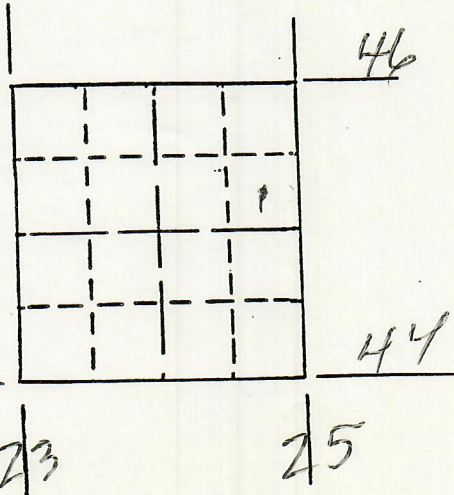




00259293

RCC

WELL SITE INSPECTIONPERMIT NO 85-1872DATE Jan 1986COUNTY LoganLEGAL SE 1/4 NE 1/4 T2N R54WOPERATOR Intermountain + BearWELL NAME Sacromini 1RIG BearSURFACE CASING ✓ SIZE 8 5/8 DEPTH 130 DATE 1/20/86CEMENT VOLUME RETURNS WOC PROBABLE FOX HILLS DEPTH MUD PITS DISPOSAL PRODUCTION STRING ✓ SIZE 4 1/2 DEPTH 5230 1/24/86STAGED CBL CHECKED SQUEEZE FRAC JOB BATTERY SIGN SITE INSPECTION AFTER DRILLING DIRECTIONS ACTION ENGINEER DR McKinnell

85-1872

10400

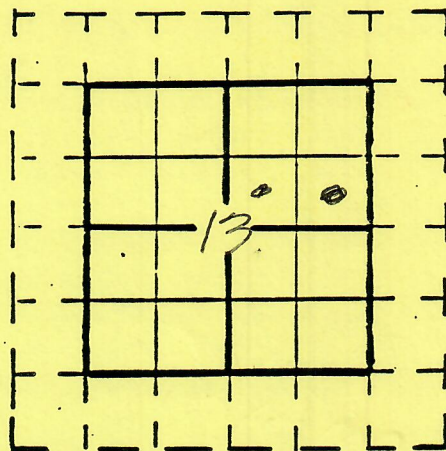
05.075-9179

VERBAL REQUEST

NOTICE OF INTENT TO DRILL _____

NOTICE OF INTENT TO ABANDON _____

OTHER _____

COMPANY Intermountain ADDRESS _____

BY _____ PHONE NO. _____ EXT. _____

WELL NO. 1 LEASE GiacominiCOUNTY Logan FIELD Cedar Creek DRLG UNIT _____LOCATION SE1/4 SEC 13 TWP 9N RNGE 54W MERIDIAN 6

_____ ft. from N or S Sec. Line, and _____ ft. from E or W Sec. Line

ESTIMATED DATE OF WORK June 1987 ESTIMATED TIME _____DETAILS OF PLAN OF WORK: T.D. 5226 FORMATION D SandSURFACE CASING 8 5/8 @ 100' - 4 1/2 @ 5226

Set CIBP @ 4850+200; Perf 5000-04
cut at free point (\pm 4500), pull csg
Run plug at base of surface
Run plug at surface, cut off 4'
below GL; Weld Plate, send F4
when done.

BONDING STATUS: PLUGGING _____ SURFACE _____ OTHER _____

Is surface owner also mineral owner? _____

ACREAGE LEASED SURROUNDING DRILLSITE _____

APPROVED BY: D. B. Siskull DATE 7/2/87

WELL SITE INSPECTION FORM

WELL NAME Giacomini #1
OPERATOR Intermountain Oil
LOCATION SENE 13-9N-54W
FIELD Cedar Creek

API NUMBER 05 - 075 - 091290
PERMIT NUMBER 85-1872
COUNTY Logan
INSPECTOR SP

AL/PA/DA INSPECTION RESULTS:

PASS(Y) ☒ FAIL(N) ☐ DATE 8/28/88

WELL STATUS:

FN ☐ FD ☐ WO ☐

=====

DATE OF INSPECTION BEFORE/DURING DRILLING _____

CASING SIZE _____ DEPTH SET _____ CMT VOL _____ WOC _____
CONSISTENT WITH APD CASING PROGRAM? _____ RETURNS _____
RIG _____ BOP'S _____ CONTACT _____

DATE OF INSPECTION BEFORE/DURING/AFTER COMPLETION 7/15/87

PIPE SET? _____ COMPLETION RIG/ACTIVITY Well plugged - need final leveling

DRILLING PITS: CLOSED ☐ OPEN ☒ WELLHEAD SYSTEM INSTALLED _____

TANK ID: YES ☐ NO ☐ NA ☐ WELL SIGN: YES ☐ NO ☐

SKIM PIT: gal TANKS: () bbls

EQUIPMENT _____

BRADENHEAD PRESSURE _____ FLUID: NO ☐ YES ☐ TYPE _____

METER RUN: YES ☐ NO ☐ WELL STATUS: PR ☐ TA ☐ SI ☐ WELL CAT 3- ☐

AL/PA/DA INSPECTION

DATE PLUGGED: 7/1/87

DATE PERMIT EXPIRED: _____

HOLE PLUGGED: YES ☒ NO ☐

PITS BACKFILLED: YES ☒ NO ☐

MATERIAL BURIED: YES ☒ NO ☐ NA ☐

SITE CLEAN: YES ☒ NO ☐

BOND RELEASE OK: YES ☒ NO ☐ FED ☐

HOLE MARKER: YES ☐ NO ☒

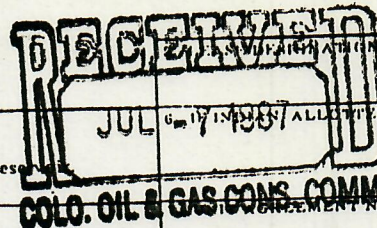
DATE OF SAFETY/STATUS INSPECTION 4/14/88

COMMENTS Dozer leveling pits, need to pull deadmen + weld cap

(called on 4/18/88)

will be completed Friday 4/22

File in duplicate for Patented and Federal lands.
File in triplicate for State lands.



SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		6. FARM OR LEASE NAME Giacomini 28070	
2. NAME OF OPERATOR InterMountain Oil Company		9. WELL NO. 1	
3. ADDRESS OF OPERATOR P.O. Box 697, Niwot, CO 80544		10. FIELD AND POOL, OR WILDCAT Cedar Creek D-sand	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FNL 660' FEL of the NE 1/4		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 13-9N-54W	
14. PERMIT NO. 85-1872	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4279 GR	12. COUNTY Logan	13. STATE CO

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

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

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

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

18. Date of work July 1, 1987

* Must be accompanied by a cement verification report.

1. Set CIBP at 4850'.
2. Two sacks of cement on top of CIBP.
3. Shot casing with 4 1/2 inch casing cutter at 4550'. Pulled casing.
4. Haliburton plug at bottom of surface pipe. Ten sacks cement bottom of surface pipe.
5. Five sacks of cement top of surface pipe.
6. Weld steel cap two feet below grade onto top of surface pipe.

FOR OFFICE USE ONLY

ET

13

11

SE MP

EXHAUSTED
OIL WELL

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

SIGNED [Signature] TITLE President DATE July 1, 1987

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____