

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions
verse side)

5. LEASE DESIGNATION AND SERIAL NO.

OR-13976

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

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR

8. FARM OR LEASE NAME

Efflow Corporation Attn.: Melba Knippling

GPE Federal

3. ADDRESS OF OPERATOR

9. WELL NO.

P.O. Box 1600, Midland, TX 79702

2

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

10. FIELD AND POOL, OR WILDCAT

816' FSL & 1960' FEL of sec. (SW SE)

Wildcat

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

Sec 3-T4N-R3W

14. PERMIT NO.

15. ELEVATIONS (Show whether DR, RT, OR, etc.)

1730' GR

12. COUNTY OR PARISH 13. STATE

Columbia OR

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other)

(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.)*

Please approve the attached Addendum for our 8 point plan.

RECEIVED
JUN 6 1985

PORTLAND, OREGON 97232

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

SIGNED

Melba Knippling

TITLE

Unit Head

DATE

6-6-85

(This space for Federal or State office use)

APPROVED BY

[Signature]

TITLE

Deputy State Director

DATE

7-25-85

CONDITIONS OF APPROVAL, IF ANY:

for Mineral Resources

See Attached Conditions and Requirements
*See Instructions on Reverse Side

Form 3160-5
November 1983)
Formerly 9-331)

RECEIVED-PTLD
JUL 22 1985

U.S. DEPT. OF ENERGY
BUREAU OF LAND MANAGEMENT

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.
OR 13976

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

GPE Federal

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Wildcat

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

Sec. 3-T4N-R3W

12. COUNTY OR PARISH; 13. STATE
Columbia Oregon

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
Exxon Corporation Attn: Melba Knipling

3. ADDRESS OF OPERATOR
P. O. Box 1600, Midland, Texas 79702

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

816' FSL and 1960' FEL of Sec. (SW SE)

14. PERMIT NO. 15. ELEVATIONS (Show whether OF, ST, GR, etc.)
1730' GR

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
(Other) Amend 8 pt. plan & APD

WELL OR ALTER CASING
MULTIPLE COMPLETION
ABANDON*
CHANGE PLANE

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other)

REPAIRING WELL
ALTERING CASING
ABANDONMENT*

(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 and 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.)*

Please approve changes made with pen to our APD and our revised 8 point plan.

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

SIGNED

Edgar Ruskel

TITLE

Unit Head

DATE

7-5-85

This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(*Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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

2. NAME OF OPERATOR
Exxon Corporation Attn: Melba Knipling

3. ADDRESS OF OPERATOR
P. O. Box 1600, Midland, Texas 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface
816' FSL and 1960' FEL of Sec. (SW SE)

5. LEASE DESIGNATION AND SERIAL NO.
OR 13976

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT ASSIGNMENT NAME

8. FARM OR LEASE NAME
GPE Federal

9. WELL NO.
2

10. FIELD AND POOL, OR WILDCAT
Wildcat

11. SEC. T., R., W., OR BLK. AND SURVEY OR AREA
Sec. 3-T4N-R3W

12. COUNTY OR PARISH 13. STATE
Columbia Oregon

14. PERMIT NO. 15. ELEVATIONS (Show whether of. st. cr. etc.)
1730' GR

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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLATE <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(Other) Amend 8 pt. plan & APD

(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.)*

Please approve changes made with pen to our APD and our revised 8 point plan.

RECEIVED - PTLD
AUG 1 1985
DEPT. OF GEOLOGY & MINERAL INDUS

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

SIGNED Edgar Runkel TITLE Unit Head DATE 7-5-85

APPROVED BY [Signature] TITLE Deputy State Director DATE 7-25-85
for Mineral Resources

CONDITIONS OF APPROVAL, IF ANY:

See Attached Conditions and Requirements
*See Instructions on Reverse Side

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

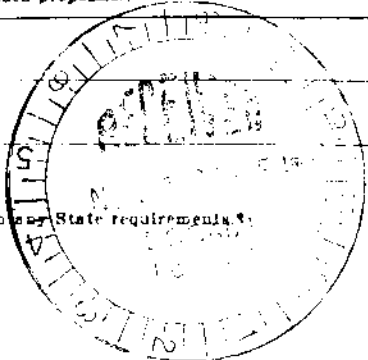
SUBMIT IN TRIPLICATE*
(Other instructions on re-verse side.)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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.)

<p>1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Dry</p> <p>2. NAME OF OPERATOR <u>Exxon Corporation</u></p> <p>3. ADDRESS OF OPERATOR <u>P. O. Box 1600, Midland, TX 79702</u></p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At SURFACE <u>816' FSL & 1960' FEL of Sec. 3 (SW SE)</u></p> <p>14. PERMIT NO. _____</p> <p>15. ELEVATIONS (Show whether OF, BT, CR, etc.)</p>	<p>5. LEASE DESIGNATION AND SERIAL NO. <u>OR-13976</u></p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____</p> <p>7. UNIT AGREEMENT NAME _____</p> <p>8. FARM OR LEASE NAME <u>GPE Federal Com.</u></p> <p>9. WELL NO. <u>1</u></p> <p>10. FIELD AND POOL OR WELLS <u>Wildcat</u></p> <p>11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA <u>Sec. 3-T4N-R3W</u></p> <p>12. COUNTY OR PARISH 13. STATE <u>Columbia Oregon</u></p>
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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"/>	FILL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	(Other) _____

(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.)*

Please approve our procedure to plug and abandon the above well:

No casing was set below 1652', therefore no open hole cement plugs will be required.

Exxon has "Dept. of Environmental Quality" and BLM approval to inject all drilling fluids into this well below a cement retainer set 109' above the 13-3/8" casing shoe (cement retainer at 1543'). We plan to dispose of the drilling fluids in this manner:

After injecting drilling fluids, we will pump approximately 200' CIG below the cement retainer and approximately 100' on top of retainer. We will cut casing off 4' below ground level and spot a 20' cement plug, then weld on steel plate across top of casing.

RECEIVED-PTLD
NOV 12 1985
DEPT. OF GEOLOGY
WASHINGTON, D.C.

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

SIGNED Melva Knippling TITLE UNIT HEAD DATE 11-8-85

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions
reverse side)

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

2. NAME OF OPERATOR
Exxon Corporation Attn: Melba Knipling

3. ADDRESS OF OPERATOR
P. O. Box 1600, Midland, Texas 79702

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

816' FSL and 1960' FEL of Sec. 3 (SW SE)

14. PERMIT NO. 15. ELEVATIONS (Show whether of, ft., or, etc.)
GR

3. LEASE DESIGNATION AND SERIAL NO.

OR-13976

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
GPE Federal Com.

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Wildcat

11. SEC., T., R., W., OR BLK. AND
SUBSTRY OR AREA

Sec. 3-T4N-R3W

12. COUNTY OR PARISH, 13. STATE
Columbia Oregon

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 COMPLETS

ABANDON*

CHANGE PLANE

Name and well number change

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(Note: Report results of multiple completion on Well Completion or Recombination 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 codes pertinent to this work.)

Please approve a well name and number change from GPE Federal #2 to GPE Federal Com. #1

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

SIGNED Melba Knipling

TITLE Unit Head

DATE 8-26-85

This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Dry		5. LEASE DESIGNATION AND SERIAL NO. OR 13976	
2. NAME OF OPERATOR Exxon Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 1600, Midland, TX 79702		7. UNIT ACQUISITION NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 816' FSL and 1960' FEL		8. FARM OR LEASE NAME GPE Federal Com	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether SP, RT, OR, etc.) 1734 GR		10. FIELD AND POOL, OR WILDCAT Wildcat	
		11. SEC., T., R., M., OR SLE. AND SURVEY OF AREA Sec. 3-T4N-R3W	
		12. COUNTY OR PARISH Columbia	13. STATE OR

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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>	(Other) Reclaimed location <input checked="" 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.)

The well site was restored and reseeded on 4-18-86 and is ready for inspection so that Exxon may be released from the location.

RECEIVED
JUN 27 1986

PORTLAND, OREGON 97232

RECEIVED - PTLD

JUL 10 1986

DEPT. OF GEOLOGY
ADMINISTRATIVE

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

SIGNED Melba Knippling TITLE Section Head DATE 6-20-86

(This space for Federal or State office use)

APPROVED BY Paul M. McKeown TITLE DEPUTY STATE DIRECTOR FOR MINERAL RESOURCES DATE JUL 03 1986

CONDITIONS OF APPROVAL, IF ANY: ACTING

*See Instructions on Reverse Side