202 (303) 595-8515

> H. J. Kagie Vice President

December 29, 1994

State of Utah Division of Oil, Gas & Mining 3 Triad Center, Suite 350 355 West North Temple Salt Lake City, UT 84180-1204

Re: Change of Operator

Dear Sir/Madam:

Enclosed please find Sundry Notices and Reports on Wells submitted to the Bureau of Land Management to change operator from Quintana Petroleum Corporation to Ballard & Associates, Inc.

If you require additional information please contact me at (303) 595-8515.

Sincerely,

Jodie Sundquist

Production/Operation Technician

undquist

/jls

Enclosure

- 3 1005 DIV OF OIL, GAS & MINING

| OPERATOR . | BALLARD & ASSOCIATES | OPERATOR | ACCT. | но. | Н | 0895 |
|------------|----------------------|----------|-------|-----|---|------|
| ADDRESS _  |                      |          |       |     |   |      |

|                |                       |                   |                                                                  |                                       |                                       |          |             |                    |           | <del>~</del>           |            |           |
|----------------|-----------------------|-------------------|------------------------------------------------------------------|---------------------------------------|---------------------------------------|----------|-------------|--------------------|-----------|------------------------|------------|-----------|
| ACTION<br>CODE | CURRENT<br>ENTITY NO. | NEW<br>ENTITY NO. | API HUMBER                                                       | WELL N                                | IAME                                  | - 00     |             |                    | TOCVITO   |                        | SPUD       | EFFECTIVE |
| D              | 10745                 | 12138             | 43-047-31795                                                     | NORTH CHAPITA                         | FED 1-36                              | SWSW     | 36          | 8S                 | RG<br>22E | UINTAH                 | 5/87       | -8/87     |
| WELL 1 C       | OMMENTS:              | *MVRD PZ:         | TAZ'D O PROD 1                                                   | 2/87-5/89;10745                       | ENTITY BADL                           | ANDS UNT | l<br>r/wsto | . A P.             | A. DOI    | S NOT APPL             | Y.TO MVRD  | <br>PZ.   |
|                |                       |                   | DLANDS U/NON PA                                                  |                                       |                                       |          |             | •                  |           |                        |            | ;         |
| В              | 99999                 | 12138             | 43-047-31795                                                     | NORTH CHAPITA                         | FED61-36                              | SWSW     | 36          | 88                 | 22E       | UINTAH                 | 5/87       | 12/97     |
| WELL 2 (       | COMMENTS:             | *WSMVD PZ         | ;PGW PROD 1/97                                                   | -3/97;RECOMPL BA                      | ADLANDS U/NO                          | N P.A. ( | BOTH 1      | <u>'</u><br>MVRD δ | WSMVI     | ) BADLANDS             | U/NON P.A  | •) .      |
|                |                       |                   |                                                                  |                                       |                                       |          |             |                    |           |                        |            |           |
| A              | 99999                 | 10745             | 43-047-31795                                                     | NORTH CHAPITA                         | FED 1-36                              | swsw     | 36          | 88                 | 22E       | UINTAH                 | 5/87       | 5/89      |
| WELL 3 C       | COMMENTS:             |                   |                                                                  | 9-12/96;RECOMPL                       |                                       |          |             |                    | . THIS    | WSTC PZ I              | S WITHIN T | _ l<br>HE |
|                |                       | THE BADL          | ANDS WSTC A P.                                                   | A. AND SHOULD B                       | E ENTITY 107                          | 45 EFF 6 | /89–1:      | 2/96.              |           |                        |            |           |
|                |                       |                   |                                                                  | · · · · · · · · · · · · · · · · · · · |                                       |          |             |                    |           | ·                      |            | T         |
| WELL 4 C       | OMMENTS:              | ·                 | ·                                                                |                                       |                                       |          |             | 1                  | ! '       | <u> </u>               |            |           |
|                |                       |                   |                                                                  |                                       |                                       |          | :           |                    |           |                        |            |           |
|                | 7                     |                   |                                                                  |                                       |                                       |          | f **        | 1                  |           |                        |            | 1         |
| WELL 5 C       | OHHENTS:              | <u> </u>          | 11                                                               |                                       | · · · · · · · · · · · · · · · · · · · |          |             | <u> </u>           |           |                        |            |           |
|                |                       |                   |                                                                  | .~                                    |                                       |          |             |                    |           |                        |            |           |
|                |                       |                   | ·                                                                |                                       | ·                                     |          |             |                    |           | ····                   | 10         |           |
| Α              | - Establish           | new entity        | on back of form)<br>for new well (sing                           | ple well only)                        |                                       |          |             |                    |           | L. CORDOV              | A (DOGM)   |           |
| С              | - Re-assign           | well from a       | ting entity (group<br>one existing entity<br>one existing entity | / to another existin                  | g entity                              |          |             |                    |           | Signature<br>ADMIN. AN | ALYST      | 5-30-97   |
| Ē              | - Other (ex           | plain in con      | nvnents section)                                                 | y to a new entity                     |                                       |          |             |                    |           | Title                  |            | Date :    |
| HOTE: U        | ise COMMENT           | section to a      | explain why each Ad                                              | tion Code was selec                   | ted.                                  |          |             |                    |           | Phone No. (_           | 1          |           |
| (3/89)         |                       |                   |                                                                  |                                       |                                       |          |             |                    |           |                        |            |           |

Form 3160-5 (June 1990)

# UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

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

5. Lease Designation and Serial No.
U-56960

6. If Indian, Allottee or Tribe Name

| SUNDRY NOTICES | AND | REPORTS | ON | WELLS |  |
|----------------|-----|---------|----|-------|--|
|----------------|-----|---------|----|-------|--|

Do not use this form for proposals to drill or to deepen or reentry to a  $\alpha$ ; ferent reservoir.

Use "APPLICATION FOR PERMIT—" for such proposals

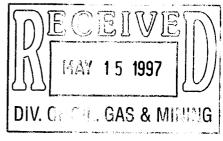
| 7. | If Uni | t or | CA, | Agreement | Designation |
|----|--------|------|-----|-----------|-------------|
|    |        |      |     |           |             |
|    |        |      | _   |           |             |

| SUBMIT                                                                                    | IN TRIPLICATE                                                                        | _                                                                                                                                                                                 |
|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Type of Well Oil Well Well Well Other  2. Name of Operator                             |                                                                                      | North Chapita Federal                                                                                                                                                             |
| BALLARD PETROLEUM LLC                                                                     |                                                                                      | 9. API Well No.<br>43-047-31795                                                                                                                                                   |
| 3. Address and Telephone No.<br>1050 17Th Street, Ste 2500, Deny                          | 10. Field and Pool, or Exploratory Area                                              |                                                                                                                                                                                   |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey D. 660 FSL & 640 FWL (SWSW) Sec | Badlands 11. County or Parish, State  Uintah, Utah                                   |                                                                                                                                                                                   |
| 12. CHECK APPROPRIATE BOX(                                                                | s) TO INDICATE NATURE OF NOTICE, REPOR                                               |                                                                                                                                                                                   |
| TYPE OF SUBMISSION                                                                        | TYPE OF ACTION                                                                       |                                                                                                                                                                                   |
| Notice of Intent                                                                          | Abandonment Recompletion                                                             | Change of Plans New Construction                                                                                                                                                  |
| Subsequent Report  Final Abandonment Notice                                               | Plugging Back Casing Repair Altering Casing Other Location Clean up                  | Non-Routine Fracturing Water Shut-Off Conversion to Injection Dispose Water (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) |
| 13. Describe Proposed or Completed Operations (Clearly state a                            | Il pertinent details, and give pertinent dates, including estimated date of starting | g any proposed work. If well is directionally drifted                                                                                                                             |

give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

Work done 4/17/07

Clean up dirt with paraffin (Hydrocarbon) Haul to Murray Disposal pit.



|                                                                    | A CONTRACTOR OF THE PROPERTY O | Menonical Contraction of the properties of the contraction of the cont |
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| $\sim$                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 14. I hereby certify that the foregoing is true and effrect Signed | THIE Senior Operations Engineer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Date5/9/97                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| (This space for Federal or State office use)                       | Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Approved by Conditions of approval, if any:                        | Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

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

| •                                       |                                   | -          |                         | SIMIL                   |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 180                                    | er In         | . Expl                                   | res: Febr           | ruary 28, 1995                |
|-----------------------------------------|-----------------------------------|------------|-------------------------|-------------------------|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|---------------|------------------------------------------|---------------------|-------------------------------|
|                                         |                                   | •          |                         | E THE I                 |                        | RIOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                        | cree Aide)    |                                          | TANUNAT             | IUN AND ARRIAL NO.            |
| WELL CO                                 | OMPLETIO                          | Y OR       | RECON                   | MPLETION                | REP                    | ORT A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ND LO                                  | G *           | S. IF INDIA                              | X. ALLOT            | THEN EGIST SO LITT            |
| L TYPE OF WE                            | LL: 0                             | AIL        | GAA<br>WKI.I.           | DAY                     | 0000                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |               | 7. I'RIT AG                              | REKNENT             | EMAR                          |
| & TYPE OF CO                            |                                   | =          |                         | -                       | ,                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |               |                                          |                     |                               |
| WENT.I.                                 | OVER X                            | SET.       | וינטג [                 | ARAYN.                  | -0174                  | · _ ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                        |               | _                                        |                     | SE NAME, WELL NO              |
| Ballard Pe                              |                                   | C          |                         |                         |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |               | North Cr                                 |                     | a Federal 1-3                 |
| 3. ADDRESS AND                          |                                   |            |                         |                         | ·                      | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <del></del>                            |               | 43-047-                                  |                     | ;                             |
| 1050 17Th                               | Street, St                        | e 250      | ), Denv                 | er, Œ.,                 | 80265                  | (303)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 595-851                                | 5             | 10. FIELD                                | וססת שא.            | . OR WILDCAT                  |
|                                         | 00' FSL &                         |            |                         |                         | any šta                | se requirem                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | eni#)*                                 |               | Badland                                  | , A., M., O         | DE BLOCK AND BURTET           |
| At top prod. in                         | iterral reported                  | below      |                         |                         |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |               | Section                                  | 36.                 | T85, R22E                     |
| At total depth                          |                                   |            |                         |                         |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |               |                                          |                     |                               |
|                                         |                                   |            |                         | 43-047-                 | 31795                  | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1/27/87                                |               | Uintah                                   |                     | UT                            |
| 5-19-87                                 | 6-8-87                            | VEYCH CO   | 1                       | CONPL. (Redd)           | y lo prod              | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | .evationa (<br>350' GR                 |               | RT, OR, ETC.)*                           | 485                 | LEY. CASINGUEAD               |
| ZO. TOTAL PEPTH, NO                     | 1                                 | .UG. MACK  | T.D., XD & 1            | TTP   22, 17 N          | L'ITIPLE<br>NAKT*      | CONFL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1 23. INT                              | CENVAL.E      | NOTARY TO                                |                     | CAPLE TOOL#                   |
| 7680'                                   | 76                                | <u>52'</u> |                         | ļ                       |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        | <u> </u>      | 0-7680                                   | <u> </u>            |                               |
| 7544-7636<br>6344-7068                  | Mesa Verd                         | e (Inc     | lusive                  | )                       | HA GK)                 | 0 170)*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                        |               |                                          |                     | . WAS DIRECTIONAL DURYEY MADE |
| 20. TYPE ELECTRIC                       |                                   | •          | lusive                  |                         | 29-97                  | 1100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | LOG5                                   | 01)           | w/n                                      | •                   | NO                            |
| CNL/LDT, P                              |                                   |            | SFL, L                  |                         |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |               |                                          | No                  |                               |
| 28.                                     |                                   |            | CASI                    | NG RECORD (A            | tepors al              | l strings ect                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (A Well)                               |               |                                          |                     |                               |
| CASING SIZA/ORAUZ                       |                                   | ./57.      | DEPTH ALT               |                         | 1101.5 813             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |               | MENTING RECOR                            | <u>-</u> .          | ANDUNT PULLED                 |
| $\frac{9 - 5/8}{5 \frac{1}{2}}$         | $-\frac{40\#}{15.5 \& 1}$         | 74         | 275.40<br>7680'         |                         | 2 <u>1</u> "<br>7 7/8" |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 38 Sx "                                |               | ırface<br>25SX Lite                      |                     | None None                     |
| <u> </u>                                | 10.0 & 1                          | 1 17       | 1000                    |                         | 1/0                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 0 SX "                                 |               |                                          |                     | THORIC                        |
|                                         |                                   |            |                         |                         |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |               |                                          |                     |                               |
| 29.                                     |                                   |            | RECORD                  |                         | • 1                    | EER (HD)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 30.                                    |               | PEPTH SET (                              |                     | PACREE SET (MD)               |
| BIZE                                    | 70F (AB)                          | 10170      | (AB)                    | BACKS CEWENT            | - 3CK                  | LLA (AU)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | $\frac{3121}{2 \ 3/81}$                |               | 7552                                     | -                   | NA                            |
|                                         |                                   | -          |                         |                         |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ==:                                    |               |                                          |                     |                               |
| 6304-12',                               |                                   |            |                         | atch                    | 32.                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        | <del></del> - | OURT AND KU                              |                     | <del></del>                   |
| 6448-67, 70                             |                                   |            | .,                      |                         | <u> </u>               | 11 zone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                        | -             |                                          |                     | <del></del>                   |
| 7544-49', 7                             | 7597-7602'                        | , 7622     | -36' M∈                 | esa Verde               |                        | III ZOIIE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | s were                                 |               | <u> 1989</u>                             | acteu               |                               |
|                                         |                                   |            |                         | <u>.</u>                |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |               |                                          |                     |                               |
| ⊼3. <b>*</b>                            |                                   |            |                         | PR<br>lowing, gas II/I, | ODUCT                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | evac of nu                             | <del></del>   | ( well                                   | ATATUE              | (Producing or                 |
| 12/14/96                                |                                   | lowing     |                         | iowing, gas 1171,       | y=-,y-1,               | /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ·••,          | AA+                                      | ducin               |                               |
| TERT TO STAD                            | HOURS TESTED                      |            | OKE SILE                | PROD'N. FOR             |                        | <b></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | GAR-N                                  | cr.           | WATER-33                                 |                     | AB-OIL MATIO                  |
| 1/4/97                                  | 24                                |            |                         |                         |                        | 1.67                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 315                                    |               | 20                                       |                     | 188.623                       |
| 230                                     | 570                               | 24-        | CULATED ROUR BATE       | 1.6                     | ר                      | E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 15                                     | WATER-        | TEAT WITNE                               |                     |                               |
| Sold                                    | ian (Bold, weed fo                | r suel, ve | nied, eic.)             | •                       |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |               | STAN                                     | Reyn                |                               |
| 35. CIST OF ATTACK                      | HEATA Well                        | was c      | omplete                 | ed in Mesa              | Verd                   | e in 19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 87 & S                                 | I. Rec        |                                          |                     |                               |
| 1989, CIBP                              | drilled or                        | it 12/     | 96 to c                 | commingle               | produ                  | ction.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                        |               |                                          |                     |                               |
| 36. I hereby certify                    | that the torego                   | log and    | trached to              | ormation is con         | npicte At              | d correct i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | determin                               | ed from       | VII WASHINGE                             | .ecolg1             |                               |
| SIGNED A                                | Smal                              | HJC,       | Car.                    |                         |                        | pererio                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                        | ₩             | PAT                                      | <u> </u>            | /5/97                         |
|                                         | •                                 |            |                         | d Spaces for            |                        | 1 E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                        | i             | 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |                     | <u>.</u> .                    |
| Fille 18 U.S.C. Se<br>United States any | ection 1001, m<br>false, fictitio | akes it a  | crime for<br>udulent st | stements or r           | nowing                 | ip didus as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | io In 5 m                              | 997:          | His its furisc                           | nt or a<br>liction. | gency of the                  |
|                                         |                                   |            |                         |                         | DI                     | V. OF 01                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | L, GAS                                 |               | ling                                     |                     |                               |
|                                         |                                   |            |                         |                         |                        | - The second sec | -                                      |               | !                                        |                     |                               |

| May 15. 1997 3:30PM BALLARD PETROL LLC DEPART OF THE INTER                                                                          | No. 2007. P. 2/2                                                                                                                                                                                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CONCAU OF LAND MANAGENER                                                                                                            | VT                                                                                                                                                                                                                                                  |
| SUNDRY NOTICES AND REPORTS                                                                                                          | ON WELLS                                                                                                                                                                                                                                            |
| TILL CO SELL XX PYREE                                                                                                               | N/A                                                                                                                                                                                                                                                 |
| QUINTANA PETROLEUM CORPORATION                                                                                                      | N/A                                                                                                                                                                                                                                                 |
| 1050 - 17th Street Sud                                                                                                              | NORTH CHAPITA FEDERAL                                                                                                                                                                                                                               |
| in interior of well incorre location charges and in accordance with ear                                                             |                                                                                                                                                                                                                                                     |
| 600' FSL & 640' FWL (SW SW) RECEIVE                                                                                                 | Wildcar                                                                                                                                                                                                                                             |
| 16. CERTIE TO                                                                                                                       | 11. Jac., T., L. W. OB 4CA, AND                                                                                                                                                                                                                     |
| 43-047-31795" 48501 CR                                                                                                              | 12 COUNTY OF PARISH 13. ATLES                                                                                                                                                                                                                       |
| Check Appropriate Box To Indicate No source or intention to:                                                                        | givre of Notice, Report, or Other Date                                                                                                                                                                                                              |
| THAT WATER SEUTION                                                                                                                  | AUFREGUENT LEPORT OF 1                                                                                                                                                                                                                              |
| MINITOR ACTORAL MARTINER PROPRIETE                                                                                                  | PRACTURE TREATMENT                                                                                                                                                                                                                                  |
| Marge Plan                                                                                                                          | SHOOTING OR ACIDIZING                                                                                                                                                                                                                               |
|                                                                                                                                     | WELL RECOMPLETION V                                                                                                                                                                                                                                 |
| 17. DESCRIPE PRODUCES OF TOTAL ETTE OF TRATION OF THE STATE SILE SILE POSITIONS OF THE STATE SILE SILE SILE SILE SILE SILE SILE SIL | intails, and aire bertlant detra, lacitate estimated dete, of statuor and and measured and topy vertical deptas for all markets and topics pertinated determine and measured and topy vertical deptas for all markets and topics pertinated topics. |
| Performed the following recompi                                                                                                     | And                                                                                                                                                                                                                                                 |
| . • • • • • • • • • • • • • • • • • • •                                                                                             | <b>,</b>                                                                                                                                                                                                                                            |
| 1. Set CIBP at 7535' - dump bas<br>2. Perforate Wasatch 6304'-12'<br>6421'-23' (2 holes), 6448'-6                                   | (6 holes), 6412'-15' (2)                                                                                                                                                                                                                            |
| ~                                                                                                                                   | ' "'-'-'-'-'-' ANG /USA'681 /S                                                                                                                                                                                                                      |
| 4. Flow test wall                                                                                                                   | 2750 gal MRS-1.                                                                                                                                                                                                                                     |
| 5. Frac gross perf interval 630                                                                                                     | •                                                                                                                                                                                                                                                   |
| """ " " " " " " " " " " " " " " " " "                                                                                               |                                                                                                                                                                                                                                                     |
| 8. Well shut in - walting on gas                                                                                                    | s marker.                                                                                                                                                                                                                                           |
|                                                                                                                                     | Serie L                                                                                                                                                                                                                                             |
|                                                                                                                                     | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1                                                                                                                                                                                                               |
| • .                                                                                                                                 |                                                                                                                                                                                                                                                     |
|                                                                                                                                     |                                                                                                                                                                                                                                                     |
| 18. I bereat certily that the foregoing is true and correct                                                                         | ,<br>                                                                                                                                                                                                                                               |
| SIGNED                                                                                                                              | tion Technician 6/5/89                                                                                                                                                                                                                              |
| APPROVED TO                                                                                                                         | DATE 6/5/89                                                                                                                                                                                                                                         |
| CONDITIONS OF APPROVAL IF ANT!                                                                                                      | DATE JUN 07 1980                                                                                                                                                                                                                                    |
| N.C.L.                                                                                                                              | * 1-4                                                                                                                                                                                                                                               |
| Title 15 U.S.C. Section 1001, makes  TP 5/26/ 24hus  1.3 mm C-10                                                                    | k-34                                                                                                                                                                                                                                                |
| Tide 15 U.S.C. Section 1001, makes IP 5/26/                                                                                         | 89                                                                                                                                                                                                                                                  |
| 1,3 MM CFD                                                                                                                          |                                                                                                                                                                                                                                                     |
|                                                                                                                                     |                                                                                                                                                                                                                                                     |
| 10 B6 PD                                                                                                                            |                                                                                                                                                                                                                                                     |
| Z. BLWPD                                                                                                                            | <b>,</b>                                                                                                                                                                                                                                            |
| on "h" choke,                                                                                                                       |                                                                                                                                                                                                                                                     |
| FTP 38#                                                                                                                             |                                                                                                                                                                                                                                                     |

From Daily Report 5/20/20

LLC Constituent in accordance with its governing documents and applicable law. Attached hereto as Exhibit C is a true and correct copy of the Certificate of Merger as filed in the Office of the Secretary of State, State of Delaware, at 1:30 p.m. on March 20, 1997, evidencing the LP Merger.

- 6. Complete copies of the foregoing merger and conversion documents may be requested in writing from Ballard and Associates, Inc., \$45 12th Street West, Billings, Montana 59102; Attention: W. W.
- Where necessary for recording purposes, Exhibit D is attached hereto to describe properties located within those states requiring such descriptions and owned by BELP immediately prior to the described conversion and mergers and which, as a result thereof, are owned by Ballard Petroleum LLC, effective as of March 20, 1997, at 1:30 p.m., the effective date of the LLC Merger.

Dated March 21, 1997.

H. J. Kagie

WITNESSES:

Mary Morris-Stacy

Rarbara Waad-

BE IT REMEMBERED that the undersigned, a Notary Public duly qualified, commissioned, sworn and acting in and for the County and State aforesaid, hereby certifies that, on this 21st day of March, 1997, there appeared before me H. J. Kagie, and that:

## [COLORADO, OKLAHOMA, UTAH, WYOMING]

The foregoing instrument was acknowledged before me on this date by H. J. Kagie and at the same time the Affiant was duly sworn to the foregoing affidavit.

## [MONTANA, NORTH DAKOTA]

On this day before me, a Notary Public of said State, duly commissioned and sworn, personally appeared such person, known to me, and, being duly sworn to the foregoing instrument, acknowledged to me that he executed the within instrument.

Given under my hand and official seal this 21st day of March, 1997.

My Commission Expires March 22, 1999

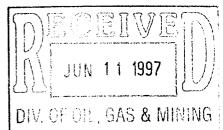
Notary Public

-2-



## United States Department of the Interior

## BUREAU OF LAND MANAGEMENT Utah State Office P.O. Box 45155 Salt Lake City, UT 84145-0155



June 4, 1997

Ballard Petroleum LLC Attn: Mark W. Seale 1050 17th Street, Suite 2500 Denver, Colorado 80265

Re: Badlands Unit

Amendment to Participating Area

Uintah County, Utah

#### Gentlemen:

Your letter dated May 27, 1997 requests the amendment of the Wasatch Formation Participating Area "A", Badlands Unit, Uintah County, Utah, UTU60917B, to include the Mesaverde Formation.

The amendment is based upon the recompletion of Unit Well No. 1-36, SWSW Section 36, Township 8 South, Range 22 East, as a commingled well and is necessary for unit operations based on current commingling of production between the Wasatch and Mesaverde Formations. The participating area is amended and is now known as the Wasatch-Mesaverde Participating Area "A" and is hereby amended effective as of December 1, 1996, pursuant to Section 11 of the Badlands Unit Agreement, Uintah County, Utah.

Copies of the approved requests are being distributed to the appropriate Federal agencies and one copy is returned herewith. Please advise all interested parties of the approval of the amended Wasatch-Mesaverde Formation Participating Area "A" and its effective date.

Sincerely,

/s/ Robert A. Henricks

Robert A. Henricks Chief, Branch of Fluid Minerals

#### **Enclosure**

bcc: Minerals Adjudication Group w/ext b

Division of Oil, Gas & Mining a
Badlands Unit w/enclosure

MMS - Data Management Division w/ext b (Attn: Rose Davalos)

District Manager - Vernal w/enclosure

Agr. Sec. Chron.

Fluid Chron.

UT931:TATHOMPSON:tt:6/4/97

## BALLARD PETROLEUM LLC

W. W. Ballard President

Billings, Montana



1050 17th Street, Suite 2500 Denver, Colorado 80265

> (303) 595-8515 Office (303) 595-8601 Facelphile



H. J. Kagie Vice President

Denver, Colorado

### FAX TRANSMITTAL

The information contained in this facsimile message is legally privileged and confidential information intended solely for the use of the persons or entities named below. If you are not such persons or entities, you are hereby notified that any distribution, dissemination or reproduction of this facsimile message is strictly prohibited. If you have received this message in error, please immediately call us collect at (303) 595-8515.

TO:

KRISTIN

FAX:

801 - 359- 3940

FROM:

DON DAY

FAX: 303-595-8601

NUMBER OF PAGES INCLUDING THIS SHEET:

COMMENTS:

This is all I could find on Wasatch recompletion in North Chapita Federal 1-36 tile. - IP is from reading Daily completion report for workover 5/26/89. It This is Not sufficient, let me Know.

> Tranks Don Day

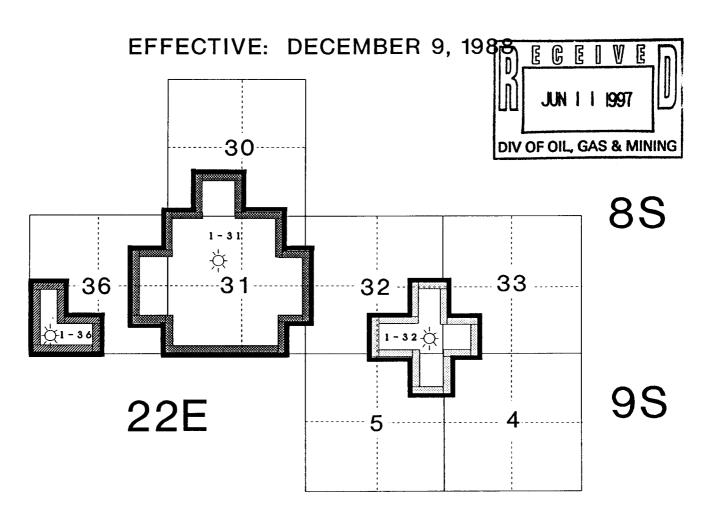
| OPERATOR BALLARD & ASSOCIATES | OPERATOR ACCT. NO. H | 0895 |
|-------------------------------|----------------------|------|
| ADDRESS                       |                      |      |

| <del></del>      | γ·····                                                   | γ                                                   | ·                                                                                                            |                                                                           |           |      |    |          |               |                                                | <del></del>  |                   |
|------------------|----------------------------------------------------------|-----------------------------------------------------|--------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-----------|------|----|----------|---------------|------------------------------------------------|--------------|-------------------|
| ACTION<br>CODE   | CURRENT<br>ENTITY NO.                                    | NEW<br>ENTITY NO.                                   | API NUMBER                                                                                                   | WELL 1                                                                    | NAME      | 70   | SC | WELL     | OCATION<br>RG | COUNTY                                         | SPUD<br>DATE | EFFECTIVE<br>DATE |
| С                | 12138                                                    | 10745                                               | 43-047-31795                                                                                                 | N CHAPITA FED                                                             | 1-36      | SWSW | 36 | 88       | 22E           | UINTAH                                         | MVRD PZ      | 12-1-96           |
| WELL 1 C         |                                                          |                                                     |                                                                                                              | 'A" CHGD TO WSTC-<br>IP AS A "NON PA"                                     |           |      |    | BLM Al   | PRV CHO       | G 6-4-97)                                      |              | ;                 |
| С                | 12138                                                    | 10745                                               | 43-047-31795                                                                                                 | N CHAPITA FED                                                             | 1-36      | SWSW | 36 | 88       | 22E           | UINTAH                                         | WSMVD PZ     | 12-1-97           |
| WELL 2 C         | OMMENTS:                                                 |                                                     |                                                                                                              |                                                                           |           |      |    | <u>'</u> | <u> </u>      | ,//                                            | k            |                   |
|                  |                                                          |                                                     |                                                                                                              |                                                                           |           |      |    |          |               | · .                                            |              |                   |
| WELL 3 C         | OMMENTS:                                                 |                                                     |                                                                                                              |                                                                           |           |      |    |          |               |                                                |              |                   |
| WELL 4 C         | UMMENTS:                                                 | İ                                                   |                                                                                                              |                                                                           |           |      | ;  |          |               |                                                | 1            |                   |
|                  |                                                          |                                                     |                                                                                                              |                                                                           |           |      |    |          |               |                                                |              |                   |
|                  | OHHENTS:                                                 |                                                     |                                                                                                              | .~                                                                        |           |      |    |          |               |                                                | J            |                   |
| A<br>B<br>C<br>D | - Establish<br>- Add new w<br>- Re-assign<br>- Re-assign | new entity<br>ell to exis<br>well from<br>well from | on back of form) for new well (sin ting entity (group one existing entit one existing entit ownents section) | ngle well only) o or unit well) cy to another existing cy to a new entity | ng enlity |      |    |          |               | L. CORDOVA<br>Signature<br>ADMIN. ANA<br>Title |              | 6-13-97           |
|                  | se COMMENT                                               | section to                                          | explain why each A                                                                                           | Action Code was selec                                                     | cted.     |      |    |          |               | Phone No. (                                    |              |                   |
| (3/89)           |                                                          |                                                     |                                                                                                              |                                                                           |           |      |    |          |               |                                                |              |                   |

(3/8

| 06/13/97 API NUMBER PROD ZONE LEASE TYPE | ACCT<br>ENTITY<br>FIELD | ACCOUNT NAME<br>ENTITY NAME<br>FIELD NAME | TWP/RNG TOWNSHP RANGE SECTION QTR-QTR | MENU: OPTION 00  CUM OIL  CUM GAS  CUM WATER |
|------------------------------------------|-------------------------|-------------------------------------------|---------------------------------------|----------------------------------------------|
| 4304731795                               | N0895                   | BALLARD & ASSOCIATES INC                  | S080                                  | 497                                          |
| MVRD                                     | 12138                   | BADLANDS U/NON P.A.                       | E220                                  | 129,896                                      |
|                                          | 630                     | NATURAL BUTTES                            | 36                                    | 592                                          |
| 1                                        | TAZ                     | NORTH CHAPITA FED. 1-36                   | SWSW                                  |                                              |
| 4304731795                               | N0895                   | BALLARD & ASSOCIATES INC                  | S080                                  | 0                                            |
|                                          | 10745                   |                                           | E220                                  | 0                                            |
|                                          | 630                     | NATURAL BUTTES                            | 36                                    | 0                                            |
| 1                                        | TAZ                     | NORTH CHAPITA FED 1-36                    | SWSW                                  |                                              |
| 4304731795                               | N0895                   | BALLARD & ASSOCIATES INC                  | S080                                  | 0                                            |
|                                          |                         | BADLANDS U/NON P.A.                       | E220                                  | 0                                            |
|                                          | 630                     |                                           | 36                                    | 0                                            |
| 1                                        | PGW                     |                                           | SWSW                                  |                                              |
| OPT: 02 AP                               |                         | 731795 ZONE: WSMVD PERIOD(YYMM):          | 0 ENTY: 10                            | 745 ACCT: N0230                              |

# BADLANDS UNIT Uintah County, Utah



23E

UNIT OUTLINE (UTU60917X)

MESAVERDE PA "A"

WASATCH-MESAVERDE PA "A"

── WASATCH PA "B"

AS CONTRACTED MARCH 1, 1994 985.55 ACRES MSVD PA "A" ALLOCATION

FEDERAL 100.00% 669.44 Acres

WSTC-MSVD PA "A" ALLOCATION

FEDERAL 100.00% 120.00 Acres

> WSTC PA "B" ALLOCATION

FEDERAL 100.00% 196.11 Acres FORM 10

# STATE OF UTAH DIVISION OF OIL, GAS AND MINING

1594 West North Temple, Suite 1210, PO Box 145801, Salt Lake City, UT 84114-5801

|      | , |    | _   |
|------|---|----|-----|
| Page | 1 | of | - 1 |

## MONTHLY OIL AND GAS PRODUCTION REPORT

| OPERATOR NAME AND ADDRESS:                                                    |                |             | UTAH ACCOUNT NUMBER: NO895         |          |                                 |               |  |  |  |
|-------------------------------------------------------------------------------|----------------|-------------|------------------------------------|----------|---------------------------------|---------------|--|--|--|
| KRISTI A STOVER BALLARD & ASSOCIATES IN 518 17TH ST STE 400 DENVER CO 80202   | NC             |             | AMENDED REPORT (Highlight Changes) |          |                                 |               |  |  |  |
| /eil Name                                                                     | Producing      | Well        | Days                               |          |                                 |               |  |  |  |
| Pl Number Entity Location                                                     | Zone           | Status      | Oper                               | OIL(BBL) | Production Volumes GAS(MCF)     | WATER(BBL)    |  |  |  |
| NORTH CHAPITA FED. 1-36<br>4304731795 10745 085 22E 36                        | MVRD           |             |                                    | 456960   | Bedlands Unit                   |               |  |  |  |
| BADLANDS FEDERAL 1-31<br>4304731857 10960 08S 23E 31<br>CABALLO UNIT 1-15     | MVRD           |             |                                    | 461401   | 4                               |               |  |  |  |
| 4303731403 10994 36S 23E 15                                                   | ISMY           |             |                                    | 462953   | Cabello Unit                    |               |  |  |  |
| DEADMAN CANYON FEDERAL 2-20<br>4303731303 11010 375 24E 20                    | ISMY           |             |                                    | U57469   | Deadman Cupe                    | r Ismay) Unit |  |  |  |
| DEADMAN CANYON 3-20<br>4303731304 11010 375 24E 20<br>DEADMAN CANYON FED 1-28 |                |             |                                    | 457469   | Ü                               |               |  |  |  |
| "303731306 11010 375 24E 28                                                   | ISMY           |             |                                    | 449678   | //                              |               |  |  |  |
| BADLANDS FEDERAL 1-32<br>4304731869 11627 085 23E 32                          | MVRD           |             |                                    | U 56965  | Bedlends Unit                   |               |  |  |  |
| Deadman ('yn Fed. 1-20<br>4303731293 10/10 375 24E 20                         | /SmY           | / 61w       |                                    | U57469   | Bedlands Unit<br>Deadman (Upper | Ismay ) Unit  |  |  |  |
|                                                                               |                |             |                                    |          |                                 |               |  |  |  |
|                                                                               |                |             |                                    |          |                                 |               |  |  |  |
|                                                                               |                |             |                                    |          |                                 |               |  |  |  |
|                                                                               |                |             |                                    |          |                                 | I             |  |  |  |
|                                                                               |                |             |                                    |          |                                 |               |  |  |  |
|                                                                               |                |             | TOTALS                             |          |                                 |               |  |  |  |
|                                                                               |                |             |                                    |          |                                 |               |  |  |  |
| MMENTS:                                                                       |                | <del></del> |                                    |          |                                 |               |  |  |  |
|                                                                               |                |             |                                    |          |                                 |               |  |  |  |
|                                                                               |                |             |                                    |          |                                 |               |  |  |  |
|                                                                               |                |             |                                    |          | •                               |               |  |  |  |
| ereby certify that this report is true and complete to t                      | the best of my | knowledge.  |                                    | Da       | ite:                            |               |  |  |  |

Telephone Number:\_

Name and Signature:

Return recorded copto:
Welborn Sullivan Med & Tooley, P.C.
1775 Sherman Street Suite 1800
Denver CO 80203

## AFFIDAVIT OF CONVERSION AND MERGERS

| STATE OF COLORADO         | ) |    |
|---------------------------|---|----|
| CITY AND COUNTY OF DENVER | ) | SS |

KNOW ALL MEN BY THESE PRESENTS, on this date personally appeared before me H. J. Kagie, who, being first duly sworn, did depose and say:

- 1. I am Senior Vice President of Ballard and Associates, Inc., a Montana corporation (herein "BAI"), whose principal place of business is 845 12th Street West, Billings, Montana 59102. I am over the age of 18 years and have personal knowledge of all the matters set forth in this Affidavit.
- 2. BAI is sole Manager or sole General Partner of the following entities as set forth in the table:

| Name of Entire                          | Jurisdiction of Organization | Form of Entity            | Manager or<br>General Pagner |
|-----------------------------------------|------------------------------|---------------------------|------------------------------|
| Ballard Petroleum LLC                   | Montana                      | limited liability company |                              |
| Ballard Energy (Delaware) LLC           | Delaware                     | liminate con              | · ·                          |
|                                         | Delaware                     | Heritage                  | General Paraner              |
| Ballard Energy 1992 Limited Partnership | Montana                      | limited partnership       | General Partner              |
|                                         |                              |                           |                              |

- 3. Effective March 19, 1997, Ballard Energy 1992 Limited Partnership (herein "BELP") was merged with and into Ballard Energy (Delaware) LP (herein "Ballard Delaware" and, together with BELP, the "Constituent LP's"), pursuant to that certain Agreement and Plan of Merger dated March 19, 1997 among the Constituent LP's (the "LP Merger Agreement"), and Section 17-211 of the Delaware Revised Uniform Limited Partnership Act and Sections 35-10-641 through 643, inclusive, of the Montana Code Annotated (the "LP Merger"). The LP Merger Agreement was duly authorized, approved, executed and delivered by each LP Constituent in accordance with its governing documents and applicable law. Attached hereto as Exhibit A is a true and correct copy of the Certificate of Merger as filed in the Office of the Secretary of State, State of Delaware, at 2:30 p.m. on March 19, 1997, evidencing the LP Merger.
- 4. Effective March 19, 1997, Ballard Delaware was converted into Ballard Energy (Delaware) LLC (herein "Delaware LLC" and, together with Ballard Delaware, the "Conversion Constituents"), pursuant to Section 17-219 of the Delaware Revised Uniform Limited Partnership Act and Section 18-214 of the Delaware Limited Liability Company Act (the Conversion"). The Conversion was duly authorized and approved by each Conversion Constituent in accordance with its governing documents and applicable law. Attached hereto as Exhibit B is a true and correct copy of the Certificate of Conversion as filed in the Office of the Secretary of State, State of Delaware, at 2:35 p.m. on March 19, 1997, evidencing the
- 5. Effective March 20, 1997, Ballard Energy (Delaware) LLC (herein "Delaware LLC") was merged with and into Ballard Petroleum LLC (herein "Ballard Petroleum" and, together with Delaware LLC, the "Constituent LLC's"), pursuant to that certain Agreement and Plan of Merger dated March 20, 1997 among the Constituent LLC's (the "LLC Merger Agreement"), and Section 18-209 of the Delaware Limited Liability Company Act and Section 35-8-1201 of the Montana Code Annotated (the "LLC Merger"). The LLC Merger Agreement was duly authorized, approved, executed and delivered by each

## **BALLARD PETROLEUM LLC**

W. W. Ballard President, Director

Billings, Montana



621 17th Street, **Suite 1800** Denver, Colorado 80293

H. J. Kagie Sr. Vice President, Director

Denver, Colorado

(303) 675-0300 Office (303) 675-0400 Facsimile

#### FAX TRANSMITTAL

The information contained in this facsimile message is legally privileged and confidential information intended solely for the use of the persons or entities named below. If you are not such persons or entities, you are hereby notified that any distribution, dissemination or reproduction of this facsimile message is strictly prohibited. If you have received this message in error, please immediately call us collect at (303) 595-8515.

TO: Lisha Cardoba FAX: 801-359-3940 FROM: Bill Donavan

FAX: 303-675-0400

NUMBER OF PAGES INCLUDING THIS SHEET:

COMMENTS:



## United States Department of the Interior

## **BUREAU OF LAND MANAGEMENT**

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

In Reply Refer To: 3100 U-20544 et al (UT-932) APR 7 1997

NOTICE

Ballard Petroleum LLC 1050 Seventeenth Street, Suite 2500 Denver, CO 80265 Oil and Gas

## Mergers Recognized

Acceptable evidence has been filed in this office concerning the merger of Ballard Energy 1992 Limited Partnership into Ballard Energy (Delaware) LP. Subsequently, Ballard Energy (Delaware) LP was converted to Ballard Energy (Delaware) LLC. Finally, Ballard Energy (Delaware) LLC merged into Ballard Petroleum LLC with Ballard Petroleum LLC being the surviving entity.

For our purposes, the final merger is recognized effective March 20, 1997; the date of approval by the Delaware Secretary of State.

The following oil and gas lease and right-of-way files have been noted as to the merger.

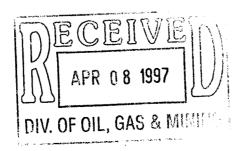
| . U-20544             | Deadman-U-57469    | Ceballo = U-62953 1 | U-62073 (ROW)   |
|-----------------------|--------------------|---------------------|-----------------|
| Deadman - U-49678     | U-58726            | UTU-64422           | U-63959 (ROW)   |
| U-54017               | U-61400            | UTU-65471           | U-63980 (ROW)   |
| Bedlands - U-56960 \$ | Badlands-U-61401 & | UTU-65472           | U-63996 (ROW)   |
| Badlands - U-56965    | U-62252            | U-59127 (ROW)       | UTU-65118 (ROW) |

We are notifying the Minerals Management Service and all applicable Bureau of Land Management offices of the change by a copy of this notice. If additional documentation for changes of operator are required by our Field Offices, you will be contacted by them.

The principal/obligor has already filed a rider changing the name on the statewide bond (BLM No. UT1005) to Ballard Petroleum LLC.

ROBERT LOPEZ

Group Leader, Minerals Adjudication Group



cc: Moab District Office
Vernal Field Office
San Juan Resource Area

MMS-Reference Data Branch, MS 3130, Box 5860, Denver, CO 80217

State of Utah, DOGM, Attn: Lisha Cordova (Ste 1210), Box 145801, SLC, UT 84114-5801 John F. Meck, Attorney-at-Law, 1775 Sherman St., Ste. 1800, Denver, CO 80203

| OPERATOR CHANGE WORKSHEET  Attach all documentation received by the division regarding this change.  Initial each listed item when completed. Write N/A if item is not applicable.                                    | 1-1 5 6-18C  2-GIH 7-KAS  3-FOTS 01 S 8-SI  4-VLD 9-FILE               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| ☐ Designation of Operator                                                                                                                                                                                             | · · · · · · · · · · · · · · · · · · ·                                  |
| The operator of the well(s) listed below has changed, effective: 3-20-97                                                                                                                                              |                                                                        |
| TO: (new operator) (address)    BALLARD PETROLEUM LLC   FROM: (old operator)                                                                                                                                          | DENVER CO 80202                                                        |
| Phone: <u>(303)675-0300</u><br>Account no. <u>N2310 (7-18</u> -97)                                                                                                                                                    | Phone:(303)675-0300<br>Account noN0895                                 |
| *DEADMAN CYN FED 1-20                                                                                                                                                                                                 | ANDS & DEADMAN (UPPER ISMAY) UNITS  37S                                |
| OPERATOR CHANGE DOCUMENTATION  1. (r649-8-10) Sundry or other legal documentation has been received from t form). (L. d ?-17-97)                                                                                      | he FORMER operator (attach to this                                     |
| $\frac{\mathcal{L}_{LC}}{\mathcal{L}_{C}}$ 2. (r649-8-10) Sundry or other legal documentation has been received from form). ( $\frac{\mathcal{L}_{C}}{\mathcal{L}_{C}}$ )                                             | om the NEW operator (Attach to this                                    |
| 3. The Department of Commerce has been contacted if the new operator wells in Utah. Is the company registered with the state? (yes/no)                                                                                | above is not currently operating any If yes, show company file number: |
| 4. FOR INDIAN AND FEDERAL WELLS ONLY. The BLM has been connote of BLM status in comments section of this form. BLM approval changes should ordinarily take place prior to the division's approval, a through 9 below. | of Rederal and Indian well operator                                    |
| Let 5. Changes have been entered in the Oil and Gas Information System (32 (7-18-97) ** Use Program Updated.  Let 6. Cardex file has been updated for each well listed above. (7-18-97)                               | 270) for each well listed above.                                       |
| Lec 7. Well file labels have been updated for each well listed above. (7-18-97)                                                                                                                                       |                                                                        |
| 8. Changes have been included on the monthly "Operator, Address, and Account to Trust Lands, Sovereign Lands, UGS, Tax Commission, etc. (7-18-97)                                                                     | ount Changes" memo for distribution                                    |
| 9. A folder has been set up for the Operator Change file, and a copy of reference during routing and processing of the original documents.                                                                            | f this page has been placed there for                                  |

- OVER -

c:\dons\wpdocs\forms\operchng

|                            | OR CHANGE WORKSHEET (conued) - Initial each item when completed. Write A if item is not applicable.                                                                                             |
|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ENTIT                      | Y REVIEW                                                                                                                                                                                        |
| <u>Lec</u> 1.              | (r649-8-7) Entity assignments have been reviewed for all wells listed above. Were entity changes made (yes no) If entity assignments were changed, attach copies of Form 6, Entity Action Form. |
| <u>N/A</u> 2.              | Trust Lands, Sovereign Lands, Tax Commission, etc., have been notified through normal procedures of entity changes.                                                                             |
| BOND V                     | VERIFICATION - (FEE WELLS ONLY)                                                                                                                                                                 |
| <u>N/A</u> 1.              | (r649-3-1) The NEW operator of any fee lease well listed above has furnished a proper bond.  A copy of this form has been placed in the new and former operator's bond files                    |
| 2.                         | A copy of this form has been placed in the new and former operator's bond files.                                                                                                                |
| 3.                         | The FORMER operator has requested a release of liability from their bond (yes/no), as of today's date  If yes, division response was made to this request by letter dated                       |
| LEASE 1                    | INTEREST OWNER NOTIFICATION OF RESPONSIBILITY                                                                                                                                                   |
| M/4 1.<br>D(5<br>7/21/9    | Copies of documents have been sent on to at Trust Lands for changes involving State leases, in order to remind that agency of their responsibility to review for proper bonding.                |
| <u>///</u> 2.              | (r649-2-10) The former operator of any fee lease wells listed above has been contacted and informed by letter dated19, of their responsibility to notify all interest owners of this change.    |
| FILMIN                     | G                                                                                                                                                                                               |
| 1.                         | All attachments to this form have been microfilmed. Today's date: 7-30-97.                                                                                                                      |
| FILING                     |                                                                                                                                                                                                 |
| 1.                         | Copies of all attachments to this form have been filed in each well file.                                                                                                                       |
| 2.                         | The original of this form, and the original attachments are now being filed in the Operator Change file.                                                                                        |
| СОММЕ                      | NTS                                                                                                                                                                                             |
| <u>970718</u><br>Gerv. mer | Blm aprv. eff. 3-20-97. (No oficial "Unit Operator Changes" copy of Blm<br>ger letter will be filed in unit files)                                                                              |
|                            |                                                                                                                                                                                                 |
| <u>-</u>                   |                                                                                                                                                                                                 |
|                            |                                                                                                                                                                                                 |

## **OPERATOR CHANGE WORKSHEET**

| ROUTING |
|---------|
| 1. GLH  |
| 2. CDW  |
| 3. FILE |

Change of Operator (Well Sold)

Designation of Agent

| Operator Name Change                                                                                                                                                                                                                                                |                 | X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Mergei       | r                         |                                                  |                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------------------------|--------------------------------------------------|--------------------------------------------------|
| The operator of the well(s) listed below has changed,                                                                                                                                                                                                               | effective:      | 12-31-2001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |                           |                                                  |                                                  |
| FROM: (Old Operator):                                                                                                                                                                                                                                               |                 | TO: ( New Op                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | perator):    |                           |                                                  |                                                  |
| BALLARD PETROLEUM LLC                                                                                                                                                                                                                                               | 1               | AEC OIL & GA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              | NC                        | <u> ·</u>                                        |                                                  |
| Address: 950 17TH STREET, STE 2600                                                                                                                                                                                                                                  | -               | Address: 950 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                           | 00                                               |                                                  |
| Address. 930 17111 31KEE1, 31L 2000                                                                                                                                                                                                                                 |                 | Tradition of the state of the s |              |                           |                                                  |                                                  |
| DENVER, CO 80202                                                                                                                                                                                                                                                    | ]               | DENVER, CO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |                           |                                                  |                                                  |
| Phone: 1-(303)-389-5015                                                                                                                                                                                                                                             | _               | Phone: 1-(303)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                           |                                                  |                                                  |
| Account No. N2310                                                                                                                                                                                                                                                   |                 | Account No. N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 12085        |                           |                                                  |                                                  |
| CA No.                                                                                                                                                                                                                                                              |                 | Unit:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | BADLAN       | DS                        |                                                  |                                                  |
| WELL(S)                                                                                                                                                                                                                                                             |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                           |                                                  |                                                  |
|                                                                                                                                                                                                                                                                     | SEC TWN         | API NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ENTITY       | LEASE                     | WELL                                             | WELL                                             |
| NAME                                                                                                                                                                                                                                                                | RNG             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NO           | TYPE                      | TYPE                                             | STATUS                                           |
| NORTH CHAPITA 1,36                                                                                                                                                                                                                                                  |                 | 43-047-31795                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              | FEDERAL                   |                                                  | P                                                |
| BADLANDS FEDERAL 1-31                                                                                                                                                                                                                                               |                 | 43-047-31857                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              | FEDERAL                   |                                                  | S                                                |
| BADLANDS FEDERAL 1-32                                                                                                                                                                                                                                               | 32-08S-23E      | 43-047-31869                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 11627        | FEDERAL                   | IGW _                                            | P                                                |
|                                                                                                                                                                                                                                                                     |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ļ            | <u> </u>                  |                                                  | <del> </del>                                     |
|                                                                                                                                                                                                                                                                     |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                           | <del>                                     </del> |                                                  |
|                                                                                                                                                                                                                                                                     |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del> </del> | -                         | <u> </u>                                         |                                                  |
|                                                                                                                                                                                                                                                                     |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                           | <u> </u>                                         | <del>                                     </del> |
| <ol> <li>Enter date after each listed item is completed</li> <li>(R649-8-10) Sundry or legal documentation was received</li> <li>(R649-8-10) Sundry or legal documentation was received</li> <li>The new company has been checked through the Department</li> </ol> | from the NEV    | V operator on:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 02/04/200    | _                         | -                                                | 02/04/2002                                       |
| 4. Is the new operator registered in the State of Utah:                                                                                                                                                                                                             | YES             | Business Num                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ber:         | 764413-014                | 3                                                |                                                  |
| 5. If <b>NO</b> , the operator was contacted contacted on:                                                                                                                                                                                                          | N/A             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                           |                                                  |                                                  |
| 6. Federal and Indian Lease Wells: The BLM and or operator change for all wells listed on Federal or Indian                                                                                                                                                         |                 | has approved<br>12/28/2001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | the merg     | er, name cl               | nange,                                           |                                                  |
| 7. Federal and Indian Units: The BLM or BIA has approved the successor of unit op                                                                                                                                                                                   | erator for well | ls listed on:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 12/28/200    | <u>) 1</u>                |                                                  |                                                  |
| 8. Federal and Indian Communization Agreem The BLM or BIA has approved the operator for all well                                                                                                                                                                    |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | N/A          | _                         |                                                  |                                                  |
| 9. Underground Injection Control ("UIC") for the enhanced/secondary recovery unit/project for the                                                                                                                                                                   |                 | n has approved l<br>well(s) listed o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              | 5, Transfer of 02/05/2002 |                                                  | rity to Inject,                                  |

| $\overline{}$ | ATA ENTRY:                                                       |                            |                                 |
|---------------|------------------------------------------------------------------|----------------------------|---------------------------------|
| 1)            | Changes entered in the Oil and Gas Database on:                  | 02/04/2002                 |                                 |
| 1.            | Changes entered in the On and Gas Database on.                   | 02/04/2002                 |                                 |
| 2.            | Changes have been entered on the Monthly Operator Ch             | hange Spread Sheet on:     | 02/04/2002                      |
| 3.            | Bond information entered in RBDMS on:                            | N/A                        |                                 |
| 4.            | Fee wells attached to bond in RBDMS on:                          | N/A                        |                                 |
| SI            | ATE WELL(S) BOND VERIFICATION:                                   |                            |                                 |
| 1.            | State well(s) covered by Bond Number:                            | <u>N/A</u>                 |                                 |
| FI            | CDERAL WELL(S) BOND VERIFICATION:                                |                            |                                 |
| 1.            | Federal well(s) covered by Bond Number:                          | RLB 0002902                |                                 |
| IN            | DIAN WELL(S) BOND VERIFICATION:                                  |                            |                                 |
| 1.            | Indian well(s) covered by Bond Number:                           | N/A                        |                                 |
| FF            | E WELL(S) BOND VERIFICATION:                                     |                            |                                 |
| 1.            | (R649-3-1) The <b>NEW</b> operator of any fee well(s) listed co  | overed by Bond Number      | N/A                             |
| 2.            | The FORMER operator has requested a release of liability         | from their bond on:        | N/A                             |
|               | The Division sent response by letter on:                         | <u>N/A</u>                 |                                 |
| LI            | ASE INTEREST OWNER NOTIFICATION:                                 |                            |                                 |
| 3.            | (R649-2-10) The <b>FORMER</b> operator of the fee wells has b    | peen contacted and informe | d by a letter from the Division |
|               | of their responsibility to notify all interest owners of this cl | hange on: N/A              | <u> </u>                        |
| CC            | MMENTS:                                                          |                            |                                 |
|               |                                                                  |                            |                                 |
|               |                                                                  |                            |                                 |
|               |                                                                  |                            |                                 |
|               |                                                                  |                            |                                 |



## United States Department of the Interior

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

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

In Reply Refer To: 3106 UTU-20544 et al (UT-924)

FEB 0 1 2002

### **NOTICE**

AEC Oil & Gas (USA) Inc.

Oil and Gas

950 17th Street

:

Suite 2600

:

Denver, Colorado 80202

#### Merger Recognized

Acceptable evidence has been received in this office concerning the Merger of <u>Ballard Petroleum LLC</u> into <u>AEC Oil & Gas (USA) Inc.</u> with <u>AEC Oil & Gas (USA) Inc.</u> being the surviving entity.

For our purposes, the name change is recognized effective December 28, 2001.

The oil and gas lease files identified on the enclosed exhibit have been noted as to the merger. The exhibit was compiled from a list of leases obtained from our computer program. We have not abstracted the lease files to determine if the entities affected by this name change hold an interest in the leases identified nor have we attempted to identify leases where the entities are the operator on the ground maintaining no vested recorded title or operating rights interests. We will be notifying the Minerals Management Service and all applicable Bureau of Land Management offices of the change by a copy of this notice. If additional documentation for changes of operator are required by our Field Offices, you will be contacted by them.

A cross reference was accomplished with our records and found that the lease UTU-58726 was not identified on your listing. We will appropriately document those files with a copy of this Notice.



FEB 0 4 2002

DIVISION OF OIL, GAS AND MINING

Due to the name change, the name of the principal/obligor on the bond is required to be changed from <u>Ballard Petroleum LLC</u> to <u>AEC Oil & Gas (USA) Inc.</u>. You may accomplish this either by consent of surety rider on the original bond or by submitting a bond under the new name. The statewide bond is held in Utah.

Robert Lopez

Chief, Branch of

Minerals Adjudication

#### Enclosure

1. Exhibit of Leases (1 pp)

cc: Moab Field Office

Vernal Field Office

MMS, Reference Data Branch, MS3130, PO Box 5860, Denver CO 80217

State of Utah, DOGM, Attn: Jim Thompson (Ste. 1210), Box 145801, SLC UT 84114

Teresa Thompson (UT-922)

Joe Incardine (UT-921)

## **Exhibit of Leases**

| UTU-20544 | UTU-73495              |
|-----------|------------------------|
| UTU-40754 | UTU-73498              |
| UTU-49678 | UTU-73717              |
| UTU-54017 | UTU-73942              |
| UTU-56960 | UTU-74437              |
| UTU-56965 | UTU-74439              |
| UTU-57469 | UTU-74988              |
| UTU-58726 | UTU-76042              |
| UTU-61400 | UTU-76043              |
| UTU-61401 | UTU-76475              |
| UTU-62252 | UTU-76584              |
| UTU-62953 | UTU-76705              |
| UTU-63182 | UTU-76730              |
| UTU-64422 | UTU-76816              |
| UTU-65471 | UTU-76817              |
| UTU-65472 | UTU-76850              |
| UTU-72045 | UTU-77075              |
| UTU-72047 | UTU-77267              |
| UTU-72644 | UTU-77268              |
| UTU-72645 | UTU-77269              |
| UTU-73038 | UTU-77270              |
| UTU-73193 | UTU-77271              |
| UTU-73417 | UTU-77272              |
| UTU-73418 | UTU-77273              |
| UTU-73419 | UTU-77274              |
| UTU-73426 | UTU-77275              |
| UTU-73426 | UTU-77276              |
| UTU-73427 | UTU-77277              |
| UTU-73428 | UTU-77278              |
| UTU-73429 | UTU-77300              |
| UTU-73430 | UTU-77335              |
| UTU-73431 | UTU-77540              |
| UTU-73432 | UTU-77862              |
| UTU-73484 | UTU-78025              |
| UTU-73446 | UTU-78176              |
| UTU-73447 | UTU-78223              |
| UTU-73448 | UTU-78736              |
| UTU-73454 | UTU-78987              |
| UTU-73485 | UTU-78988<br>UTU-79020 |
| UTU-73486 |                        |
| UTU-73487 | UTU-79186              |
| UTU-73489 |                        |
| UTU-73490 |                        |

STATE OF DELAWARE SECRETARY OF STATE DIVISION OF CORPORATIONS FILED 11:22 AM 12/28/2001 010674344 - 2137805

# CERTIFICATE OF MERGER OF MAPLELEAF TRANSACTIONS, INC. AND BALLARD PETROLEUM LLC INTO AEC OIL & GAS (USA) INC.

The undersigned corporation, formed and existing under and by virtue of the Delaware General Corporation Law, does hereby certify:

FIRST: The name and jurisdiction of incorporation of each of the entities which is to merge are as follows:

Name
AEC Oil & Gas (USA) Inc.
Mapleleaf Transactions, Inc.
Ballard Petroleum LLC
Durisdiction of Incorporation
Delaware
Delaware

SECOND: An Agreement and Plan of Merger has been approved, adopted, certified, executed and acknowledged by AEC Oil & Gas (USA) Inc. and Mapleleaf Transactions, Inc. in accordance with Section 364 of the Delaware General Corporation Law and by Ballard Petroleum LLC in accordance with Section 209 of the Delaware Limited Liability Company Act

THIRD: The name of the surviving corporation is AEC Oil & Gas (USA) Inc., a Delaware corporation.

FOURTH: The Certificate of Incorporation of the surviving corporation shall be the Certificate of Incorporation of AEC Oil & Gas (USA) Inc. as in effect immediately preceding the merger.

FIFTH: The merger of Mapleleaf Transactions, Inc. and Ballard Petroleum LLC into AEC Oil & Gas (USA) Inc. shall be effective on (i) 11:59 pm EST, December 31, 2001; and (ii) the day and hour of the filing of this Certificate of Merger in the office of the Secretary of State of Delaware.

SIXTH: The executed Agreement and Plan of Merger is on file at the principal place of business of the surviving corporation, which is AEC Oil & Gas (USA) Inc., 950 17th Street, Suite 2600, Denver, Colorado 80202.

SEVENTH: A copy of the Agreement and Plan of Merger will be furnished by the surviving corporation, on request and without cost, to any stockholder of Mapleleaf Transactions, Inc. and AEC Oil & Gas (USA) Inc. and to any member of Ballard Petroleum LLC.

AEC DIL & GAS (USA) INC.

Mary A/Viviano, Secretary

PAGE 1



## State of Delamare 010674344

SECRETARY OF STATE DIVISION OF CORPORATIONS P.O. BOX 898 DOVER, DELAWARE 19903

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12-28-2001

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WELBORN SULLIVAN MECK & TOOLE, P.C.

821 17TH STREET

STE 500

DENVER

CO 80202

ATTN: AMY MANG

X#

THUOMA DESCRIPTION BALLARD PETROLEUM LLC 3056340 0250N Merger; Non-Survivor Merger Franchise Tax Balance FILING TOTAL MAPLELEAF TRANSACTIONS, INC. 3340722 0250N Merger; Non-Survivor Franchise Tax Balance

| AEC OIL | & | GAS  | (USA)  | INC. |        |
|---------|---|------|--------|------|--------|
| 2137895 |   | 0250 | S Merc | ger; | Surviv |

| FILING TOTAL                                                                                                                                            | 30.00                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| Merger; Survivor  Merger  Receiving/Indexing  Data Entry Fee  Surcharge Assessment-New Castle  Page Assessment-New Castle Count  Expedite Fee, Same Day | 75.00<br>50.00<br>20.00<br>6.00<br>18.00<br>200.00 |
| FILING TOTAL                                                                                                                                            | 369.00                                             |
| TOTAL CHARGES                                                                                                                                           | 549.00                                             |
| TOTAL PAYMENTS                                                                                                                                          | 549.00                                             |

SERVICE REQUEST BALANCE

#### BOND RIDER NO. 2

Attaching to and forming part of Oil and Gas or Geothermal Lease Bond, Bond No. RLB0002902, effective February 20, 2001, on behalf of Ballard Petroleum, LLC as Principal, in favor of the United States of America as Obligee, in the amount of Fifty Thousand and No/100 Dollars (\$50,000.00).

It is understood and agreed that effective January 15, 2002, the name of the Principal has been changed under this bond to read:

AEC Oil & Gas (USA) Inc.

All other conditions and terms to remain as originally written.

Signed, Sealed and dated this 15<sup>th</sup> day of January, 2002

AEC Oil & Gas (USA) Inc.

Principal

Mc By X

Jonathan L. Grannis, Vice President,

Rockies Exploration

RLI Insurance Company

Surety

Greg E. Chilson, Attorney-in-Fact

8 Greenway Plaza, Suite 400

Houston, Texas 77046



025 North Lindbergh Dr. • Peoria, IL 616 (309) 692-1000 or (800) 645-2402

#### RLB0002902

## **POWER OF ATTORNEY**

**RLI** Insurance Company

## Know All Men by These Presents:

| That the RLIINSURANCE COMPANY, a corpo                                                                                                                                              | ration organized and existing under the laws of the State of I                                                                                                                                                                                                                                                                                                                                | llinois, and authorized and licensed                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| to do business in all states and the District o                                                                                                                                     | f Columbia does hereby make, constitute and appoint:                                                                                                                                                                                                                                                                                                                                          | GREG E. CHILSON                                                                                                                            |
|                                                                                                                                                                                     | 3, as Attorney-in-Fact, with full power and authority hits behalf as Surety and as its act and deed, all of the follo                                                                                                                                                                                                                                                                         |                                                                                                                                            |
|                                                                                                                                                                                     | \$50,000.00                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                            |
| or equity; policies indemnifying employers<br>surety and fidelity bonds. Indemnity in all                                                                                           | nay be desired by contract, or may be given in any action of against loss or damage caused by the misconduct of their cases where indemnity may be lawfully given; and with full change or extend any bond or document executed for this hade or existing against said Company.                                                                                                               | employees; official, bail and<br>Il power and authority to                                                                                 |
| The RLI INSURANCE COMPANY further certi<br>Directors of RLI Insurance Company, and no                                                                                               | ifies that the following is a true and exact copy of a Resolu<br>w in force to-wit:                                                                                                                                                                                                                                                                                                           | tion adopted by the Board of                                                                                                               |
| name of the Company by the President, Se<br>as the Board of Directors may authorize. T<br>appoint Attorneys-in-Fact or Agents who sl<br>The corporate seal is not necessary for the | of Attorney, or other obligations of the corporation shall lecretary, any Assistant Secretary, Treasurer, or any Vice President, Secretary, any Assistant hall have authority to issue bonds, policies, or undertaking validity of any bonds, policies, undertakings, Powers of At officer and the corporate seal may be printed by facsimile (Blue shaded areas above indicate authenticity) | esident, or by such other officers<br>Secretary, or the Treasurer may<br>gs in the name of the Company.<br>torney, or other obligations of |
|                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                            |
|                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                            |
|                                                                                                                                                                                     | •                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                            |
| IN WITNESS WHEREOF, the RLI Insurance of corporate seal affixed this  ATTEST:  Corporate Secretary  State of Illinois  SS  County of Peoria                                         | Company has caused these presents to be executed by its                                                                                                                                                                                                                                                                                                                                       | PRESIDENT with its  I INSURANCE COMPANY  The Educated  President                                                                           |
|                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                            |
|                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                            |

On this 15 day of Jan., 2002 before me, a Notary Public, personally appeared <u>Jonathan E. Michael</u> and <u>Camille J. Hensey</u>, who being by me duly sworn, acknowledged that they signed the above Power of Attorney as President and Corporate Secretary, respectively, of the said RLI INSURANCE COMPANY, and acknowledged said instrument to be the voluntary act and deed of said corporation.

Cherie & Montgomery
Notary Public



| STATE OF UTAH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                       | FO                                          | RM 9   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------|--------|
| DEPARTMENT OF NATURAL RESOURCES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 5. LEASE DESIGNATION AND SERIAL NUMBE | R                                           |        |
| DIVISION OF OIL, GAS AND MINING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                             |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | TI I C                                | 6 IF INDIAN, ALLOTTEE OR TRIBE NAME         |        |
| SUNDRY NOTICES AND REPORTS ON W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ELLS                                  | 7. UNIT or CA AGREEMENT NAME:               |        |
| Do not use this form for proposals to drill new wells, significantly deepen existing wells below current bottom-hol                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | e depth, reenter plugged wells, or to | 7. UNIT OF CA AGREEMENT NAME:               |        |
| drill horizontal laterals. Use AFFLICATION TOX 1 EXTENT TO STATE T |                                       | 8. WELL NAME and NUMBER:                    |        |
| 1. TYPE OF WELL OIL WELL GAS WELL OTHER CHANGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | OF OPERATOR                           |                                             |        |
| 2. NAME OF OPERATOR:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                       | 9. API NUMBER:                              |        |
| BALLARD PETROLEUM LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                       | 10. FIELD AND POOL, OR WILDCAT:             |        |
| 3. ADDRESS OF OPERATOR:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (303) 389-5060                        | 10. FIELD AND FOOL, ON WILLS                |        |
| 950 17TH ST,#2600 CITY DENVER STATE CO ZIE 80202                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (000) 000 000                         |                                             |        |
| 4. LOCATION OF WELL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                       | COUNTY:                                     |        |
| FOOTAGES AT SURFACE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                       |                                             |        |
| QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                       | STATE:<br>UTAH                              |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       | TO OF OTHER DATA                            |        |
| 11. CHECK APPROPRIATE BOXES TO INDICATE NATU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | RE OF NOTICE, REPO                    | ORT, OR OTHER DATA                          |        |
| TYPE OF SUBMISSION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | TYPE OF ACTION                        |                                             | TION:  |
| ACIDIZE DEEF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | EN                                    | REPERFORATE CURRENT FORMAT                  | ION    |
| NOTICE OF INTENT (Submit in Duplicate)  ALTER CASING  FRAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | TURE TREAT                            | SIDETRACK TO REPAIR WELL                    |        |
| Approximate date work will start. CASING REPAIR NEW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | CONSTRUCTION                          | TEMPORARILY ABANDON                         |        |
| CHANGE TO PREVIOUS PLANS PLANS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | RATOR CHANGE                          | TUBING REPAIR                               |        |
| CHANGE TUBING PLUC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | S AND ABANDON                         | VENT OR FLARE                               |        |
| SUBSEQUENT REPORT CHANGE WELL NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | BACK                                  | WATER DISPOSAL                              |        |
| La trade de la constante de la | DUCTION (START/RESUME)                | WATER SHUT-OFF                              |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | LAMATION OF WELL SITE                 | OTHER:                                      |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | OMPLETE - DIFFERENT FORMATION         | N                                           |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | eile including dates, denths, volu    | imes, etc.                                  |        |
| 12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent del<br>A MERGER BETWEEN BALLARD PETROLEUM LLC AND AEC C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | NI & GAS (HSA) INC. I                 | RECAME EFFECTIVE ON 12"                     | 31-01. |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                             | EC.    |
| OIL & GAS (USA) INC., A DELAWARE CORPORATION, WHICH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | WILL CONTINUE TO C                    | OPERATE UNDER BOND                          |        |
| RLB0002902 (UT-1005).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                       |                                             |        |
| ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | IO MEDOED IT IS DEC                   | OUESTED THE OPERATOR N                      | AME    |
| ATTACHED IS A LIST OF THE UTAH WELLS AFFECTED BY TH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | IS MERGER. IT IS NEC                  | QUESTED THE STEETH STATE                    |        |
| BE CHANGED TO AEC OIL & GAS (USA) INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       |                                             |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                             |        |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                             |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | TITLE: VICE PRES                      | SIDENT, BALLARD PETROLEU                    | M LLC  |
| NAME ERIC MARSH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                             |        |
| (S///WELL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | DATE: 1/29                            | 102                                         |        |
| SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | DATE:                                 | /                                           |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                             |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                             |        |
| EDIO MADOLI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | TEAM LEADE                            | R, AEC OIL & GAS (USA) INC                  |        |
| NAME (PLEASE PRINT) TRITE MARSH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | / /                                   |                                             |        |
| H/WSC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | DATE 1/29/03                          | 2                                           |        |
| SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                       | principle profiles and provided to via your | ***    |

RECEIVED

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(This space for State use only)

| API          | WELL NAME                               | LEASE                | QUARTER/ | SEC-<br>TOWNSHIP | COUNTY   | WELL<br>STATUS |
|--------------|-----------------------------------------|----------------------|----------|------------------|----------|----------------|
|              |                                         |                      | QUARTER  | RANGE            | !        | 3777100        |
| 42 027 20000 | HORSEHEAD POINT 18-44                   | UTU40754             | SESE     | 18-36S-25E       | SAN JUAN | SI             |
| 43-037-30909 | DEADMAN CANYON 1-20                     | UTU57469             | NWSE     | 20-37S-24E       | SAN JUAN | INJ            |
| 43-037-31293 |                                         | UTU57469             | SESE     | 20-37S-24E       | SAN JUAN | PROD           |
| 43-037-31303 | DEADMAN CANYON 2-20                     | UTU57469             | SENW     | 20-37S-24E       | SAN JUAN | P&A            |
| 43-037-31304 | DEADMAN CANYON 3-20                     | UTU49678             | NWNW     | 28-37S-24E       | SAN JUAN | SI             |
| 43-037-31306 | DEADMAN CANYON 1-28                     | UTU62953             | NWNW     | 15-36S-23E       | SAN JUAN | PROD           |
| 43-037-31403 | 1-15 CABALLO UNIT                       | UTU56590             | SWSW     | 36-8S-22E        | UINTAH   | PROD           |
| 43-047-31795 | NORTH CHAPITA 1-36                      | UTU61401             | SENW     | 31-8S-23E        | UINTAH   | P&A            |
| 43-037-31857 | BADLANDS 1-31                           | UTU56965             | SESE     | 32-8S-23E        | UINTAH   | PROD           |
| 43-047-31869 | BADLANDS 1-32                           | UTU61401             | SESW     | 31-8S-23E        | UINTAH   | PROD           |
| 43-047-33451 | NORTH CHAPITA 24-31                     | UTU61400             | SESE     | 30-8S-23E        | UINTAH   | PROD           |
| 43-047-33452 | NORTH CHAPITA 44-30 NORTH CHAPITA 44-36 | UTU56960             | SESE     | 35-8S-22E        | UINTAH   | PROD           |
| 43-047-33454 |                                         | UTU77275             | NWSW     | 5-11S-5E         | UTAH     | P&A            |
| 43-049-30018 | OIL HOLLOW 5-1                          | UTU56960             | SENW     | 36-8S-22E        | UINTAH   | PROD           |
| 43-047-34084 | FEDERAL 22-36<br>FEDERAL 32-30          | UTU61400             | SWNE     | 30-8S-23E        | UINTAH   | PROD           |
| 43-047-34085 |                                         | UTU61401             | SESE     | 31-8S-23E        | UINTAH   | PROD           |
| 43-047-33453 | FEDERAL 44-31                           | UTU56960             | SESW     | 36-8S-22E        | UINTAH   | APD            |
| 43-047-34128 | FEDERAL 24-36                           | UTU77300             | NWSE     | 20-8S-24E        | UINTAH   | APD            |
| 43-047-34180 | FEDERAL 33-20                           | UTU65471             | SENE     | 25-8S-22E        | UINTAH   | APD            |
| 43-047-34182 | FEDERAL 42-25                           | UTU56960             | NENE     | 36-8S-22E        | UINTAH   | APD            |
| 43-047-34130 | FEDERAL 41-36                           |                      | SENW     | 32-8S-23E        | UINTAH   | APD            |
| 43-047-34016 | FEDERAL 22-32                           | UTU56965             | NESE     | 36-8S-22E        | UINTAH   | APD            |
| 43-047-34132 | FEDERAL 43-36                           | UTU56960<br>UTU65472 | NWSE     | 25-8S-22E        | UINTAH   | APD            |
| 43-047-34181 | FEDERAL 33-25                           |                      | SESW     | 30-8S-23E        | UINTAH   | APD            |
| 43-047-34179 | FEDERAL 24-30                           | UTU61400             | NESE     | 31-8S-23E        | UINTAH   | APD            |
| 43-047-34131 | FEDERAL 43-31                           | UTU61401             | NESW     | 36-8S-22E        | UINTAH   | APD            |
| 43-047-34127 | FEDERAL 23-36                           | UTU56960             |          | 36-8S-23E        | UINTAH   | APD            |
| 43-047-34125 | FEDERAL 22-36E                          | UTU78025             | SENW     | 31-8S-23E        | UINTAH   | APD            |
| 43-047-34126 | FEDERAL 23-31                           | UTU61401             | NESW     | 26-8S-23E        | UINTAH   | APD            |
| 43-047-34178 | FEDERAL 22-26                           | UTU76042             | SENW     | 31-8S-23E        | UINTAH   | APD            |
| 43-047-34129 | FEDERAL 41-31                           | UTU61401             | NENE     | 31-05-23E        | UINTAIT  |                |



## United States Department of the Interior

## BUREAU OF LAND MANAGEMENT

Montana State Office 5001 Southgate Drive, P.O. Box 36800

Billings, Montana 59107-6800 http://www.mt.blm.gov/



MTBIL 027549 et al BLM Bond Nos. MT1009 WY1380 UT1005 CO1384

(922.EK)

May 10, 2002

#### NOTICE

EnCana Energy Resources Inc. EnCana Oil & Gas (USA) Inc. 600 South Excelsior Butte, Montana 59701

## CORPORATE MERGERS AND NAME CHANGES RECOGNIZED

You have filed acceptable evidence confirming the following corporate merger and resulting name changes.

#### Merger:

PanCanadian Energy Corporation and Alberta Energy Company Ltd. with a name change to EnCana Corporation - April 8, 2002

#### Name Changes:

PanCanadian Resources to EnCana Resources - April 9, 2002
PanCanadian Heritage Lands to EnCana Heritage Lands - April 9, 2002
PanCanadian Energy Services Inc. to EnCana Energy Services Inc. April 8, 2002

PanCanadian Energy Resources Inc. to EnCana Energy Resources Inc. - April 3, 2002

PanCanadian Gulf of Mexico Inc. to EnCana GOM Inc. - April 8, 2002 PanCanadian Midstream Inc. to EnCana Midstream Inc. - April 8, 2002 PanCanadian Midstream Limited to EnCana Midstream Limited -April 8, 2002

PanCanadian Energy Holdings Inc. to EnCana Energy Holdings Inc. - April 8, 2002

AEC Gathering Services (USA) Inc. to EnCana Gathering Services (USA) Inc. - April 5, 2002

AEC Gulf of Mexico Inc. to EnCana Gulf of Mexico Inc. - April 8, 2002 AEC International (USA) Inc. to EnCana International (USA) Inc. -April 8, 2002

AEC Marketing (USA) Inc. to EnCana Marketing (USA) Inc. - April 8, 2002 AEC Oil & Gas (USA) Inc. to EnCana Oil & Gas (USA) Inc. - April 5, 2002

AEC Oil & Gas Co. Ltd. to EnCana Oil & Gas Co. Ltd. - April 5, 2002

AEC Oil & Gas Partnership to EnCana Oil & Gas Partnership -

April 8, 2002 AEC Pipelines (USA) Inc. to EnCana Pipelines (USA) Inc. - April 8, 2002

AEC Storage and Hub Services Inc. to EnCana Gas Storage Inc. -

April 8, 2002 AEC West Ltd. to EnCana West Ltd. - April 5, 2002 AEC Pipelines Ltd. to EnCana Pipelines Ltd. - April 8, 2002

For our purpose we are recognizing the merger and name changes effective as shown above, as certified by the various Secretary of the States or the Canadian Office of Register. The principal automatically changes by operation of law from PanCanadian Energy Resources Inc. to EnCana Energy Resources Inc. on bond no. 055 S103356131BCM (BLM Bond No. MT1009) with Travelers Casualty & Surety Company of America as surety. The principal automatically changes by operation of law from AEC Oil & Gas (USA) Inc. to EnCana Oil & Gas (USA) Inc. on the following bonds:

Bond No. SLRC6413968 (BLM Bond No. WY1380) - The American Insurance Company as surety.
Bond No. RLB0002901 (BLM Bond No. CO1384) - RLI Insurance Company as surety.
BLM Bond No. UT1005 backed by a Letter of Credit.

We updated the oil and gas lease files identified on the enclosed exhibits A, B and C to reflect the new names. We compiled the exhibit from leases shown on our automated records system and the list you submitted. We are notifying the Minerals Management Service and applicable Bureau of Land Management offices of the change so they can update their records. If our field offices require additional documentation for changes of operator, they will contact you.

If you identify additional leases affected by the name change, please contact this office and we will document the files under our jurisdiction with a copy of this notice. If the leases are under the jurisdiction of another State Office, we will notify them.

If you have any questions, please contact Elaine at (406) 896-5108, or FAX (406) 896-5292.

/s/ Karen L. Johnson

Karen L. Johnson, Chief Fluids Adjudication Section

## 3 Enclosures

1-Exhibit A - BLM automated records report

2-Exhibit B - List of leases submitted by PanCanadian Energy Res.

3-Exhibit C - BLM automated records report for AEC OG (USA), AEC O&G (USA) INC, AEC OIL & GAS (USA) INC, AEC OIL & GAS USA INC,

cc: (w/encl)

Travelers Casualty & Surety Company of America, One Tower Square, Hartford, CT 06183-6014

RLI Insurance Company, 9025 N. Lindbergh Drive, Peoria, IL 61615 The American Insurance Company, 777 San Marin Drive, Novato, CA 94998 MMS, MRM, Attn: Gail Ryer, P.O. Box 5760, MS357B1, Denver, CO 80217 FM, North Dakota

FM, Miles City

Great Falls Oil & Gas Field Station

MT-922 (RM&O Section)

MT-930 (Cashier)

SMA

Merger/Name Change File

cc: (without enclosure)

All State Offices (electronic)

MT-921 MT-924

Bureau of Indian Affairs, Regional Director Rocky Mountain Region, Real
Estate Services, 316 North 26<sup>th</sup> Street, Billings, MT 59101
Bureau of Indian Affairs, Regional Director Great Plains Regional Office, 115
4<sup>th</sup> Ave. S.E. Aberdeen SD 57401

922.Ekaufman:cs:5/10/02:X5108:pancanadian.elk.doc

MAY 17 2002

DIVISION OF OIL, GAS AND MINING

EnCana Oil & Gas (USA) Inc.

950 17th Street Suite 2600 tel: (303) 623-2300 tax: (303) 623-2400

Denver CO USA 80202

www.encana.com

To Whom It May Concern:

⇒US E&P Notice

On April 5, 2002 the Canadian merger transaction between PanCanadian Energy Corporation (PanCanadian) and Alberta Energy Company Ltd. (AEC) took effect and we began operating as **EnCana Corporation** on April 8, 2002.

As a result of the merger, several former PanCanadian affiliates have changed their names:

- PanCanadian Energy Corporation has become EnCana Corporation
- PanCanadian Resources has become EnCana Resources
- PanCanadian Heritage Lands has become EnCana Heritage Lands
- PanCanadian Energy Services Inc. has become EnCana Energy Services Inc.
- PanCanadian Energy Resources Inc. has become EnCana Energy Resources Inc.
- PanCanadian Gulf of Mexico Inc. has become EnCana GOM Inc.
- PanCanadian Midstream Inc. has become EnCana Midstream Inc.
- PanCanadian Midstream Limited has become EnCana Midstream Limited
- PanCanadian Energy Holdings Inc. has become EnCana Energy Holdings Inc.

Also, as a result of the merger AEC became an indirect subsidiary of EnCana Corporation. AEC's name has not changed and if you dealt with AEC in the past you should continue to deal with AEC in the normal fashion. The following AEC affiliates have, however, changed their names:

- ⇒ AEC Gathering Services (USA) Inc. has become EnCana Gathering Services (USA) Inc.
  - AEC Gulf of Mexico Inc. has become EnCana Gulf of Mexico Inc.
  - AEC International (USA) Inc. has become EnCana International (USA) Inc.
  - AEC Marketing (USA) Inc. has become EnCana Marketing (USA) Inc.
- ⇒ AEC Oil & Gas (USA) Inc. has become EnCana Oil & Gas (USA) Inc.
  - AEC Oil & Gas Co. Ltd. has become EnCana Oil & Gas Co. Ltd.
  - AEC Oil & Gas Partnership has become EnCana Oil & Gas Partnership
  - AEC Pipelines (USA) Inc. has become EnCana Pipelines (USA) Inc.
  - AEC Storage and Hub Services Inc. has become EnCana Gas Storage Inc.
  - AEC West Ltd. has become EnCana West Ltd.
  - AEC Pipelines Ltd. has become EnCana Pipelines Ltd.

Please address all future notices, invoices, payments, correspondence and other communications to the appropriate EnCana entity. The mailing address for the entity you have been dealing with will remain the same until you are notified otherwise.

If you have outstanding contract(s) with any of the above-noted entities, no changes or amendments are required at this time.

⇒If you are dealing with any other former PanCanadian or AEC affiliates which are not listed above, such as McMurry Oil Company and Fort Collins Consolidated Royalties, Inc., you may assume that such affiliate's name has not changed and you should continue to do business with that affiliate in the normal fashion until further notice.

If you require the *Proof of Filing* or the effective date of the respective name changes, you can download them from our web site at www.encana.com/Doing business with us.

EnCana Corporation and its affiliates look forward to a continued business relationship with you.

|                      |                        | LEASE    | QUARTER | SEC-       | COUNTY   | WELL   |
|----------------------|------------------------|----------|---------|------------|----------|--------|
| AP!                  | WELL NAME              | LEASE    | QUARTER | TOWNSHIP-  |          | STATUS |
|                      |                        | ;        |         | RANGE      | !        | ļ      |
|                      | TOPOSTISAD DOINT 19 14 | UTU40754 | SESE    | 18-36S-25E | SAN JUAN | SI     |
| <b>43</b> -037-30909 | HORSEHEAD POINT 18-44  | UTU57469 | NWSE    | 20-37S-24E | SAN JUAN | INJ    |
| 43-037-31293         | DEADMAN CANYON 1-20    | UTU57469 | SESE    | 20-37S-24E | SAN JUAN | PROD   |
| 43-037-31303         | DEADMAN CANYON 2-20    | UTU57469 | SENW    | 20-37S-24E | SAN JUAN | P&A    |
| 43-037-31304         | DEADMAN CANYON 3-20    | UTU49678 | NWNW    | 28-37S-24E | SAN JUAN | SI     |
| 43-037-31306         | DEADMAN CANYON 1-28    | UTU62953 | NWNW    | 15-36S-23E | SAN JUAN | PROD   |
| 43-037-31403         | 1-15 CABALLO UNIT      | UTU56590 | SWSW    | 36-8S-22E  | UINTAH   | PROD   |
| 43-047-31795         | NORTH CHAPITA 1-36     | UTU61401 | SENW    | 31-8S-23E  | UINTAH   | P&A    |
| 43-037-31857         | BADLANDS 1-31          | UTU56965 | SESE    | 32-8S-23E  | UINTAH   | PROD   |
| 43-047-31869         | BADLANDS 1-32          | UTU61401 | SESW    | 31-8S-23E  | UINTAH   | PROD   |
| 43-047-33451         | NORTH CHAPITA 24-31    | UTU61400 | SESE    | 30-8S-23E  | UINTAH   | PROD   |
| 43-047-33452         | NORTH CHAPITA 44-30    | UTU56960 | SESE    | 35-8S-22E  | UINTAH   | PROD   |
| 43-047-33454         | NORTH CHAPITA 44-36    | UTU77275 | NWSW    | 5-11S-5E   | UTAH     | P&A    |
| 43-049-30018         | OIL HOLLOW 5-1         | UTU56960 | SENW    | 36-8S-22E  | UINTAH   | PROD   |
| 43-047-34084         | FEDERAL 22-36          |          | SWNE    | 30-8S-23E  | UINTAH   | PROD   |
| 43-047-34085         | FEDERAL 32-30          | UTU61400 | SESE    | 31-8S-23E  | UINTAH   | PROD   |
| 43-047-33453         | FEDERAL 44-31          | UTU61401 | SESW    | 36-8S-22E  | UINTAH   | APD    |
| 43-047-34128         | FEDERAL 24-36          | UTU56960 | NWSE    | 20-8S-24E  | UINTAH   | APD    |
| 43-047-34180         | FEDERAL 33-20          | UTU77300 | SENE    | 25-8S-22E  | UINTAH   | APD    |
| 43-047-34182         | FEDERAL 42-25          | UTU65471 |         | 36-8S-22E  | UINTAH   | APD    |
| 43-047-34130         | FEDERAL 41-36          | UTU56960 | NENE    | 32-8S-23E  | UINTAH   | APD    |
| 43-047-34016         | FEDERAL 22-32          | UTU56965 | SENW    | 36-8S-22E  | UINTAH   | APD    |
| 43-047-34132         | FEDERAL 43-36          | UTU56960 | NESE    | 25-8S-22E  | UINTAH   | APD    |
| 43-047-34181         | FEDERAL 33-25          | UTU65472 | NWSE_   | 30-8S-23E  | UINTAH   | APD    |
| 43-047-34179         | FEDERAL 24-30          | UTU61400 | SESW    | 31-8S-23E  | UINTAH   | APD    |
| 43-047-34131         | FEDERAL 43-31          | UTU61401 | NESE    |            | UINTAH   | APD    |
| 43-047-34127         | FEDERAL 23-36          | UTU56960 | NESW    | 36-8S-22E  | UINTAH   | APD    |
| 43-047-34125         | FEDERAL 22-36E         | UTU78025 | SENW    | 36-8S-23E  | UINTAH   | APD    |
| 43-047-34126         | FEDERAL 23-31          | UTU61401 | NESW    | 31-8S-23E  | UINTAH   | APD    |
| 43-047-34178         | FEDERAL 22-26          | UTU76042 | SENW    | 26-8S-23E  | UINTAH   | APD    |
| 43-047-34129         | FEDERAL 41-31          | UTU61401 | NENE    | 31-8S-23E  | UINTAN   | 1 71 0 |

# **RECEIVED**

JUN 1 9 2002

DIVISION OF OIL, GAS AND MINING

#### STATE OF UTAH

| DEP/                                                                                                                          | ARTMENT OF NATURAL RESOUR                                                                 | RCES                        |                                          |                                            |               |  |
|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------|------------------------------------------|--------------------------------------------|---------------|--|
|                                                                                                                               | SION OF OIL, GAS AND MI                                                                   |                             |                                          | 5. LEASE DESIGNATION AND SERIAL NUMBER:    |               |  |
| SUNDRY NOTICES AND REPORTS ON WELLS                                                                                           |                                                                                           |                             |                                          | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME:      |               |  |
| Do not use this form for proposals to drill new wells                                                                         | s, significantly deepen existing wells below cur<br>Use APPLICATION FOR PERMIT TO DRILL f | rent bottom-hole dep        | th, reenter plugged wells, or to         | 7. UNIT or CA AGREEMENT NA                 | AME:          |  |
| 1. TYPE OF WELL OIL WELL                                                                                                      |                                                                                           | VAME CHAN                   |                                          | 8. WELL NAME and NUMBER:                   |               |  |
| 2. NAME OF OPERATOR:                                                                                                          |                                                                                           |                             |                                          | 9. API NUMBER:                             |               |  |
| EnCana Oil & Gas (USA) Inc.                                                                                                   |                                                                                           |                             |                                          |                                            |               |  |
| 3. ADDRESS OF OPERATOR: 950 17th Street,#2600 CITY Der                                                                        | over STATE CO ZIF                                                                         | 80202                       | PHONE NUMBER: (303) 389-5060             | 10. FIELD AND POOL, OR WIL                 | DCAT:         |  |
| 4. LOCATION OF WELL                                                                                                           |                                                                                           |                             |                                          |                                            |               |  |
| FOOTAGES AT SURFACE:                                                                                                          |                                                                                           |                             |                                          | COUNTY:                                    |               |  |
| QTR/QTR, SECTION, TOWNSHIP, RANGE, MEI                                                                                        | RIDIAN:                                                                                   |                             |                                          | STATE: UTAH                                |               |  |
| 11. CHECK APPROPE                                                                                                             | RIATE BOXES TO INDICAT                                                                    | E NATURE                    | OF NOTICE, REPOR                         | T, OR OTHER DAT                            | A             |  |
| TYPE OF SUBMISSION                                                                                                            |                                                                                           | T                           | YPE OF ACTION                            |                                            |               |  |
| NOTICE OF INTENT                                                                                                              | ACIDIZE                                                                                   | DEEPEN                      |                                          | REPERFORATE CURR                           | ENT FORMATION |  |
|                                                                                                                               | ALTER CASING                                                                              | FRACTURE                    | TREAT                                    | SIDETRACK TO REPA                          | IR WELL       |  |
| Approximate date work will start:                                                                                             | CASING REPAIR                                                                             | NEW CONS                    | TRUCTION                                 | TEMPORARILY ABANG                          | OON           |  |
|                                                                                                                               | CHANGE TO PREVIOUS PLANS                                                                  | OPERATOR                    | CHANGE                                   | TUBING REPAIR                              |               |  |
|                                                                                                                               | CHANGE TUBING                                                                             | PLUG AND                    | ABANDON                                  | VENT OR FLARE                              |               |  |
| SUBSEQUENT REPORT (Submit Original Form Only)                                                                                 | CHANGE WELL NAME                                                                          | PLUG BACK                   |                                          | WATER DISPOSAL                             |               |  |
|                                                                                                                               | CHANGE WELL STATUS                                                                        | PRODUCTION                  | ON (START/RESUME)                        | WATER SHUT-OFF                             |               |  |
|                                                                                                                               | COMMINGLE PRODUCING FORMATIONS                                                            | RECLAMAT                    | ION OF WELL SITE                         | OTHER: Name C                              | nange         |  |
|                                                                                                                               | CONVERT WELL TYPE                                                                         | RECOMPLE                    | TE - DIFFERENT FORMATION                 |                                            |               |  |
| Effective 4-8-02 the name of Al RLB0002902 is enclosed. The Attached is a list of Utah wells a Gas (USA) Inc. to EnCana Oil & | EC Oil & Gas (USA) Inc. wa<br>name of the Principal has be<br>affected by this name chang | s changed to<br>een changed | EnCana Oil & Gas (Uunder this bond to re | USA) Inc. A copy of<br>ead EnCana Oil & Ga | n AEC Oil &   |  |
|                                                                                                                               |                                                                                           |                             |                                          | JUN 1 9 20                                 | 002           |  |
|                                                                                                                               |                                                                                           |                             |                                          | DIVISION (<br>OIL, GAS AND I               |               |  |
| NAME (PLEASE PRINT) RUTHANN MORSS                                                                                             |                                                                                           | ) тіті                      | E PERMITTING AGI                         | ENT                                        |               |  |

(This space for State use only)

## CERTIFICATE OF AMENDMENT OF CERTIFICATE OF INCORPORATION OF AEC OIL & GAS (USA) INC.

AEC Oil & Gas (USA) Inc., a Delaware corporation (the "Corporation") hereby certifies as follows:

1. The Board of Directors and Sole Stockholder of the Corporation have adopted the following resolution in accordance with Section 242 of the General Corporation Law of the State of Delaware, as amended:

RESOLVED, that the Corporation's Certificate of Incorporation is hereby amended by deleting the FIRST paragraph of said certificate in its entirety and by substituting the following therefor:

"FIRST. The name of the Corporation is EnCana Oil & Gas (USA) Inc."

2. The capital of the Corporation shall not be reduced under or by reason of said amendment.

AEC OIL & GAS (USA) INC.

By: Mary Q. Vinismo Secretary

Date: 4-5-02

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JUN 19 2002

DIVISION OF OIL, GAS AND MINING

## BOND RIDER NO. 3

Attaching to and forming part of Oil and Gas or Geothermal Lease Bond, Bond No. RLB0002902, effective February 20, 2001, on behalf of AEC Oil & Gas (USA) Inc. as Principal, in favor of the United States of America as Obligee, in the amount of Fifty Thousand and No/100 Dollars (\$50,000.00).

It is understood and agreed that effective June 1, 2002, the name of the Principal has been changed under this bond to read:

EnCana Oil & Gas (USA) Inc.

All other conditions and terms to remain as originally written.

Signed, Sealed and dated this 31st day of May, 2002.

EnCana Oil & Gas (USA) Inc.

Principal

Eric D. Marsh, Vice President

RLI Insurance Company

Surety

Greg E. Chilson, Attorney-in-Fact

8 Greenway Plaza, Suite 400

Houston, Texas 77046

RECEIVED

JUN 19 2002

DIVISION OF OIL, GAS AND MINING



RLB0002902

## POWER OF ATTORNEY

**RLI Insurance Company** 

## Know All Men by These Presents:

| $That the RLI INSURANCE \ COMPANY, a corporation \ organized \ and \ existing \ under the \ laws \ of the \ State \ of \ Illinois, \ and \ authorized \ and \ license \ organized \ and \ existing \ under the \ laws \ of \ the \ State \ of \ Illinois, \ and \ authorized \ and \ license \ organized \ and \ existing \ under the \ laws \ of \ the \ State \ of \ Illinois, \ and \ authorized \ and \ license \ organized \ and \ existing \ under the \ laws \ of \ the \ state \ of \ Illinois, \ and \ authorized \ and \ license \ organized \ and \ license \ organized \ and \ existing \ under the \ laws \ of \ the \ state \ of \ Illinois, \ and \ authorized \ and \ license \ organized \ organ$ |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| to do business in all states and the District of Columbia does hereby make, constitute and appoint: GREG E. CHILSON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| in the City of <u>HOUSTON</u> , State of <u>TEXAS</u> , as Attorney-in-Fact, with full power and authority hereby conferred upon him to sign execute, acknowledge and deliver for and on its behalf as Surety and as its act and deed, all of the following classes of documents to-wit: \$50,000.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Indemnity, Surety and Undertakings that may be desired by contract, or may be given in any action or proceeding in any court of law or equity; policies indemnifying employers against loss or damage caused by the misconduct of their employees; official, bail and surety and fidelity bonds. Indemnity in all cases where indemnity may be lawfully given; and with full power and authority to execute consents and waivers to modify or change or extend any bond or document executed for this Company, and to compromise and settle any and all claims or demands made or existing against said Company.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| The RLI INSURANCE COMPANY further certifies that the following is a true and exact copy of a Resolution adopted by the Board of Directors of RLI Insurance Company, and now in force to-wit:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| "All bonds, policies, undertakings, Powers of Attorney, or other obligations of the corporation shall be executed in the corporate name of the Company by the President, Secretary, any Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, of the Treasurer may appoint Attorneys-in-Fact or Agents who shall have authority to issue bonds, policies, or undertakings in the name of the Company. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney, or other obligations of the corporation. The signature of any such officer and the corporate seal may be printed by facsimile."  (Blue shaded areas above indicate authenticity)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| IN WITNESS WHEREOF, the RLI Insurance Company has caused these presents to be executed by its                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Cornorate Secretary  ATTEST:  Connicle Language SEAL  By: SEAL  President                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Corporate Secretary  State of Illinois  )  SS  County of Peoria  President  President                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| On this 31 day of May 2002 before me, a Notary Public, personally appeared <u>Jonathan E. Michael</u> and <u>Camille J. Hensey</u> , who being be me duly sworn, acknowledged that they signed the above Power of Attorney as President and Corporate Secretary, respectively, of the said RI INSURANCE COMPANY, and acknowledged said instrument to be the voluntary act and deed of said corporation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

Cherie L'Montgomery



RECEIVED

JUN 19 2002

**DIVISION OF** OIL, GAS AND MINING

SPA026 (10/01)

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|                       | UTU40754                                                                                                                                                                                                                                                                            | SESE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 18-36S-25E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | SAN JUAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | SI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| HORSEHEAD POINT 18-44 |                                                                                                                                                                                                                                                                                     | NWSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 20-37S-24E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | SAN JUAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | INJ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| BADLANDS 1-32         |                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 0 - 0 - 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | UINTAH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | PROD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| NORTH CHAPITA 44-36   |                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | UTAH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | P&A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| FEDERAL 22-36         |                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | UINTAH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | PROD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| FEDERAL 32-30         |                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | UINTAH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | PROD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| FEDERAL 44-31         |                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | UINTAH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | APD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| FEDERAL 24-36         |                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | APD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| FEDERAL 33-20         |                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | APD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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|                       | UTU56960                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | APD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                       | UTU56965                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | APD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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|                       | UTU61400                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | APD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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|                       | UTU78025                                                                                                                                                                                                                                                                            | SENW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | APD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                       | UTU61401                                                                                                                                                                                                                                                                            | NESW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | APD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                       | UTU76042                                                                                                                                                                                                                                                                            | SENW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | APD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                       | UTU61401                                                                                                                                                                                                                                                                            | NENE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 31-8S-23E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | UINTAH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | APU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                       | DEADMAN CANYON 1-20 DEADMAN CANYON 2-20 DEADMAN CANYON 3-20 DEADMAN CANYON 1-28 1-15 CABALLO UNIT NORTH CHAPITA 1-36 BADLANDS 1-31 BADLANDS 1-31 BADLANDS 1-32 NORTH CHAPITA 24-31 NORTH CHAPITA 44-30 NORTH CHAPITA 44-36 OIL HOLLOW 5-1 FEDERAL 22-36 FEDERAL 32-30 FEDERAL 44-31 | DEADMAN CANYON 1-20 DEADMAN CANYON 2-20 DEADMAN CANYON 2-20 DEADMAN CANYON 3-20 DEADMAN CANYON 3-20 DEADMAN CANYON 1-28  1-15 CABALLO UNIT NORTH CHAPITA 1-36  BADLANDS 1-31  BADLANDS 1-32  NORTH CHAPITA 24-31  NORTH CHAPITA 44-30  NORTH CHAPITA 44-30  NORTH CHAPITA 44-36  OIL HOLLOW 5-1  FEDERAL 22-36  FEDERAL 44-31  FEDERAL 24-36  FEDERAL 44-36  DTU56960  FEDERAL 44-36  FEDERAL 44-36  FEDERAL 44-36  FEDERAL 44-36  DTU56960  FEDERAL 44-31  FEDERAL 24-36  FEDERAL 33-20  FEDERAL 44-36  FEDERAL 43-36  FEDERAL 41-36  FEDERAL 41-36  FEDERAL 42-25  FEDERAL 41-36  FEDERAL 43-36  FEDERAL 43-36  FEDERAL 43-36  FEDERAL 23-36  FEDERAL 24-30  FEDERAL 24-30  FEDERAL 24-30  FEDERAL 24-30  FEDERAL 23-36  FEDERAL 23-36  FEDERAL 23-36  FEDERAL 23-36  FEDERAL 23-31  FEDERAL 22-26  LTU604401  FEDERAL 23-31  FEDERAL 23-31  FEDERAL 22-26 | DEADMAN CANYON 1-20         UTU57469         NW3L           DEADMAN CANYON 2-20         UTU57469         SESE           DEADMAN CANYON 3-20         UTU57469         SENW           DEADMAN CANYON 1-28         UTU49678         NWNW           1-15 CABALLO UNIT         UTU62953         NWNW           1-15 CABALLO UNIT         UTU62953         NWNW           NORTH CHAPITA 1-36         UTU56590         SWSW           BADLANDS 1-31         UTU61401         SENW           BADLANDS 1-32         UTU56965         SESE           NORTH CHAPITA 24-31         UTU61401         SESW           NORTH CHAPITA 24-31         UTU61400         SESE           NORTH CHAPITA 44-36         UTU56960         SESE           OIL HOLLOW 5-1         UTU77275         NWSW           FEDERAL 22-36         UTU61400         SWNE           FEDERAL 32-30         UTU61401         SESE           FEDERAL 44-31         UTU61401         SESE           FEDERAL 44-36         UTU56960         SESW           FEDERAL 42-26         UTU656960         SESW           FEDERAL 42-25         UTU656960         NENE           FEDERAL 23-36         UTU66472         NWSE           FEDER | DEADMAN CANYON 1-20         UTU57469         NWSL         20-375-24E           DEADMAN CANYON 2-20         UTU57469         SESE         20-375-24E           DEADMAN CANYON 3-20         UTU57469         SENW         20-375-24E           DEADMAN CANYON 1-28         UTU49678         NWNW         28-375-24E           DEADMAN CANYON 1-28         UTU49678         NWNW         15-36S-23E           1-15 CABALLO UNIT         UTU56960         SENW         36-8S-22E           BADLANDS 1-31         UTU56960         SESE         32-8S-23E           BADLANDS 1-31         UTU56965         SESE         32-8S-23E           NORTH CHAPITA 24-31         UTU5400         SESE         30-8S-23E           NORTH CHAPITA 44-36         UTU56960         SESE         35-8S-22E           FDERAL 22-36         UTU56960         SENW         36-8S-22E           FEDERAL 22-36         UTU56960         SENW | DEADMAN CANYON 1-20         UTU57469         NWSS         20-37S-24E         SAN JUAN           DEADMAN CANYON 2-20         UTU57469         SESE         20-37S-24E         SAN JUAN           DEADMAN CANYON 3-20         UTU57469         SENW         20-37S-24E         SAN JUAN           DEADMAN CANYON 1-28         UTU49678         NWNW         28-37S-24E         SAN JUAN           1-15 CABALLO UNIT         UTU62953         NWNW         15-36S-23E         SAN JUAN           1-15 CABALLO UNIT         UTU62953         NWNW         15-36S-23E         SAN JUAN           NORTH CHAPITA 1-36         UTU56590         SWSW         36-8S-22E         UINTAH           BADLANDS 1-31         UTU61401         SENW         31-8S-23E         UINTAH           BADLANDS 1-32         UTU61401         SESW         31-8S-23E         UINTAH           NORTH CHAPITA 24-31         UTU61401         SESW         31-8S-23E         UINTAH           NORTH CHAPITA 44-30         UTU56960         SESE         35-8S-22E         UINTAH           NORTH CHAPITA 44-36         UTU56960         SESW         36-8S-22E         UINTAH           NORTH CHAPITA 44-36         UTU56960         SENW         36-8S-22E         UINTAH           FEDERAL |

# **RECEIVED**

JUN 19 2002

DIVISION OF OIL, GAS AND MINING

#### **OPERATOR CHANGE WORKSHEET**

ROUTING

1. GLH

2. CDW

3. FILE

Change of Operator (Well Sold)

Designation of Agent

Operator Name Change

X Merger

05/10/2002

| The operator of the well(s) listed below has changed,        | effective:          | 04-08-2002                         |            |                      |          |            |  |  |  |  |
|--------------------------------------------------------------|---------------------|------------------------------------|------------|----------------------|----------|------------|--|--|--|--|
| FROM: (Old Operator):                                        |                     | TO: (New On                        | erator):   |                      |          |            |  |  |  |  |
| AEC OIL & GAS USA INC                                        |                     | ENCANA OIL                         | & GAS IN   | С                    |          |            |  |  |  |  |
| Address: 950 17TH STREET, STE 2600                           |                     | Address: 950 17TH STREET, STE 2600 |            |                      |          |            |  |  |  |  |
|                                                              |                     |                                    |            |                      |          |            |  |  |  |  |
| DENVER, CO 80202                                             |                     | DENVER, CO                         | 80202      |                      |          |            |  |  |  |  |
| Phone: 1-(406)-628-4164                                      |                     | Phone: 1-(303)                     |            |                      |          |            |  |  |  |  |
| Account No. N2085                                            |                     | Account No.                        | N2175      |                      |          |            |  |  |  |  |
| CA No.                                                       |                     | Unit:                              | BADLAN     | DS                   |          |            |  |  |  |  |
| WELL(S)                                                      |                     |                                    |            |                      |          |            |  |  |  |  |
|                                                              | SEC TWN             | API NO                             | ENTITY     | LEASE                | 1        | WELL       |  |  |  |  |
| NAME                                                         | RNG                 |                                    | NO         | TYPE                 | TYPE     | STATUS     |  |  |  |  |
| NORTH CHAPITA FEDERAL 1-36                                   |                     | 43-047-31795                       |            |                      | GW       | P          |  |  |  |  |
| FEDERAL 24-36                                                |                     | 43-047-34128                       |            | FEDERAL              |          | APD        |  |  |  |  |
| FEDERAL 43-36                                                |                     | 43-047-34132                       |            | FEDERAL              |          | APD        |  |  |  |  |
| FEDERAL 24-30                                                |                     | 43-047-34179                       |            | FEDERAL              |          | APD        |  |  |  |  |
| BADLANDS FEDERAL 1-31                                        |                     | 43-047-31857                       |            | FEDERAL              |          | TA         |  |  |  |  |
| FEDERAL 23-31                                                | 31-08S-23E          | 43-047-34126                       | 99999      | FEDERAL              |          | APD        |  |  |  |  |
| FEDERAL 24-31                                                | 31-08S-23E          | 43-047-33451                       | 13138      | FEDERAL              | GW       | P          |  |  |  |  |
| FEDERAL 43-31                                                | 31-08S-23E          | 43-047-34131                       | 99999      | FEDERAL              | GW       | APD        |  |  |  |  |
| BADLANDS FEDERAL 1-32                                        | 32-08S-23E          | 43-047-31869                       | 11627      | FEDERAL              | GW       | P          |  |  |  |  |
|                                                              |                     |                                    |            |                      |          |            |  |  |  |  |
|                                                              |                     |                                    |            |                      |          |            |  |  |  |  |
|                                                              |                     |                                    |            |                      |          | L          |  |  |  |  |
|                                                              |                     |                                    |            | <u> </u>             | <u> </u> |            |  |  |  |  |
|                                                              |                     |                                    |            |                      |          |            |  |  |  |  |
| OPERATOR CHANGES DOCUMENTATION                               |                     |                                    |            |                      |          |            |  |  |  |  |
| Enter date after each listed item is completed               |                     |                                    |            |                      |          |            |  |  |  |  |
| 1. (R649-8-10) Sundry or legal documentation was received    | from the FOR        | MER operator                       | on:        | 06/19/2002           | <u>:</u> |            |  |  |  |  |
|                                                              |                     |                                    |            |                      | _        |            |  |  |  |  |
| 2. (R649-8-10) Sundry or legal documentation was received    | from the <b>NEV</b> | V operator on:                     | 05/17/200  | 2                    |          |            |  |  |  |  |
|                                                              |                     |                                    |            |                      |          |            |  |  |  |  |
| 3. The new company has been checked through the Departm      | ent of Comm         | erce, Division (                   | of Corpora | tions Datab          | ase on:  | 06/20/2002 |  |  |  |  |
|                                                              |                     |                                    |            |                      |          |            |  |  |  |  |
| 4. Is the new operator registered in the State of Utah:      | YES                 | Business Numl                      | per:       | 5 <u>053175-01</u> 4 | 13       |            |  |  |  |  |
|                                                              |                     |                                    |            |                      |          |            |  |  |  |  |
| 5. If <b>NO</b> , the operator was contacted contacted on:   | N/A                 | -                                  |            |                      |          |            |  |  |  |  |
|                                                              |                     |                                    |            |                      |          |            |  |  |  |  |
| 6. (R649-9-2) Waste Management Plan received on:             | IN PLACE            | _                                  |            |                      |          |            |  |  |  |  |
|                                                              |                     |                                    |            |                      |          |            |  |  |  |  |
| 6. Federal and Indian Lease Wells: The BLM and               | or the BIA l        | nas approved                       | the merge  | er, name ch          | nange,   |            |  |  |  |  |
| or operator change for all wells listed on Federal or Indian | leases on:          | 05/10/2002                         | _          |                      |          |            |  |  |  |  |
|                                                              |                     |                                    |            |                      |          |            |  |  |  |  |
| 7. Federal and Indian Units:                                 |                     |                                    |            |                      |          |            |  |  |  |  |

The BLM or BIA has approved the successor of unit operator for wells listed on:

| 8.                      | Federal and Indian Communization Agreements ("CA"):  The BLM or BIA has approved the operator for all wells listed within a CA on:  N/A                                                                                         |             |
|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| 9.                      | Underground Injection Control ("UIC") The Division has approved UIC Form 5, Transfer of Authority to for the enhanced/secondary recovery unit/project for the water disposal well(s) listed on:  N/A                            | Inject,     |
| $\overline{\mathbf{D}}$ | ATA ENTRY:                                                                                                                                                                                                                      |             |
| 1.                      | Changes entered in the Oil and Gas Database on:  06/20/2002                                                                                                                                                                     |             |
| 2.                      | Changes have been entered on the Monthly Operator Change Spread Sheet on: 06/20/2002                                                                                                                                            |             |
| 3.                      | Bond information entered in RBDMS on: N/A                                                                                                                                                                                       |             |
| 4.                      | Fee wells attached to bond in RBDMS on:  N/A                                                                                                                                                                                    |             |
| <b>S</b> 7              | TATE WELL(S) BOND VERIFICATION: State well(s) covered by Bond Number:  N/A                                                                                                                                                      | <u></u>     |
| <b>FI</b>               | EDERAL WELL(S) BOND VERIFICATION: Federal well(s) covered by Bond Number:  UT1005                                                                                                                                               |             |
|                         | NDIAN WELL(S) BOND VERIFICATION: Indian well(s) covered by Bond Number:  N/A                                                                                                                                                    |             |
|                         | EE WELL(S) BOND VERIFICATION:  (R649-3-1) The NEW operator of any fee well(s) listed covered by Bond Number  N/A                                                                                                                |             |
| 2.                      | The <b>FORMER</b> operator has requested a release of liability from their bond on:  N/A  The Division sent response by letter on:  N/A                                                                                         |             |
|                         | EASE INTEREST OWNER NOTIFICATION:  (R649-2-10) The FORMER operator of the fee wells has been contacted and informed by a letter from the Division of their responsibility to notify all interest owners of this change on:  N/A |             |
| CC                      | OMMENTS:                                                                                                                                                                                                                        |             |
|                         |                                                                                                                                                                                                                                 | <del></del> |
|                         |                                                                                                                                                                                                                                 |             |
|                         |                                                                                                                                                                                                                                 |             |

## WELBORN SULLIVAN MECK & TOOLEY, P.C.

ATTORNEYS AT LAW

821 17th Street, Suite 500 Denver, Colorado 80202 Telephone: 303-830-2500 Facsimile: 303-832-2366 E-mail: wsmt@wsmtlaw.com

Stephen J. Sullivan

July 2, 2002

John F. Meck
Keith D. Tooley
Kendor P. Jones
Brian S. Tooley
Thomas C. McKee
Stephen A. Bain
Molly Sommerville
William R. Rapson
Kathryn Haight
Kristen L. Mix
Amy E. Seneshen
Danielle V. Wiletsky
Rebecca N. Welborn

Mr. Jim Thompson State of Utah Division of Oil, Gas and Mining 1594 West North Temple, Suite 1210 Post Office Box 145801 Salt Lake City, UT 84114-5801

Special Counsel John F. Welborn Norman S. Early, Jr.

Re: AEC Oil & Gas (USA) Inc. name change to EnCana Oil & Gas (USA) Inc. Of Counsel Robert E Welborn

Dear Mr. Thompson:

Enclosed for filing with the Utah Division of Oil, Gas and Mining is a Certificate of Name Change from the Secretary of State of the State of Delaware certifying that AEC Oil & Gas (USA) Inc. changed its name to EnCana Oil & Gas (USA) Inc. on April 5, 2002, along with a list of the affected leases. Also enclosed is an additional copy of same which I would appreciate you stamping "filed" and returning to me in the enclosed self-addressed, stamped envelope provided for your convenience.

Thank you for your assistance in this matter. Should you have any questions concerning this letter or the enclosed, please do not hesitate to contact me at 303-376-4468.

Very truly yours,

Jerry G. McPeake

Jerry A MPeake

Paralegal

/jm Enclosures

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JUL 0 5 2002

DIVISION OF OIL, GAS AND MINING

## The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "AEC OIL & GAS (USA) INC.", CHANGING ITS NAME FROM "AEC OIL & GAS (USA) INC." TO "ENCANA OIL & GAS (USA) INC.", FILED IN THIS OFFICE ON THE FIFTH DAY OF APRIL, A.D. 2002, AT 4:12 O'CLOCK P.M.



Darriet Smith Hindson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 1858569

DATE: 06-27-02

2137895 8100

020418994

### CERTIFICATE OF AMENDMENT OF CERTIFICATE OF INCORPORATION OF AEC OIL & GAS (USA) INC.

AEC Oil & Gas (USA) Inc., a Delaware corporation (the "Corporation") hereby certifies as follows:

1. The Board of Directors and Sole Stockholder of the Corporation have adopted the following resolution in accordance with Section 242 of the General Corporation Law of the State of Delaware, as amended:

RESOLVED, that the Corporation's Certificate of Incorporation is hereby amended by deleting the FIRST paragraph of said certificate in its entirety and by substituting the following therefor:

"FIRST. The name of the Corporation is EnCana Oil & Gas (USA) Inc."

2. The capital of the Corporation shall not be reduced under or by reason of said amendment.

AEC OIL & GAS (USA) INC.

By: Mary A. Viviano, Secretary

Date: 4-5-02

## Affected Leases (state)

AEC Oil & Gas (USA) Inc. changed its name to EnCana Oil & Gas (USA) Inc. effective, April 5, 2002. This name change affects all state land leases held in Utah by AEC Oil & Gas (USA) Inc. including the following:

## **GRAND COUNTY:**

| <u>AEC Lease No.</u><br>10601.000 | Lessor<br>ST UT ML 46758 | <u>Lessee</u><br>Sonja V McCormick | <u>Description</u> Township 21 South, Range 18 East, SLM Section 32: All                                                                                                                   |
|-----------------------------------|--------------------------|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 10616.000                         | ST UT ML 46662           | Sonja V McCormick                  | Township 21 South, Range 17 East, SLM Section 2: Lots 1, 2, 3, 4, 5, 6, 7, 8, 9, S/2N/2, S/2 (All) Section 16: All Section 17: S/2SE/4 Section 36: All                                     |
| 10617.000                         | ST UT ML 46663           | Sonja V McCormick                  | Township 21 South, Range 17 East, SLM Section 4: SE/4SW/4 Section 5: SW/4, W/2SE/4 Section 6: Lots 8, 9, 15, 16, SE/4 Section 7: Lots 1, 2, 3, E/NW/4, NE/4, NE/ Section 8: NW/4, NE/4SW/4 |
| 10622.000                         | ST UT ML 46664           | Sonja V McCormick                  | Township 22 South, Range 18 East, SLM Section 9: Lot 1 Section 16: All                                                                                                                     |
| 10853.000                         | ST UT ML 47575           | Ballard Petroleum LLC              | Township 21 South, Range 18 East, SLB&M Section 16: All                                                                                                                                    |
| 11768.000                         | ST UT 48143              | Vern Jones                         | Township 22 South, Range 17 East, SLB&M Section 2: Lots 1, 2, 3, 4, S/2N/2, S/2                                                                                                            |
| 11769.000                         | ST UT 48144              | Vern Jones                         | Township 22 South, Range 17 East, SLB&M Section 16: All                                                                                                                                    |
| 10686.000                         | ST UT ML 45868           | Sonja V. McCormick                 | Township 23 South, Range 16 East, SLM<br>Section 3: All - Bed of Green River<br>Section 11: All - Bed of Green River<br>Section 12: All - Bed of Green River                               |

### SAN JUAN COUNTY:

| AEC Lease No.<br>11318.000 | Lessor<br>ST UT ML 47813 | <u>Lessee</u><br>Ballard Petroleum LLC | Description Township 36 South, Range 25 East, SLB&M Section 16: All |
|----------------------------|--------------------------|----------------------------------------|---------------------------------------------------------------------|
| 11319.000                  | ST UT ML 47815           | Ballard Petroleum LLC                  | Township 37 South, Range 25 East, SLB&M<br>Section 16: All          |
| 11320.000                  | ST UT ML 47805           | Ballard Petroleum LLC                  | Township 22 South, Range 17 East, SLB&M Section 36: All             |

# Division of Oil, Gas and Mining OPERATOR CHANGE WORKSHEET

| ROUTING | ;   |
|---------|-----|
| 1. DJJ  |     |
| 2. CDW  | - 1 |

### X Change of Operator (Well Sold)

Operator Name Change/Merger

| The operator of the well(s) listed below has char                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | hand              | effectiv | 7 <b>6</b> ' | ¥                               |                    | 5/1/2006  |            |        |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------|--------------|---------------------------------|--------------------|-----------|------------|--------|--|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ngeu,             | ellectl/ | /C.          | TO. O.                          |                    | 5/1/2000  | -          |        |  |  |
| FROM: (Old Operator):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   |          |              | <b>TO:</b> ( New O <sub>1</sub> |                    | _         |            |        |  |  |
| N2175-Encana Oil & Gas (USA) Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                   |          |              | N9550-EOG R                     |                    |           |            |        |  |  |
| 370 17th St, Suite 1700                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |          |              |                                 | th St, Suite 1     |           |            |        |  |  |
| Denver, CO 80202                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |          |              |                                 | , CO 80202         | :         |            |        |  |  |
| Phone: 1 (303) 623-2300                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   |          |              | Phone: 1 (303)                  | 824-5526           | DADI      | ANDS       | - 'ä   |  |  |
| CA No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                   | 1 703373 | LDNC         | Unit:                           | ENTITY             | LEASE     | WELL       | WELL   |  |  |
| WELL NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | SEC               | TWP      | KNG          | API NO                          | NO                 | TYPE      | TYPE       | STATUS |  |  |
| N CHAPITA FED 1-36                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 36                | 10805    | 220E         | 4304731795                      |                    | Federal   | GW         | P      |  |  |
| BADLANDS FED 1-31                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 31                |          | 230E         | 4304731857                      |                    | Federal   | GW         | S      |  |  |
| BADLANDS FED 1-32                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 32                |          | 230E         | 4304731869                      |                    | Federal   | GW         | P      |  |  |
| FEDERAL 24-31                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 31                |          | 230E         | 4304733451                      |                    | Federal   | GW         | P      |  |  |
| FEDERAL 23-31                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 31                |          | 230E         | 4304734126                      |                    | Federal   | GW         | P      |  |  |
| FEDERAL 43-31                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 31                | 080S     | 230E         | 4304734131                      | 14206              | Federal   | GW         | P      |  |  |
| OPERATOR CHANGES DOCUMENTATION  Enter date after each listed item is completed  1. (R649-8-10) Sundry or legal documentation was received from the FORMER operator on: 7/13/2006  2. (R649-8-10) Sundry or legal documentation was received from the NEW operator on: 7/13/2006  3. The new company was checked on the Department of Commerce, Division of Corporations Database on: 7/18/2006  4. Is the new operator registered in the State of Utah: YES Business Number: 5053175-0143  6a. (R649-9-2)Waste Management Plan has been received on: requested 7/18/06  6b. Inspections of LA PA state/fee well sites complete on: n/a  6c. Reports current for Production/Disposition & Sundries on:  7. Federal and Indian Lease Wells: The BLM and or the BIA has approved the merger, name change, or operator change for all wells listed on Federal or Indian leases on: BLM not yet BIA n/a  8. Federal and Indian Units:  The BLM or BIA has approved the successor of unit operator for wells listed on: not yet  9. Federal and Indian Communization Agreements ("CA"):  The BLM or BIA has approved the operator for all wells listed within a CA on: n/a  10. Underground Injection Control ("UIC") The Division has approved UIC Form 5, Transfer of Authority to Inject, for the enhanced/secondary recovery unit/project for the water disposal well(s) listed on: n/a |                   |          |              |                                 |                    |           |            |        |  |  |
| DATA ENTRY:  1. Changes entered in the Oil and Gas Databas 2. Changes have been entered on the Monthly O 3. Bond information entered in RBDMS on: 4. Fee/State wells attached to bond in RBDMS of 5. Injection Projects to new operator in RBDMS 6. Receipt of Acceptance of Drilling Procedures  BOND VERIFICATION: 1. Federal well(s) covered by Bond Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | pera<br>n:<br>on: |          |              | 7/18/2006  pread Sheet on:      | -<br>-<br>-<br>n/a | 7/18/2006 | <b>-</b> 0 |        |  |  |
| COMMENTS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                   |          |              |                                 |                    |           |            |        |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                   |          |              |                                 |                    |           |            |        |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                   |          | 2-           |                                 |                    |           |            |        |  |  |

| STATE OF UTAH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | FORM 9                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| DEPARTMENT OF NATURAL RESOURCES DIVISION OF OIL, GAS AND MINING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 5. LEASE DESIGNATION AND SERIAL NUMBER:           |
| 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: See attached Exhibit "A" |
| 2. NAME OF OPERATOR:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 9. API NUMBER:                                    |
| ENCANA OIL & GAS (USA) INC N3/75  3. ADDRESS OF OPERATOR: PHONE NUMBER:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 10. FIELD AND POOL, OR WILDCAT:                   |
| 370 17th St., Suite 1700 CITY Denver STATE CO ZIP 80202 (303) 623-2300                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                   |
| 4. LOCATION OF WELL FOOTAGES AT SURFACE: SEE ATTACHED EXHIBIT "A"  QTR/QTR, SECTION, TOWNSHIP, RANGE, MERIDIAN:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | COUNTY: UINTAH STATE: UTAH                        |
| AUTON ADDRESS TO MUNICIPE MATURE OF NOTICE DED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                   |
| 11. CHECK APPROPRIATE BOXES TO INDICATE NATURE OF NOTICE, REPO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | DRI, OR OTHER DATA                                |
| TYPE OF SUBMISSION TYPE OF ACTION  ACIDIZE DEEPEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | REPERFORATE CURRENT FORMATION                     |
| NOTICE OF INTENT (Submit in Duplicate)  ACIDIZE  ACIDIZE  DEEPEN  FRACTURE TREAT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | SIDETRACK TO REPAIR WELL                          |
| Approximate date work will start: CASING REPAIR NEW CONSTRUCTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | TEMPORARILY ABANDON                               |
| CHANGE TO PREVIOUS PLANS  OPERATOR CHANGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | TUBING REPAIR                                     |
| CHANGE TUBING PLUG AND ABANDON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | VENT OR FLARE                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | WATER DISPOSAL                                    |
| (Submit Original Form Only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | WATER SHUT-OFF                                    |
| Date of work completion: PRODUCTION (START/RESUME)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |
| COMMINGLE PRODUCING FORMATIONS RECLAMATION OF WELL SITE  CONVERT WELL TYPE RECOMPLETE - DIFFERENT FORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | OTHER:                                            |
| DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly show all pertinent details including dates, depths, volured by the complete the complete that the complete the complete that the complete tha | ila Singer.                                       |
| NAME (PLEASE PRINT) Douglas W. Jones TITLE Attorney-in-Fact                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                   |

71/9/2006

(See Instructions on Reverse Side)

mar

**RECEIVED** 

AUL 1 3 2006

(5/2000)

Division of Oil, Ges and Mining Earlene Russell, Engineering Technician

DIV. OF OIL, GAS & MINING

#### EXHIBIT "A"

Attached to State of Utah Form 9 - Sundry Notices and Reports on Wells

#### UINTAH COUNTY, UTAH

| Lease Serial<br>Number | Encana's Well ID API No. |           | Encana's Well ID API No. Unit or CA Agreement Name |                                | Field and Pool | Twp | Rng | Sec   | Qtr  | Footages at<br>Surface |  |
|------------------------|--------------------------|-----------|----------------------------------------------------|--------------------------------|----------------|-----|-----|-------|------|------------------------|--|
| -                      | 1                        |           |                                                    |                                |                |     |     | 10000 |      |                        |  |
| UTU 56960              | 765010                   | 047-34084 |                                                    | NORTH CHAPITA FEDERAL 22-36(W) | NATURAL BUTTES | 88  | 22E | 36    | SENW | 1980 N 1750 W          |  |
| 0.10.0000              | 764998                   | 047-31795 | BADLANDS UNIT-UTU-60917A                           | NORTH CHAPITA FEDERAL 1-36     | NATURAL BUTTES | 88  | 22E | 36    | SWSW | 600 S 640 W            |  |
|                        | 765005                   | 047-33454 |                                                    | FEDERAL 44-36                  | NATURAL BUTTES | 88  | 22E | 36    | SESE | 836 S 738 E            |  |
| UTU 56965              | 764997                   | 047-31869 | BADLANDS UNIT-UTU-60917B                           | BADLANDS FEDERAL 1-32          | NATURAL BUTTES | 88  | 23E | 32    | SESE | 613 S 704 E            |  |
| 010 30303              | 765009                   | 047-34016 | D. 100 (111 0 10 00 111 )                          | NORTH CHAPITA FEDERAL 22-32    | NATURAL BUTTES | 88  | 23E | 32    | SENW | 1416 N 1601 W          |  |
| UTU 61400              | 765008                   | 047-33452 |                                                    | FEDERAL 44-30                  | NATURAL BUTTES | 88  | 23E | 30    | SESE | 900 S 500 E            |  |
|                        | 765011                   | 047-34085 |                                                    | NORTH CHAPITA FEDERAL 32-30    | NATURAL BUTTES | 88  | 23E | 30    | SWNE | 1986 N 2148 E          |  |
| UTU 61401              | 764996                   | 047-31857 | BADLANDS UNIT-UTU-60917A                           | BADLANDS FEDERAL 1-31          | NATURAL BUTTES | 88  | 23E | 31    | SENW | 2110 N 1910 W          |  |
|                        | 765006                   | 047-33453 |                                                    | FEDERAL 44-31                  | NATURAL BUTTES | 88  | 23E | 31    | SESE | 478 S 712 E            |  |
|                        | 765007                   | 047-33451 | BADLANDS UNIT UTU-60917A                           | FEDERAL 24-31                  | NATURAL BUTTES | 88  | 23E | 31    | SESW | 508 S 2036 W           |  |
|                        | 765017                   | 047-34131 | BADLANDS UNIT UTU-60917A                           | NORTH CHAPITA FEDERAL 43-31    | NATURAL BUTTES | 85  | 23E | 31    | NESE | 1987 S 753 E           |  |
|                        | 765018                   | 047-34126 | BADLANDS UNIT UTU-60917A                           | NORTH CHAPITA FEDERAL 23-31    | NATURAL BUTTES | 85  | 23E | 31    | NESW | 2062 S 2006 W          |  |
|                        |                          |           |                                                    |                                |                |     |     |       |      |                        |  |

Form 3160-5 (August 1999)

# UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED

Budget Burea No. 1004-0135

Expires: March 31, 1993

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                                  |                 | REC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | E     | IVE                               | 5. Lease    |                             | on and Serial<br>ttached E | No.<br>Exhibit "A" |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------------------|-------------|-----------------------------|----------------------------|--------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NOTICES AND R                                              |                                  |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 10411 |                                   | 6. If India | an, Allotee                 | or Tribe Nan               | ne                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | this form for proposa                                      |                                  |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | . 1   | 3 2006                            | * 841.      |                             | NA<br>IP                   | -to-atte           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | vell. Use form 3160-3                                      | Control of the second            | Carrier/Carrier | The state of the s |       |                                   | 7. If Uni   | t or CA, Ag                 | greement De                | signation          |
| CONTRACTOR DE CO | IPLOATE OBS                                                | fiklingenjelekter                | E(1)/2          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |                                   | 0 144-0     | M                           | N/A                        |                    |
| 1. Type of Well Oil Gas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                            |                                  |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |                                   | 8. VVeii    | Name and                    |                            |                    |
| Well X Well Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 100                                                        |                                  |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |                                   |             | See a                       | ttached E                  | Exhibit "A"        |
| 2. Name of Operator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                            |                                  |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |                                   | 9. APIV     | Vell No.                    |                            |                    |
| ENCANA OIL & GAS (USA) INC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | i.                                                         |                                  | ·               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |                                   |             |                             |                            |                    |
| 3a. Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                            |                                  | 3b. I           | Phone No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |       |                                   | 10. Fiel    |                             | I, or Explorat             | ·                  |
| 370 17TH STREET SUITE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                            | 80202                            |                 | 303-62                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 23-2  | 300                               |             | ,                           | Natural B                  | uttes              |
| 4. Location of Well (Footage, Sec., T., R., M., or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Survey)                                                    |                                  |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |                                   | 11. Cou     | nty or Pari                 | sn, State                  |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | See attached                                               | Exhibit "A"                      | )               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |                                   |             |                             | Uintah,                    | UT                 |
| 12. CHECK APPRO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | OPRIATE BOX(ES                                             |                                  |                 | NATURE OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | NO    | ΓΙCE, REPC                        | RT, OF      | ROTHE                       | R DATA                     |                    |
| TYPE OF SUBMISSION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                            |                                  |                 | TYI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | PE OF | ACTION                            |             |                             |                            |                    |
| Notice of Intent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ☐ Aci                                                      | dize                             |                 | leepen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |       | Production (Star                  | 1/Resume    | ) 🔲                         | Water S                    | hut-Off            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            | er Casing                        | _               | racture Treat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |       | Reclamation                       |             | 님                           | Well Inte                  | egrity             |
| X Subsequent Report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | l —                                                        | sing Repair                      | =               | lew Construction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |       | Recomplete                        |             | x                           | Other:                     |                    |
| Final Abandonment Notice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | _                                                          | ange Plans<br>nvert to Injection | =               | lug and Abandon<br>lug Back                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | H     | Temporarily Aba<br>Water Disposal | noon        | Chan                        | ge of Or                   | perator            |
| 13. Describe Proposed or Completed Operations (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            | 0/25/200                         |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |                                   | anneovim    |                             |                            |                    |
| following completion of the involved operat<br>testing has been completed. Final Abando                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ions. If the operations ret<br>inment Notices shall be fil | ed only after all re             | quireme         | or recompletion in a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | matio | nierval, a Form                   | opleted, an | all be liled<br>ad the oper | ator has                   |                    |
| Effective Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 5/1/2006                                                   |                                  |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |                                   |             |                             |                            |                    |
| New Operator:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | EOG Resourc                                                | es, Inc.                         |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |                                   |             |                             |                            |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 600 17th St., S                                            | Suite 1000                       | N               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |                                   |             |                             |                            |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Denver, CO 8                                               | 0202                             |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | r.    | 1                                 |             | ſ.                          |                            | 0/1                |
| CE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | EOG Contact<br>EOG Bond No                                 |                                  | _               | r<br>->                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | A to  | Jula 1                            | Dry<br>Gry  | ing<br>Su                   | is<br>ipen                 | 1/11/06<br>vison   |
| SEI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                            |                                  |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       |                                   | F           | REC                         | EIVE                       | D                  |
| ATTACH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | MENT                                                       |                                  |                 | -29-100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |       | 100                               |             | SEP 0                       | 1 2006                     | 5                  |

| 14. I hereby certify that the foregoing is true and correct Name (Printed/Typed)  Douglas W. Jones                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | DIV. ()<br>Attorney-in-Fact                       | DIV. OF OIL GAS & MINING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  |  |  |
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| Signature Some man ma                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Date //                                           | C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |  |  |
| Participation of the participa |                                                   | and Market Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |  |  |
| Approved by RETURNED TO Approved by OPERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Title                                             | AUG . 4 AUG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |  |
| 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                                            | NAME AND ADDRESS OF THE PARTY O |  |  |  |  |  |  |
| Title 18 U.S.C. Section 1001, makes it a chine for any person knowingly and willfully to make to any department or agency of the Uni<br>Jurisdiction.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ted States any faise, ficticious or fraudulent st | atements or representations as to any matter within its                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |  |  |  |
| unsaiction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                   | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |  |  |



## EXHIBIT "A"

Attached to BLM Form 3160-5 - Sundry Notices and Reports on Wells

## UINTAH COUNTY, UTAH

| Lease Serial<br>Number | Encana's Well ID API No. |           | cana's Well ID API No. Unit or CA Agreement Name Well Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                | Field and Pool | Twp | Rng | Sec | Qtr  | Footages at Surface |  |
|------------------------|--------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------|-----|-----|-----|------|---------------------|--|
|                        |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                |                |     |     |     |      |                     |  |
| UTU 56960              | 765010                   | 047-34084 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NORTH CHAPITA FEDERAL 22-36(W) | NATURAL BUTTES | 88  | 22E | 36  | SENW | 1980 N 1750 W       |  |
| 010 30300              | 764998                   | 047-31795 | BADLANDS UNIT-UTU-60917A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | NORTH CHAPITA FEDERAL 1-36     | NATURAL BUTTES | 88  | 22E | 36  | swsw | 600 S 640 W         |  |
|                        | 765005                   | 047-33454 | BABE WAS STATE OF SECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | FEDERAL 44-36                  | NATURAL BUTTES | 88  | 22E | 36  | SESE | 836 S 738 E         |  |
| LITH EGGE              | 764997                   | 047-31869 | BADLANDS UNIT-UTU-60917B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | BADLANDS FEDERAL 1-32          | NATURAL BUTTES | 88  | 23E | 32  | SESE | 613 S 704 E         |  |
| UTU 56965              | 765009                   | 047-34016 | BASE WES SITT STORES.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | NORTH CHAPITA FEDERAL 22-32    | NATURAL BUTTES | 85  | 23E | 32  | SENW | 1416 N 1601 W       |  |
| UTU 61400              | 765008                   | 047-33452 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | FEDERAL 44-30                  | NATURAL BUTTES | 88  | 23E | 30  | SESE | 900 S 500 E         |  |
| 010 61400              | 765011                   | 047-34085 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NORTH CHAPITA FEDERAL 32-30    | NATURAL BUTTES | 88  | 23E | 30  | SWNE | 1986 N 2148 E       |  |
| UTU 61401              | 764996                   | 047-31857 | BADLANDS UNIT-UTU-60917A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | BADLANDS FEDERAL 1-31          | NATURAL BUTTES | 85  | 23E | 31  | SENW | 2110 N 1910 W       |  |
| 01001401               | 765006                   | 047-33453 | B/ ABE WAS STATE OF S | FEDERAL 44-31                  | NATURAL BUTTES | 88  | 23E | 31  | SESE | 478 S 712 E         |  |
|                        | 765007                   | 047-33451 | BADLANDS UNIT UTU-60917A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | FEDERAL 24-31                  | NATURAL BUTTES | 88  | 23E | 31  | SESW | 508 S 2036 W        |  |
| 70.02                  | 765017                   | 047-34131 | BADLANDS UNIT UTU-60917A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | NORTH CHAPITA FEDERAL 43-31    | NATURAL BUTTES | 88  | 23E | 31  | NESE | 1987 S 753 E        |  |
|                        | 765018                   | 047-34126 | BADLANDS UNIT UTU-60917A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | NORTH CHAPITA FEDERAL 23-31    | NATURAL BUTTES | 88  | 23E | 31  | NESW | 2062 S 2006 W       |  |
|                        |                          | 15000000  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                |                |     |     |     |      |                     |  |

## Reason for Return

The Sundry Notice for Change of Operator has been reviewed and returned for the following reasons.

| 1. | Wells that are on Lease Basis Only will need to be submitted one well per Original Sundry with two copies by the New Operator (EOG) which will include the following Self-Certification Statement:                                                                                                                                                  |  |  |  |  |  |  |  |  |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|
|    | "Please be advised that <u>EOG Resources, Inc.</u> is considered to be the operator of Well No;1/4,1/4, Section, Township, Range; Lease; County,; and is responsible under the terms and conditions of the lease for the operations conducted upon the leased lands. Bond coverage is provided by"                                                  |  |  |  |  |  |  |  |  |
| 2. | The remainder of the wells are in the Badlands Unit (UTU-60917X), a Federal Unit. Therefore, EOG Resources, Inc. will need to submit a change in operator, in triplicate, for the unit to Teresa Thompson, Bureau of Land Management State Office, P O Box 45155, Salt Lake City, Utah 84145-0155, and receive approval to become the new operator. |  |  |  |  |  |  |  |  |
|    | Please be aware that EnCana Oil & Gas (USA), Inc. is still considered the unit operator and is held responsible for the wells until approval is given to EOG Resources, Inc. from the Utah State Office of the Bureau of Land Management.                                                                                                           |  |  |  |  |  |  |  |  |

If you have any questions concerning this matter, please contact Leslie Wilcken of this office at (435) 781-4497.

Form 3160-5 (August 2007)

# UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED OMB NO. 1004-0135 Expires: July 31, 2010

| 5. | Lease Serial No. |  |
|----|------------------|--|
|    | LITUEGOGO        |  |

| SUNDRY N        | OTICES AND     | KEPOKIS        | ON WELLS          |
|-----------------|----------------|----------------|-------------------|
| Do not use this | form for prope | osals to drill | or to re-enter an |
| abandanad wall  | Hen form 316   | O-2 (ADD) for  | r euch propoeale  |

6. If Indian, Allottee or Tribe Name

| CLIDMIT IN TOU                                                                                                                                                      | SUBMIT IN TRIPLICATE - Other instructions on reverse side.                  |                                 |                                    |                        |                                       |                                                    |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------------|------------------------------------|------------------------|---------------------------------------|----------------------------------------------------|--|--|--|
|                                                                                                                                                                     | -LICATE - Other mstruc                                                      | uons on rev                     |                                    |                        | 7. If Unit or CA/Agree                | ·                                                  |  |  |  |
| Type of Well     Oil Well                                                                                                                                           |                                                                             |                                 |                                    |                        | 8. Well Name and No.<br>NORTH CHAPITA | FEDERAL 1-36                                       |  |  |  |
| Name of Operator     EOG RESOURCES, INC.                                                                                                                            | Contact:<br>E-Mail: MICKENZI                                                | MICKENZIE<br>E_THACKER@         | THACKER<br>EOGRESOURC              | ES.COM                 | 9. API Well No.<br>43-047-31795       |                                                    |  |  |  |
| 3a. Address<br>1060 E. HWY 40<br>VERNAL, UT 84078                                                                                                                   |                                                                             | 3b. Phone No. Ph: 453-78        | (include area code<br>1-9145       | )                      | 10. Field and Pool, or F<br>WILDCAT   | Exploratory                                        |  |  |  |
| 4. Location of Well (Footage, Sec., T.                                                                                                                              | , R., M., or Survey Description,                                            | )                               |                                    |                        | 11. County or Parish, a               | nd State                                           |  |  |  |
| Sec 36 T8S R22E SWSW 600                                                                                                                                            | Sec 36 T8S R22E SWSW 600FSL 640FWL                                          |                                 |                                    |                        |                                       |                                                    |  |  |  |
| 12. CHECK APPF                                                                                                                                                      | ROPRIATE BOX(ES) TO                                                         | INDICATE                        | NATURE OF                          | NOTICE, F              | REPORT, OR OTHER                      | R DATA                                             |  |  |  |
| TYPE OF SUBMISSION                                                                                                                                                  |                                                                             |                                 | ТҮРЕ О                             | F ACTION               |                                       |                                                    |  |  |  |
| Notice of Intent                                                                                                                                                    | ☐ Acidize                                                                   | □ Deep                          | oen                                | ☐ Produc               | ction (Start/Resume)                  | ☐ Water Shut-Off                                   |  |  |  |
|                                                                                                                                                                     | ☐ Alter Casing                                                              | ☐ Frac                          | ture Treat                         | □ Reclar               | nation                                | ■ Well Integrity                                   |  |  |  |
| ☐ Subsequent Report                                                                                                                                                 | Casing Repair                                                               | ☐ New                           | Construction                       | □ Recon                | -                                     | ☐ Other                                            |  |  |  |
| ☐ Final Abandonment Notice                                                                                                                                          | ☐ Change Plans                                                              |                                 | and Abandon                        |                        | orarily Abandon                       |                                                    |  |  |  |
| 13. Describe Proposed or Completed Ope                                                                                                                              | Convert to Injection                                                        | Plug                            |                                    | ☐ Water                |                                       |                                                    |  |  |  |
| following completion of the involved testing has been completed. Final Ab determined that the site is ready for fi EOG Resources, Inc. respectf attached procedure. | andonment Notices shall be file nal inspection.)  ully requests to Plug and | ed only after all r             | equirements, includ                | as per the             | on, have been completed, a            | od the operator has  OR                            |  |  |  |
| 14. I hereby certify that the foregoing is                                                                                                                          | Electronic Submission #                                                     | 66455 verified<br>ESOURCES, I   | by the BLM Wel<br>NC., sent to the | l Informatio<br>Vernal | n System                              |                                                    |  |  |  |
| Name (Printed/Typed) MICKENZ                                                                                                                                        | IE THACKER                                                                  |                                 | Title OPERA                        | TIONS CL               | ERK                                   |                                                    |  |  |  |
| Signature William S                                                                                                                                                 | utotikerino (19 ·· )                                                        | ·                               | Date 01/20/2                       | 009                    |                                       |                                                    |  |  |  |
|                                                                                                                                                                     | THIS SPACE FO                                                               | R FEDERA                        | L OR STATE                         | OFFICE U               | JSE                                   |                                                    |  |  |  |
| Approved By SSU                                                                                                                                                     | w                                                                           |                                 | Title Pet F                        | ng.                    |                                       | Date 2/10/09                                       |  |  |  |
| Conditions of approval, if any, are attached<br>certify that the applicant holds legal or equ<br>which would entitle the applicant to condu                         | itable title to those rights in the                                         | not warrant or<br>subject lease | Office DOG                         | m                      | Federal Approval Of                   |                                                    |  |  |  |
|                                                                                                                                                                     |                                                                             |                                 |                                    |                        |                                       | <del>,                                      </del> |  |  |  |

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.

#### PLUG & ABANDON PROGRAM

NCF 1-36

600' FSL & 640' FWL (SW/SW)

Section 36, T8S, R22E

Uintah County, Utah

January 15, 2009

EOG WI: 100.000%

NRI: 67.1875%

API# 43-047-31795

AFE# 306953

#### **WELL DATA:**

**ELEVATION:** 

4850' GL

KB:

4865' (15'KB)

TOTAL DEPTH:

7680'

PBTD:

7652'

CASING:

9-5/8", 40#, J-55 set @ 275' KB. Cemented w/138 sxs Class 'G', 10

bbls to surface

5 ½", 17#, J-55, 6093'-7678' KB. 5 ½", 15.5#, J-55, 50'-6093' KB. 5 ½",

17#, J-55, 0'-50' KB. Cemented w/605 sxs class H.

TUBING:

2-3/8", 2.75#, J-55 tubing

Landed @ 7623' KB

PACKER:

Arrow Set 1-X packer at 4675'-4682'

PERFORATIONS:

7622'-36', 7596'-03', 7544'-49', 7054'-68', 6448'-67', 6421'-23', 6412'-

15', 6304'-12'

CEMENT TOP:

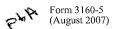
1860'

#### **PROCEDURE:**

- 1. MIRU SU. ND wellhead. NU BOPE. Release packer. POH with tubing and packer.
- 2. PU 4 3/4" bit and 5 ½" scraper. RIH to 6300'. POH and lay down tools.
- 3. PU CIBP. RIH to 6250'. Set CIBP at 6250'+/-. RU cement company. Spot 5 sxs of class "G" w/2% CaCl<sub>2</sub> on top of CIBP. PUH filling the casing with 9 ppg brine to 2210'.
- 4. RU cement company. Spot 24 sxs of class "G" w/2% CaCl<sub>2</sub> cement plug from 2010' to 2210', 100' above Green River formation top.
- 5. PUH filling casing with 9 ppg brine to 325'. POOH.

- 6. RUWL. Shoot four squeeze holes at 325' using a 3 1/8" HSC ported gun, 12 gram charges, 90 degree phase. RDWL.
- 7. Pump down the 5 ½" casing trying to establish circulation from 325' up the 5 ½" X 9 5/8" casing annulus.
- 8. Pump 140 sxs of Class "G" w/ 2% CaCl<sub>2</sub> down the 5 ½" casing. Should circulate out 5 bbls of cement, leaving 5 ½" casing full. If necessary do a top off job.
  - 9. Cut of casing head. Weld on marker plate ± 3' below ground level. Remove anchors and backfill over the marker.

| PREPARED BY: |                                               |
|--------------|-----------------------------------------------|
|              | J.H. Kennah, Production Engineering Specialis |
| APPROVED BY: |                                               |
|              | P.T. Pendleton, Operations Manager            |



# UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED OMB NO. 1004-0135 Expires: July 31, 2010 5. Lease Serial No. UTU56960

SUNDRY NOTICES AND REPORTS ON WELLS

| Do not use the abandoned we                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 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 TRI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | PLICATE - Other instructions o                                                                                          | n reverse side.                                        |                             | If Unit or CA/Agree                                  | ement, Name and/or No.<br>TES |  |  |  |  |
| Type of Well     Oil Well                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ner                                                                                                                     | ·                                                      |                             | Well Name and No.<br>NORTH CHAPITA                   | A FEDERAL 1-36                |  |  |  |  |
| 2. Name of Operator EOG RESOURCES, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                         | NZIE THACKER<br>KER@EOGRESOURCE                        |                             | 9. API Well No.<br>43-047-31795                      |                               |  |  |  |  |
| 3a. Address<br>1060 EAST HIGHWAY 40<br>VERNAL, UT 84078                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                         | one No. (include area code)<br>53-781-9145             |                             | 10. Field and Pool, or Exploratory<br>NATURAL BUTTES |                               |  |  |  |  |
| 4. Location of Well (Footage, Sec., T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ., R., M., or Survey Description)                                                                                       |                                                        | 11.                         | . County or Parish,                                  | and State                     |  |  |  |  |
| Sec 36 T8S R22E SWSW 600                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | DFSL 640FWL                                                                                                             |                                                        |                             | UINTAH COUN                                          | TY, UT                        |  |  |  |  |
| 12. CHECK APPI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ROPRIATE BOX(ES) TO INDIC                                                                                               | CATE NATURE OF N                                       | NOTICE, REPO                | RT, OR OTHE                                          | R DATA                        |  |  |  |  |
| TYPE OF SUBMISSION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                         | TYPE OI                                                | FACTION                     |                                                      |                               |  |  |  |  |
| ☐ Notice of Intent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                         | <b>]</b> Deepen                                        | ☐ Production (              | •                                                    | ☐ Water Shut-Off              |  |  |  |  |
| ✓ Subsequent Report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | _ =                                                                                                                     | Fracture Treat                                         | ☐ Reclamation               |                                                      | ☐ Well Integrity              |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                         | New Construction                                       | ☐ Recomplete                |                                                      | ☐ Other                       |  |  |  |  |
| ☐ Final Abandonment Notice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                         | Plug and Abandon Plug Back                             | ☐ Temporarily ☐ Water Dispo | rarily Abandon                                       |                               |  |  |  |  |
| report. An underground marke                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | l and Abandoned the referenced ver was installed 3 feet below groun                                                     | nd level on 5/20/2009.                                 |                             | RECE MAY 2 DIV. OF OIL, G/                           | 6 2009                        |  |  |  |  |
| 14. I hereby certify that the foregoing is                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Electronic Submission #70180 ve                                                                                         |                                                        |                             | stem                                                 |                               |  |  |  |  |
| Ni /D to c. 1/T 6 . MACKENITA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                         | CES, INC., sent to the                                 |                             |                                                      |                               |  |  |  |  |
| Name (Printed/Typed) MICKENZ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | IE THACKER                                                                                                              | Title OPERA                                            | TIONS CLERK                 |                                                      |                               |  |  |  |  |
| Signature Vidupetrianic S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Tracky                                                                                                                  | Date 05/21/20                                          | 009                         |                                                      |                               |  |  |  |  |
| . 🔾                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | THIS SPACE FOR FED                                                                                                      | ERAL OR STATE                                          | OFFICE USE                  |                                                      |                               |  |  |  |  |
| _Approved By                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                         | Title                                                  |                             |                                                      | Date                          |  |  |  |  |
| Conditions of approval, if any, are attached certify that the applicant holds legal or equivalent would entitle the applicant to conductive the conductive conductive the applicant to conduct the applicant to conduct the applicant to conduct the applicant to conduct the applicant the applicant the applicant to conduct the applicant the applicant to conduct the applicant to conduct the applicant to conduct the applicant to conduct the applicant the applicant to conduct the applicant the | itable title to those rights in the subject le                                                                          |                                                        |                             |                                                      |                               |  |  |  |  |
| Title 18 U.S.C. Section 1001 and Title 43 States any false, fictitious or fraudulent s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | U.S.C. Section 1212, make it a crime for statements or representations as to any ma                                     | any person knowingly and tter within its jurisdiction. | willfully to make to        | any department or                                    | agency of the United          |  |  |  |  |

#### WELL CHRONOLOGY **REPORT**

Report Generated On: 05-21-2009

| Well Name     | NCW FED 1-36                                    | Well Type    | P&A          | Division      | DENVER     |  |  |  |  |  |
|---------------|-------------------------------------------------|--------------|--------------|---------------|------------|--|--|--|--|--|
| Field         | NORTH CHAPITA                                   | API#         | 43-047-31795 | Well Class    | P&A        |  |  |  |  |  |
| County, State | UINTAH, UT                                      | Spud Date    | 05-19-1987   | Class Date    | 12-01-1990 |  |  |  |  |  |
| Tax Credit    | N                                               | TVD / MD     | 7,650/ 7,650 | Property #    | 060083     |  |  |  |  |  |
| Water Depth   | 0                                               | Last CSG     | 2.375        | Shoe TVD / MD | 0/ 0       |  |  |  |  |  |
| KB / GL Elev  | 4,866/ 4,866                                    | 4,866/ 4,866 |              |               |            |  |  |  |  |  |
| Location      | SECTION 36, T8S, R22E, SWSW, 600' FSL, 640' FWL |              |              |               |            |  |  |  |  |  |

PLUG & ABANDON

| Operator             | EO                    | G RESOURC  | ES, INC          | WI % 100.0  |         | NRI %       |           |                        | 67.188  |           |     |
|----------------------|-----------------------|------------|------------------|-------------|---------|-------------|-----------|------------------------|---------|-----------|-----|
| <b>AFE No</b> 306953 |                       |            | AFE Total        |             | 0       |             | DHC / CWC |                        | 0/0     |           |     |
| Rig Contr            | ROYAL WELL<br>SERVICE |            | Rig Name ROYAL # |             | J#I     | Start Date  | 05-       | 05-11-2009 <b>Rele</b> |         | Date      |     |
| 05-11-2009           | Re                    | eported By | C                | YNTHIA HANS | ELMAN   |             |           |                        |         |           |     |
| DailyCosts: D        | rilling               | \$0        |                  | Com         | pletion | \$0         |           | Daily                  | y Total | \$0       |     |
| Cum Costs: D         | rilling               | \$0        |                  | Com         | pletion | \$0         |           | Well                   | Total   | \$0       |     |
| MD                   | 7,680                 | TVD        | 7,680            | Progress    | 0       | Days        | 0         | MW                     | 0.0     | Visc      | 0.0 |
| Formation : M        | 1ESAVE                | RDE        | <b>PBTD</b> : 7  | 652.0       |         | Perf: 6302- | 7642      |                        | PKR De  | epth: 0.0 |     |

Activity at Report Time: LOCATION DATA

2.0

**Event No** 

Start End Hrs

**Activity Description** 

06:00 06:00 24.0 LOCATION DATA

600' FSL & 640' FWL (SW/SW) **SECTION 36, T8S, R22E** UINTAH COUNTY, UTAH

OBJECTIVE: 7650' TD, WASATCH

Description

DW/GAS

DD&A: NORTH CHAPITA NORTH CHAPITA FIELD

LEASE: U-56960 ELEVATION: KB 4866'

EOG WI 100%, NRI 67.18750%

| 05-13-2009                 | R    | eported By | В               | AUSCH    |          |                     |       |      |         |          |     |
|----------------------------|------|------------|-----------------|----------|----------|---------------------|-------|------|---------|----------|-----|
| DailyCosts: Drilling \$0   |      |            | Completion      |          | \$9,828  | \$9,828 Daily Total |       |      | \$9,828 |          |     |
| <b>Cum Costs: Drilling</b> |      | \$0        |                 | Con      | npletion | \$9,828             |       | Well | Total   | \$9,828  |     |
| MD                         | ,680 | TVD        | 7,680           | Progress | 0        | Days                | 0     | MW   | 0.0     | Visc     | 0.0 |
| Formation: MESAVERDE       |      |            | <b>PBTD</b> : 7 | 652.0    |          | Perf: 6302-         | -7642 |      | PKR De  | pth: 0.0 |     |



#### Activity at Report Time: P&A

| Start | End   | Hrs  | <b>Activity Description</b> |
|-------|-------|------|-----------------------------|
| 07.00 | 10.20 | 11.5 | MIDLICIT CITD 550 DCI       |

07:00 18:30 11.5 MIRUSU. SITP 550 PSIG. CP 750 PSIG. BLEW WELL DN. ND TREE. NU BOP. RELEASED PKR. POH 8 STDS & STARTED PULLING OVER 12K. OIL ON TBG OD. RU HOT OILER. REVERSE CIRC 180 BBLS HOT WTR. RD HOT OILER. WORKED PKR FREE. POH TO 3900'. TBG COLLARS CORRODED DN TO THREADS W/HEAVY SCALE ON OD OF TBG. SDFN.

| 05-14-2009               | R    | eported By | Ba              | AUSCH    |          |                    |      |          |         |          |     |
|--------------------------|------|------------|-----------------|----------|----------|--------------------|------|----------|---------|----------|-----|
| DailyCosts: Drilling \$0 |      |            |                 | Con      | npletion | \$10,058           |      | Daily    | Total   | \$10,058 |     |
| Cum Costs: Drilling \$0  |      | Completion |                 | \$19,886 |          | Well Total \$19,88 |      | \$19,886 |         |          |     |
| <b>MD</b> 7              | ,680 | TVD        | 7,680           | Progress | 0        | Days               | 0    | MW       | 0.0     | Visc     | 0.0 |
| Formation: MESAVERDE     |      |            | <b>PBTD</b> : 7 | 652.0    |          | Perf: 6302-        | 7642 |          | PKR Dep | oth: 0.0 |     |

Activity at Report Time: P&A

**Activity Description** End Start

14.0~SICP~0~PSIG.~POH,~LD~TBG~AND~PKR.~OIL~ON~STRING.~RIH~W/4-3/4"BIT~&~5-1/2"~SCRAPER~ON~2-3/8"~N-80~11.0~SICP~0~PSIG.~POH,~LD~TBG~AND~PKR.~OIL~ON~STRING.~RIH~W/4-3/4"BIT~&~5-1/2"~SCRAPER~ON~2-3/8"~N-80~11.0~SICP~0~PSIG.~POH,~LD~TBG~AND~PKR.~OIL~ON~STRING.~RIH~W/4-3/4"BIT~&~5-1/2"~SCRAPER~ON~2-3/8"~N-80~11.0~SICP~0~PSIG.~POH,~LD~TBG~AND~PKR.~OIL~ON~STRING.~RIH~W/4-3/4"BIT~&~5-1/2"~SCRAPER~ON~2-3/8"~N-80~11.0~SICP~0~PSIG.~POH,~LD~TBG~AND~PKR.~OIL~ON~STRING.~RIH~W/4-3/4"BIT~&~5-1/2"~SCRAPER~ON~2-3/8"~N-80~11.0~SICP~0~PSIG.~POH,~LD~TBG~AND~PKR.~OIL~ON~STRING.~RIH~W/4-3/4"BIT~&~5-1/2"~SCRAPER~ON~2-3/8"~N-80~11.0~SICP~0~PSIG.~POH,~LD~TBG~AND~PKR.~OIL~ON~STRING~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH~0~PSIG.~POH07:00 21:00 WORK STRING TO 6320'. RU HOT OILER. CIRCULATE W/180 BBLS HOT WTR TO CLEAN HOLE. POH. SDFN.

| 05-15-2009                   | Re       | ported By | BA    | AUSCH      |          |             |      |        |                     |          |     |
|------------------------------|----------|-----------|-------|------------|----------|-------------|------|--------|---------------------|----------|-----|
| DailyCosts: Drilling \$0     |          | \$0       |       | Completion |          | \$6,053     |      | Daily  | Total               | \$6,053  |     |
| Cum Costs: I                 | Prilling | \$0       |       | Con        | npletion | \$25,939    |      | Well 7 | Γotal               | \$25,939 |     |
| MD                           | 7,680    | TVD       | 7,680 | Progress   | 0        | Days        | 0    | MW     | 0.0                 | Visc     | 0.0 |
| Formation: MESAVERDE PBTD: 7 |          |           |       | 652.0      |          | Perf: 6302- | 7642 |        | PKR De <sub>l</sub> | oth: 0.0 |     |

Activity at Report Time: P&A

**Activity Description** Start End Hrs

Hrs

**Activity Description** 

07:00 18:30

11.5 RIH W/CIBP. SET @ 6251'. PRESSURE TEST PLUG TO 500 PSIG. WOULD NOT TEST. SPOTTED 10 SKS CLASS G CMT ON PLUG, POH 130'. REVERSED OUT TBG. WHEN REVERSING TBG WE HAD COMMUNICATION W/9-5/8" CSG. DISPLACED HOLE W/130 BBLS 10# BRINE. RD HALLIBURTON.

POH. RIH W/5-1/2" TENSION PKR. SET @ 1900'. TEST ABOVE PKR TO 500 PSIG. COMMUNICATED W/9-5/8" CSG. TESTED BELOW PKR W/NO COMMUNICATION. TESTED CSG FROM 4663' TO PLUG @ 6250'. POH TO 1700'. SDFN.

| 05-16-2009    | Re       | eported By | BA              | AUSCH    |          |             |      |        |              |          |     |
|---------------|----------|------------|-----------------|----------|----------|-------------|------|--------|--------------|----------|-----|
| DailyCosts: I | Prilling | \$0        |                 | Con      | npletion | \$6,113     |      | Daily  | Total        | \$6,113  |     |
| Cum Costs: I  | Orilling | \$0        |                 | Con      | npletion | \$32,052    |      | Well ' | <b>Fotal</b> | \$32,052 |     |
| MD            | 7,680    | TVD        | 7,680           | Progress | 0        | Days        | 0    | MW     | 0.0          | Visc     | 0.0 |
| Formation : 1 | MESAVE   | RDE        | <b>PBTD</b> : 7 | 652.0    |          | Perf: 6302- | 7642 |        | PKR Dep      | oth: 0.0 |     |

Activity at Report Time: P&A End

Start

| 07:00 | 18:00 | 11.0 SET PKR @ 1745', PUMPED DN CSG & CIRCULATED UP 9-5/8", RESET PKR @ 898', PUMPED DN CSG & |
|-------|-------|-----------------------------------------------------------------------------------------------|
|       |       | CIRCULATED UP 9-5/8". RESET PKR @ 789' SET PKR. PUMPED DN CSG & TESTED TO 1300 PSIG. POH. RIH |
|       |       | OPEN ENDED TO 5000', PUMPED 125 SKS CLASS G CMT W/1% CACL. DISPLACED CMT TO 3930'. POH TO     |
|       |       | ARRAY DALMO DEVERGE OUT ONT TROUBLE DILLOCED COLUD NOT CLEAR TROUBLED IN ITC OF TRO           |

3793'. RU TO REVERSE OUT CMT. TBG WAS PLUGGED. COULD NOT CLEAR TBG. POH. LD 10 JTS OF TBG PLUGGED W/CMT. WOC 2 HRS. RIH TO CMT TOP @ 4021'. POH TO 3988'. PUMPED 28 SKS CLASS G CMT. DISPLACED CMT TO 3749', POH TO 3695', REVERSED W/16 BBLS BRINE, POH TO 3044', SDFW.

| 05-19-2009 Reported By   | KERN                |                      |
|--------------------------|---------------------|----------------------|
| DailyCosts: Drilling \$0 | Completion \$15,765 | Daily Total \$15,765 |
| Cum Costs: Drilling \$0  | Completion \$47,817 | Well Total \$47,817  |

0.0MW0.0 Visc 7,680 Days MD 7,680 TVD **Progress** PKR Depth: 0.0 Perf: 6302-7642 Formation: MESAVERDE **PBTD:** 7652.0 Activity at Report Time: P&A **Activity Description** Start End Hrs 24.0 RIH. TAG CEMENT TOP @ 3606'. POH. RIH W/PKR AND SET @ 1772'. FILLED HOLE AND PRESSURED TO 700  $\,$ 06:00 06:00 PSI BELOW THE PACKER. CASING HELD. RELEASE PKR. POH. RU CUTTERS WL. SHOT 4 SQUEEZE HOLES @ 1850'. RIH W/PKR. SET @ 1772'. ESTABLISH CIRCULATION THROUGH SQUEEZE HOLES AND UP THROUGH SURFACE CASING @ 2 BPM @ 275 PSI. RELEASED PKR. POH. RIH W/CICR AND SET @ 1772'. ESTABLISH CIRCULATION. PUMPED 70 SKS CLASS "G" CMT W/2% CACL BELOW CICR. UNSTUNG FROM CICR AND DUMPED 25 SKS CMT ON TOP OF CICR. LD 10 JTS TUBING AND REVERSE CIRCULATE W/BRINE. POH. WOC. SDFN. KERN Reported By 05-20-2009 \$25,481 **Daily Total** \$25,481 \$0 Completion DailyCosts: Drilling \$73,298 \$73,298 Well Total Completion **Cum Costs: Drilling** 0.0 0 MW Visc MD 7,680 TVD 7,680 **Progress** Days Perf: 6302-7642 PKR Depth: 0.0 Formation: MESAVERDE **PBTD:** 7652.0 Activity at Report Time: WO DRY HOLE MARKER **Activity Description** Start End Hrs 24.0 RIH W/TBG AND TAG CMT TOP @ 1547'. POH. RU WL. PERF 4 SQUEEZE HOLES IN 5-1/2" CSG @ 325'. 06:00 06:00 ESTABLISHED CIRCULATION TO SURFACE DOWN 5-1/2" CSG OUT 9-5/8" BY 5-1/2" ANNULUS. PUMPED 175 SKS CLASS "G" CMT W/2% CACL. CIRCULATED CEMENT TO SURFACE. ND BOPE. CUT WELLHEAD OFF. TOP OFF CASING W/CEMENT. RDMOSU.

RECEIVED

MAY 2 6 2009

Form 3160-5 (June 2015)

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

FORM APPROVED OMB NO. 1004-0137 Expires: January 31, 2018

| - |              |     |  |
|---|--------------|-----|--|
|   | Lease Serial | No. |  |
|   | LITLIEGOGO   | )   |  |

| SUNDRY NOTICES AND REPORTS O                   | N WELLS        |
|------------------------------------------------|----------------|
| Do not use this form for proposals to drill or | to re-enter an |
|                                                |                |

|                                                                                                                                                                                                                   | s form for proposals to drill or t<br>I. Use form 3160-3 (APD) for su                                               |                                                                                                                | 24 2010 6. If In                                                                                       | dian, Allottee or                                                      | Tribe Name                                                      |        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------|--------|
| SUBMIT IN 1                                                                                                                                                                                                       | RIPLICATE - Other instructions                                                                                      | s on page 2LM VEF                                                                                              | RNAL UTAHIFU                                                                                           | nit or CA/Agreer<br>U60917E                                            | ment, Name and/or No                                            | 0.     |
| 1. Type of Well                                                                                                                                                                                                   |                                                                                                                     |                                                                                                                |                                                                                                        | Name and No.                                                           | .00                                                             |        |
| Oil Well Gas Well Oth                                                                                                                                                                                             |                                                                                                                     |                                                                                                                |                                                                                                        | HAPITA FED 1                                                           | -36<br>                                                         |        |
| 2. Name of Operator<br>EOG RESOURCES INC                                                                                                                                                                          | Contact: WES PA<br>E-Mail: wes_paine@eogres                                                                         |                                                                                                                |                                                                                                        | Well No.<br>047-31795-00                                               | )-S1                                                            |        |
| 3a. Address<br>600 17TH STREET, SUITE 10<br>DENVER, CO 80202                                                                                                                                                      | 3b. Pho<br>Ph: 30                                                                                                   | ne No. (include area code)<br>03-262-9886                                                                      | 10. Fie<br>NA                                                                                          | eld and Pool or E:<br>TURAL BUTT                                       | xploratory Area<br>ES                                           |        |
| 4. Location of Well (Footage, Sec., T.                                                                                                                                                                            | , R., M., or Survey Description)                                                                                    |                                                                                                                | 11. Co                                                                                                 | ounty or Parish, S                                                     | tate                                                            |        |
| Sec 36 T8S R22E SWSW 600                                                                                                                                                                                          | FSL 640FWL                                                                                                          |                                                                                                                | UIN                                                                                                    | NTAH COUNT                                                             | Y, UT                                                           |        |
| 12. CHECK THE AF                                                                                                                                                                                                  | PPROPRIATE BOX(ES) TO IND                                                                                           | DICATE NATURE OF                                                                                               | NOTICE, REPO                                                                                           | RT, OR OTH                                                             | ER DATA                                                         |        |
| TYPE OF SUBMISSION                                                                                                                                                                                                |                                                                                                                     | TYPE OF                                                                                                        | ACTION                                                                                                 | COOK CONTRACTOR CONTRACTOR                                             |                                                                 |        |
| ☐ Notice of Intent                                                                                                                                                                                                | ☐ Acidize ☐                                                                                                         | <b>)</b> Deepen                                                                                                | ☐ Production (Sta                                                                                      | rt/Resume)                                                             | ☐ Water Shut-Of                                                 | ff     |
|                                                                                                                                                                                                                   | ☐ Alter Casing ☐                                                                                                    | Hydraulic Fracturing                                                                                           | □ Reclamation                                                                                          |                                                                        | ■ Well Integrity                                                |        |
| ☐ Subsequent Report                                                                                                                                                                                               | ☐ Casing Repair                                                                                                     | New Construction                                                                                               | □ Recomplete                                                                                           |                                                                        | <b>⊠</b> Other                                                  |        |
| □ Final Abandonment Notice                                                                                                                                                                                        | ☐ Change Plans                                                                                                      | Plug and Abandon                                                                                               | □ Temporarily Ab                                                                                       | oandon                                                                 | Final Abandonme                                                 | ent No |
|                                                                                                                                                                                                                   | ☐ Convert to Injection ☐                                                                                            | Plug Back                                                                                                      | □ Water Disposal                                                                                       |                                                                        |                                                                 |        |
| Attach the Bond under which the wor following completion of the involved testing has been completed. Final Abdetermined that the site is ready for fill accordance with BLM Gold location and the site is ready f | Book Standards, reclamation objection inspection.  Fully requests that the referenced                               | No. on file with BLM/BIA. nultiple completion or recorder all requirements, including ectives have been metal. | Required subsequent mpletion in a new intering reclamation, have bet on the referenced Nationwide Bond | val, a Form 3160 een completed ar  VERNAL  ENG.  GEOL.  E.S. B.M  PET. | Tiled within 30 days -4 must be filed once and the operator has | DE     |
| 14. I hereby certify that the foregoing is                                                                                                                                                                        | Electronic Submission #428511 v                                                                                     | erified by the BLM Well                                                                                        | I Information Syster                                                                                   | n                                                                      |                                                                 |        |
|                                                                                                                                                                                                                   | mitted to AFMSS for processing by                                                                                   | C. BETH HAMANN on                                                                                              | 07/25/2018 (18CBH                                                                                      |                                                                        |                                                                 |        |
| Name (Printed Typed) WES PAIN                                                                                                                                                                                     | NE                                                                                                                  | Title REGULA                                                                                                   | ATORY ASSISTAN                                                                                         | NT                                                                     |                                                                 |        |
| Signature (Electronic S                                                                                                                                                                                           | Submission)                                                                                                         | Date 07/24/20                                                                                                  | 018                                                                                                    |                                                                        |                                                                 |        |
|                                                                                                                                                                                                                   | THIS SPACE FOR FED                                                                                                  | ERAL OR STATE                                                                                                  | OFFICE USE                                                                                             |                                                                        |                                                                 |        |
| Approved By June                                                                                                                                                                                                  |                                                                                                                     | •                                                                                                              | stant Field Manag<br>& Mineral Resour                                                                  |                                                                        | AUG. 10 2                                                       | 2018   |
| Conditions of approval, if any, are attache<br>certify that the applicant holds legal or equal<br>which would entitle the applicant to condu-                                                                     | d. Approval of this notice does not warra<br>uitable title to those rights in the subject leact operations thereon. | ont or ease Office VERN                                                                                        | AL FIELD OF                                                                                            | FICE                                                                   |                                                                 |        |
| Title 18 U.S.C. Section 1001 and Title 43<br>States any false, fictitious or fraudulent                                                                                                                           | U.S.C. Section 1212, make it a crime for statements or representations as to any magnetic statements.               | any person knowingly and atter within its jurisdiction.                                                        | willfully to make to an                                                                                | y department or a                                                      | agency of the United                                            |        |

(Instructions on page 2) \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* RI M REVISED \*\*





#### Revisions to Operator-Submitted EC Data for Sundry Notice #428511

**Operator Submitted** 

**BLM Revised (AFMSS)** 

Sundry Type:

FAN

FAN FAN

Lease:

UTU56960

Agreement:

UTU56960

UTU60917E (UTU60917E)

Operator:

EOG RESOURCES 600 17TH STREET # 1000N DENVER, CO 80202 Ph: 303-262-9886

EOG RESOURCES INC 600 17TH STREET, SUITE 1000N DENVER, CO 80202 Ph: 303-572-9000

Admin Contact:

WES PAINE

REGULATORY ASSISTART E-Mail: wes\_paine@eogresources.com

Ph: 303-262-9886

WES PAINE REGULATORY ASSISTANT E-Mail: wes\_paine@eogresources.com

Ph: 303-262-9886

Tech Contact:

WES PAINE

REGULATORY ASSISTANT

E-Mail: wes\_paine@eogresources.com

Ph: 303-262-9886

WES PAINE

REGULATORY ASSISTANT

E-Mail: wes\_paine@eogresources.com

Ph: 303-262-9886

Location:

State: County:

UT

VERNAL

Field/Pool:

NATURAL BUTTES

UT

UINTAH

Well/Facility:

NORTH CHAPITA FEDERAL 1-36 Sec 36 T8S R22E SWSW 600FSL 640FWL

NATURAL BUTTES

N CHAPITA FED 1-36 Sec 36 T8S R22E SWSW 600FSL 640FWL

## Final Reclamation Inspection/Monitoring - Environmental

| Operator. Boo itematical                                                                                                                                                            | lti-Well Location Yes ∟<br>S: Yes □ No 🔀                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | No X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Well Na<br>Well #: | Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, where the Owner, which is th | hapita Fed.  |
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| Easility ID: N/A Facility Name: N/A Incr                                                                                                                                            | pection Activity: ES/ SA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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                                                                                                                                                                                                                                                                                                                                                        | k AFMSS??    |
| Inspection Open Date: 4/03/2018 Inspection Close Date: 6/1/10                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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                                                                                                                                                                                                                                                                                    |                    | Date: 🔑                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| Inspector: B. McDonald Office Time: 0,5                                                                                                                                             | Travel Time: 0.1 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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                                                                                                                                                                                                                                                                    | n Time: 0.         | 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | rips: 📗      |
| Inspected: Well/Facility Location X; Road X; Pipeline X; Power Li                                                                                                                   | The second secon | nd action of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                    | neast in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |
| Inspection Items Meet Final Reclamation Standards                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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                                                                                                                                                                                                                                                                                                                                                        | Order/INC    |
| <ol> <li>All Facilities Removed for Final Reclamation (Including cement, surface a<br/>pipes, risers, markers, signs, fences, culverts, gates, cattleguards, trash, etc.</li> </ol> | and shallow                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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                                                                                                                                                                                                                                                                                                                                                        |              |
| 2. Surfacing Material Removed from Location and Road                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| 3. Free of Oil or Salt-Contaminated Soil                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| 4. Compacted Areas Ripped/Disked (Locations, Roads, etc.)                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| 5. All Original Disturbance Areas Recontoured Back to Original Contour                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| 6. Adequate Topsoil Replaced                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| 7. Seeded: Yes X No Drill Seeded Broadcast Seeded X Other                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| 8. Adequate Surface Roughness                                                                                                                                                       | I STATE OF THE PARTY OF THE PAR | X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |
| 9. Erosion and Runoff Controlled: Yes X No Methods                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| 10. Mulch: Yes 🗌 No 🔀 Type                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| 11. Reclamation Fence follow-up needed to ensure removal? Yes No X                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| 12. Dry-hole Marker Monumented: Surface   Subsurface (preferred)                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| 13. 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| Species Present: Main spp's present: Rabbitbrush, horsebrush, snake indian rice grass, and globe mallow. 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| 14. Revegetation Success & Desired Species Density/Cover Measurement and                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| 15. Overall Site Stability (Wind & Water Erosion, Subsidence, Vegetation)                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| 16. Split Estate: Surface Owner Consultation/Concurrence                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| 17. 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| Reclaimed According to Approved Reclamation Plan & BLM Policy<br>Comments, Inspection/Monitoring Results, and Additional Actions Necessary                                          | v. No other action is need                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | STATE OF THE PARTY |                    | ed to sulv                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | nit a Sundry |
| requesting the P&A status of the location and the BLM's release of the b                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| conducted because the location is that well established with natives. It is pad are blended and re-contoured very well. 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| Follow-up Requirements: None Verbal Letter INC Notify PET Order                                                                                                                     | r/INC No. <mark>N/A</mark>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| Follow-up Inspection Needed: Yes No No Correct problem by: N/A                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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The Privacy Act of 1974 and the regulations in 43 CFR 2.48(d) require that you be furnished the following information.

Authority: 30 U.S.C. 181 et seq.; 43 CFR 3160; Onshore Oil and Gas Order No. 1.

**Purpose:** The BLM uses this information to document and track operator compliance with the terms of a Federal permit for the development oil and natural gas and to contact the permit holder and other affected parties.

Routine uses: In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, all or a portion of the information collected may be disclosed as a routine use pursuant to 5 U.S.C. 552a(b)(3) as follows: (1) Document and track compliance with permit conditions. (2) Gather contact information for permittees and parties affected by the permit. (3) Track monitoring data. (4) Information from the record and/or the record will be transferred to appropriate Federal, State, or local agencies when relevant to civil, criminal, or regulatory investigations or prosecutions.

**Effect of not providing information:** Disclosure of the information is voluntary; however, failure to provide the requested information may impede individual participation.

Refer to "Monitoring Quick Lines" at http://usda-ars.nmsu.edu/Monit\_Asses\_monitoring.htm for updates.

## **Line-Point Intercept Indicator Calculations**

You must fill in all applicable yellow cells. Fill in Lower Canopy Layer cells where appropriate.

| Page | 1         | of 2 | Observer B.   | McDonald        | Gray ce              | ells for indicator calcu | lations |
|------|-----------|------|---------------|-----------------|----------------------|--------------------------|---------|
| Plot | Dist.     | Line | Recorder B.   | McDonald        | Line Length 100'     | m or ft?                 | FT.     |
|      | Direction | 43°  | Date 07/11/18 | Intercept (Poir | nt) Spacing Interval | 100Ft cm o(103)          | 12"     |

| ALC: NAME OF | Тор    | Lower Canopy Layers                                                                                            |       |       | Soil     | Тор | Тор    | Lower | Canopy   | Layers | Soil    |
|--------------|--------|----------------------------------------------------------------------------------------------------------------|-------|-------|----------|-----|--------|-------|----------|--------|---------|
| Pt.          | Canopy | Code1                                                                                                          | Code2 | Code3 | Surface  | Pt. | Canopy | Code1 | Code2    | Code3  | Surface |
| 1            |        |                                                                                                                |       |       | L        | 26  |        |       | ч        |        | S       |
| 2            |        |                                                                                                                |       |       | S        | 27  |        |       |          |        | S       |
| 3            |        |                                                                                                                |       |       | S        | 28  |        |       |          |        | S       |
| 4            |        | agada kara ya di mangala kara kara kara kara kara kara kara k                                                  |       |       | S        | 29  |        |       |          |        | S       |
| 5            |        |                                                                                                                |       |       | ACHY     | 30  |        |       |          |        | S       |
| 6            |        |                                                                                                                |       |       | 5        | 31  |        |       |          |        | S       |
| 7            |        |                                                                                                                |       | j - 2 | L        | 32  |        |       |          |        | 5       |
| 8            |        | de y que de completa que de la desta d |       |       | L        | 33  |        |       |          |        | S       |
| 9            |        |                                                                                                                |       |       | 5        | 34  |        | 111   |          |        | L       |
| 10           |        |                                                                                                                | )     |       | \$       | 35  |        |       |          |        | CHNA    |
| 11           |        |                                                                                                                |       |       | S        | 36  |        |       |          |        | L       |
| 12           |        |                                                                                                                |       |       | S        | 37  |        |       |          | 7      | S       |
| 13           |        |                                                                                                                |       |       | 5        | 38  |        |       |          |        | S       |
| 14           |        |                                                                                                                |       |       | S        | 39  |        |       |          | A      | S       |
| 15           |        |                                                                                                                |       |       | S        | 40  |        |       |          |        | S       |
| 16           |        |                                                                                                                |       |       | L        | 41  |        |       |          |        | S       |
| 17           |        |                                                                                                                | 770   |       | L        | 42  |        |       |          |        | S       |
| 18           | J      |                                                                                                                |       |       | CHNA     | 43  |        |       | A 7 4 5  |        | S       |
| 19           |        |                                                                                                                |       |       | CHNA     | 44  |        |       |          |        | ACHY    |
| 20           |        |                                                                                                                |       |       | S        | 45  |        |       |          |        | S       |
| 21           |        |                                                                                                                |       |       | S        | 46  |        |       |          |        | L       |
| 22           |        |                                                                                                                |       | (-    | L        | 47  |        |       |          |        | L       |
| 23           |        |                                                                                                                |       |       | L        | 48  |        |       |          |        | S       |
| 24.          |        |                                                                                                                | 1     |       | S        | 49  |        |       |          |        | S       |
| 25           |        |                                                                                                                |       |       | S Not re | 50  |        |       | назешогд |        | 2       |

Top canopy codes: Species code, common name, or NONE (no canopy).

Lower canopy layers codes:

'es code, common name, L aceous litter),

(woody litter, >5 mm

(~1/4 in) diameter).

Last updated on 7 November 2006.

\* 2,213S acres reclaimed

\* 8 Notines

Unknown Species Codes: AF# = annual forb

PF# = perennial forb AG# = annual graminoid PG# = perennial graminoid SH# = shrub

TR# = tree

GRASEWOOD (SAUE) Radobithonsh(CHNA)

Pour -wing

Halogeton CHAG

Gatterlange, CPC

cryptontha (CRSP)

Soil Surface (do not use litter):

Species Code (for basal intercept) R = rock fragment (>5 mm (~1/4 in)diameter) BR = bedrock, M = moss LC = visible lichen crust on soil S = soil without any other soil

surface code EL = embedded litter (see page 10)

D = duff

\*Bare ground occurs ONLY when Top canopy = NONE, Lower canopy layers are empty (no L), and Soil surface = S.

Time 1.0 travel Refer to "Monitoring Quick L....s" at <a href="http://usda-ars.nmsu.edu/Monit\_Assess/monitoring.htm">http://usda-ars.nmsu.edu/Monit\_Assess/monitoring.htm</a> for updates.

## Line-Point Intercept Indicator Calculations

You must fill in all applicable yellow cells. Fill in Lower Canopy Layer cells where appropriate.

Gray cells for indicator calculations Observer B. McDonald Page Recorder B.M. Donald Line Length M Plot 2540

Date 07/11/18 Lower Canopy Layers Soil Soil Top Lower Canopy Layers Top Code2 Code3 Code2 Code3 Surface Pt. Canopy Code1 Surface Code1 Pt. Canopy 26 5 ACHY 1 27 2 2 6 28 5 3 5 29 1 4 30 5 BRTE 31 L 6 BRTS 32 7 ACHY S 33 8 1 5 34 9 5 L 35 10 5 36 11 5 5 37 12 5 BRTS 38 13 S 2 S 39 14 5 15 40 S S 41 16 5 42 17 BETE 18 43 BETE 19 44 45 20 L 5 5 21 46 1 22 47 5

Top canopy codes: Species code,

Direction

common name, or NONE (no

canopy).

23

24

25

Lower canopy layers codes:

3s code, common name, L

WI aceous litter),

(woody litter, >5 mm

(~1/4 in) diameter).

AF# = annual forb PF# = perennial forb AG# = annual graminoid

Species Codes:

L

BRTE

PG# = perennial graminoid

Unknown

SH# = shrub TR# = tree

much more cactus, halogeter, Poss, thistle, or Cheat grass than 21st, sit

- 6 Notwes

48 49

50

S

Soil Surface (do not use litter): Species Code (for basal intercept)

R = rock fragment (>5 mm (~1/4 in)

diameter)

Intercept (Point) Spacing Interval 100 Ft, cm or in? 12

BR = bedrock, M = moss

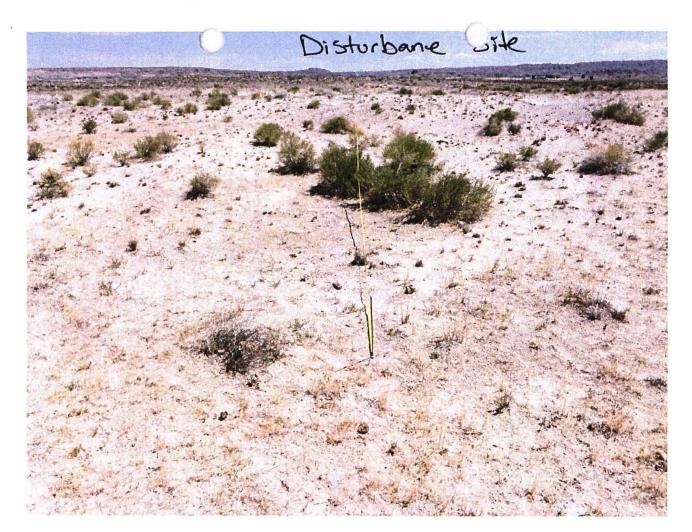
LC = visible lichen crust on soil S = soil without any other soil

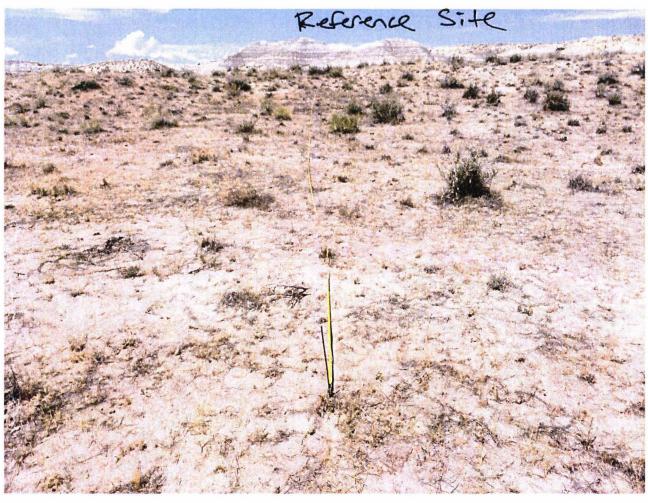
surface code

EL = embedded litter (see page 10)

D = duff

<sup>\*</sup>Bare ground occurs ONLY when Top canopy = NONE, Lower canopy layers are empty (no L), and Soil surface = S.





#### Well and Notice Remarks

Doc. Number 18CBH1416SE

FAN

Doc. Type

Case IID UTU60917E

Type 318230

Name

BADLANDS WS MV MANCOS A

API

Well Name

Number

Operator

430473179500S1

N CHAPITA FED

1-36

EOG RESOURCES INC

Subject

Doc. Number 18CBH1416SE 18CBH1416SE

Date 08/10/2018 07/24/2018

Author **BRANDON MCDONALD** C. BETH HAMANN

FAN FAN Category

ONSITE **APPROVAL** 

Category

ONSITE

Date 08/10/2018

Line point intercepts were conducted on this site 07/11/2018. It is recommended this Sundry is approved.