5. LEASE DESIGNATION AND SERIAL NO.

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

| | | | 14-20-603-2034 |
|--|--|--|---|
| 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.) | | | 6. IF INDIAN, ALLOTTER OR TRIBE NAME |
| | | | Maraja Lula |
| OIL GAS OTHER | | | 7. UNIT AGREMENT NAME |
| | | | 8. PARN OR LEASE NAME |
| 3. (ADDRESS OF OPERATOR | | | 9. WELL NO. |
| Drawer 1480 Carter Co 81321 | | | F-133 |
| 6. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface | | | 10. FIELD AND POOL, OF WILDCAT |
| | | | 11. SEC., T., B., M., OR BLE. AND SURVEY OR AREA |
| | | | & 9 Tay PMIL |
| 14. PERMIT NO. 15. SLEVATIONS (Show whether DF, RT, GR, etc.) | | | 12. COUNTY OF PARISH 18. STATE |
| | 15273 GL | | Dan Juan &M |
| d. Check A | ppropriate Box To Indicate | Nature of Notice, Report, | • |
| NOTICE OF INTER | TO KOLLI | au a | ESQUENT REPORT OF: |
| | PULL OR ALTER CASING MULTIPLE COMPLETE | WATER SHUT-OFF FRACTURE TREATMENT | REFAIRING WELL ALTERING CASING |
| | ABANDON* | SHOUTING OR ACIDIZING | AENNUON MENT* |
| (Other) Conver. t. | CHANGE PLANS | (Other) (Note: Report re | sults of multiple completion on Well ompletion Report and Log form.) |
| | | | ates, including estimated date of starting any ortical depths for all markers and zones perti- |
| nent to this work.) * | / <u> </u> |) 00 h | and a limite |
| Intend to | convert th | is well glo | on a water |
| injection i | | sho Aurio | a ait well |
| infliction i | well no c | | 7 |
| William and | 1 au de la | lan work | is complete |
| Wille sena | sunay u | 34(21) 200 W 010 | |
| | \bigcup | | |
| | | and the second s | |
| | | | 5 Ba |
| | | and the second section of the section of the second section of the section of the second section of the se | |
| | S S S S S S S S S S S S S S S S S S S | DEGENERA | |
| | At-reside, At | M 198 - 8 1888 E/ | |
| | | W. W. O. 1997 | E F 4 |
| | (| DIL CE E. BEV. | |
| | | D4.24.0 | |
| 18. I hereby certify that the foregoing | is true and correct | | |
| SIGNED COMES Mass | My TITLE | Seratar | POVED |
| (This space for Federal or State of | ace (use) | <u> </u> | |
| APPROVED BY | TITLE | | APR 0 2 1996 |
| COMPILE 'S OF APPROVAL, IF | | NMOCD | . + 1 -) |
| | NWOCO | | A- RETRICT MANAGER |