



United States Department of the Interior

BUREAU OF LAND MANAGEMENT WHITE RIVER RESOURCE AREA

P.O. Box 928
Meeker, Colorado 81641

IN REPLY REFER TO:

3160 (162)
C-0111236
#11-3

July 17, 1987

Memorandum

To: ADM, Minerals, Craig District Office

From: Area Manager, White River Resource Area

Subject: Wexpro Company
#11-3
T.2S., R.103W.
Sec. 11; SESE
Lease C-0111236
Rio Blanco County, Colorado

RECEIVED
1987 JUL 20 A 10:21
BUREAU OF LAND MANAGEMENT
CRAIG CO. 81625-1129

The subject location has been inspected. Surface rehabilitation is satisfactory. This office recommends approval of final abandonment.

If you have any questions, contact Dave Mickelson at 878-3601.

B. A. Smith

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions
reverse side)

Budget Bureau No. 1004-0115
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

C-011236 C-0111936

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL ☐ GAS WELL ☐ OTHER ☒ Plugged and Abandoned

2. NAME OF OPERATOR
Wexpro Company

3. ADDRESS OF OPERATOR
P. O. Box 458, Rock Springs, Wyoming 82902

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

SE SE, 907' FSL, 653' FEL

14. PERMIT NO.
05-103-8397

15. ELEVATIONS (Show whether OF, TO, OR, etc.)
GR 6317'

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

MPS Federal

9. WELL NO.

11-3

10. FIELD AND POOL OR WILDCAT

Lower Horse Draw

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

11-2S-103W, 6th PM

12. COUNTY OR PARISH 13. STATE

Rio Blanco Colorado

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

Reclamation and Seeding

XXX

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

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

Please note that the above captioned well location has been reclaimed and seeding
has taken place.

RECEIVED
Bureau of
Land Management
JAN 12 1987
CRAG
DISTRICT OFFICE

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

SIGNED

E. Martin

TITLE Drilling Superintendent

DATE 1-7-87

(This space for Federal or State office use)

APPROVED BY KENNETH P. SMITH

TITLE Acting District Manager

DATE JUL 23 1987

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

M. Branscum
7-22-87
Hootle