

Submit In Quadruplicate To:
MONTANA BOARD OF OIL AND GAS CONSERVATION
2535 ST. JOHNS AVENUE
BILLINGS, MONTANA 59102

SUNDRY NOTICES AND REPORT OF WELLS

Operator Three Forks Resources, LLC Address 4086 Youngfield Street City Wheat Ridge State CO Zip Code 80033 Telephone 303-318-0717 Fax 303-318-0720		Lease Name: Utopia Swift Unit Type (Private/State/Federal/Tribal/Allotted): Private Well Number: 31-13
Location of well (1/4-1/4 section and footage measurements): W2 NW NE Section 13 660 FNL, 2310 FEL		Unit Agreement Name: Utopia Field Name or Wildcat: Utopia Township, Range, and Section: 33N-4E Sec 13
API Number: 25 051 21642 State County Well	Well Type (oil, gas, injection, other): Oil	County: Liberty

Indicate below with an X the nature of this notice, report, or other data:

Notice of Intention to Change Plans <input type="checkbox"/> Notice of Intention to Run Mechanical Integrity Test <input type="checkbox"/> Notice of Intention to Stimulate or to Chemically Treat <input type="checkbox"/> Notice of Intention to Perforate or to Cement <input type="checkbox"/> Notice of Intention to Abandon Well <input type="checkbox"/> Notice of Intention to Pull or Alter Casing <input type="checkbox"/> Notice of Intention to Change Well Status <input type="checkbox"/> Supplemental Well History <input type="checkbox"/> Other (specify) <u>Well Put Back on Production</u> <input checked="" type="checkbox"/>	Subsequent Report of Mechanical Integrity Test <input type="checkbox"/> Subsequent Report of Stimulation or Treatment <input type="checkbox"/> Subsequent Report of Perforation or Cementing <input type="checkbox"/> Subsequent Report of Well Abandonment <input type="checkbox"/> Subsequent Report of Pulled or Altered Casing <input type="checkbox"/> Subsequent Report of Drilling Waste Disposal <input type="checkbox"/> Subsequent Report of Production Waste Disposal <input type="checkbox"/> Subsequent Report of Change in Well Status <input type="checkbox"/> Subsequent Report of Gas Analysis (ARM 36.22.1222) <input type="checkbox"/>
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Describe Proposed or Completed Operations:

Describe planned or completed work in detail. Attach maps, well-bore configuration diagrams, analyses, or other information as necessary. Indicate the intended starting date for proposed operations or the completion date for completed operations.

Ran pulling unit, released packer, pull and test tubing, run tubing to perf. Run rods and pump, install pumping unit. Repair electricity and put on pump. Well pumping 12/21/20.

BOARD USE ONLY	
Approved _____ Date	
Name	Title

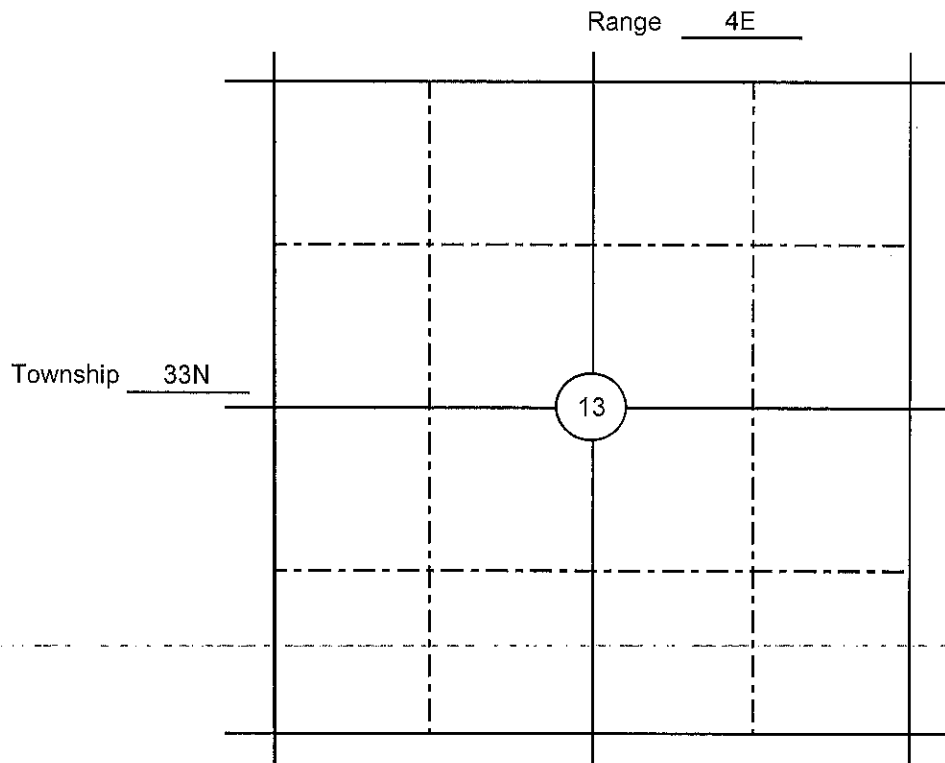
The undersigned hereby certifies that the information contained on this application is true and correct:

4/2/21 *Irene Trujillo*
 Date Signed (Agent)
 Irene Trujillo, Regulatory Analyst
 Print Name and Title
 Telephone: 303-318-0717

SUPPLEMENTAL INFORMATION

NOTE: Additional information or attachments may be required by Rule or by special request.

Plot the location of the well or site that is the subject of this notice or report.



BOARD USE ONLY

CONDITIONS OF APPROVAL

The operator must comply with the following condition(s) of approval:

Failure to comply with the conditions of approval may void this permit.

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**MONTANA BOARD OF OIL AND GAS CONSERVATION
2535 ST. JOHNS AVENUE
BILLINGS, MONTANA 59102**

SUNDRY NOTICES AND REPORT OF WELLS

Operator Three Forks Resources, LLC Address 4086 Youngfield Street City Wheat Ridge State CO Zip Code 80033 Telephone 303-318-0717 Fax 303-318-0720		Lease Name: Utopia Swift Unit Type (Private/State/Federal/Tribal/Allotted): Private Well Number: 13-12
Location of well (1/4-1/4 section and footage measurements): C NW SW Section 12 1980 FSL, 660 FWL		Unit Agreement Name: Utopia Field Name or Wildcat: Utopia Township, Range, and Section: 33N-4E Sec 12
API Number: 25 051 21423 State County Well	Well Type (oil, gas, injection, other): Injector Converted back to Oil Well	County: Liberty

Indicate below with an X the nature of this notice, report, or other data:

Notice of Intention to Change Plans <input type="checkbox"/> Notice of Intention to Run Mechanical Integrity Test <input type="checkbox"/> Notice of Intention to Stimulate or to Chemically Treat <input type="checkbox"/> Notice of Intention to Perforate or to Cement <input type="checkbox"/> Notice of Intention to Abandon Well <input type="checkbox"/> Notice of Intention to Pull or Alter Casing <input type="checkbox"/> Notice of Intention to Change Well Status <input type="checkbox"/> Supplemental Well History <input type="checkbox"/> Other (specify) <u>Well Put Back on Production as Oil Well</u> <input checked="" type="checkbox"/>	Subsequent Report of Mechanical Integrity Test <input type="checkbox"/> Subsequent Report of Stimulation or Treatment <input type="checkbox"/> Subsequent Report of Perforation or Cementing <input type="checkbox"/> Subsequent Report of Well Abandonment <input type="checkbox"/> Subsequent Report of Pulled or Altered Casing <input type="checkbox"/> Subsequent Report of Drilling Waste Disposal <input type="checkbox"/> Subsequent Report of Production Waste Disposal <input type="checkbox"/> Subsequent Report of Change in Well Status <input type="checkbox"/> Subsequent Report of Gas Analysis (ARM 36.22.1222) <input type="checkbox"/>
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Describe Proposed or Completed Operations:

Describe planned or completed work in detail. Attach maps, well-bore configuration diagrams, analyses, or other information as necessary. Indicate the intended starting date for proposed operations or the completion date for completed operations.

Converted well from injection to oil production. Request Injection Permit be cancelled.

Ran pulling unit, released packer, pull and test tubing, run tubing to perf. Run rods and pump, install pumping unit. Repair electricity and put on pump. Well pumping 11/30/20.

BOARD USE ONLY	
Approved _____ Date	
Name	Title

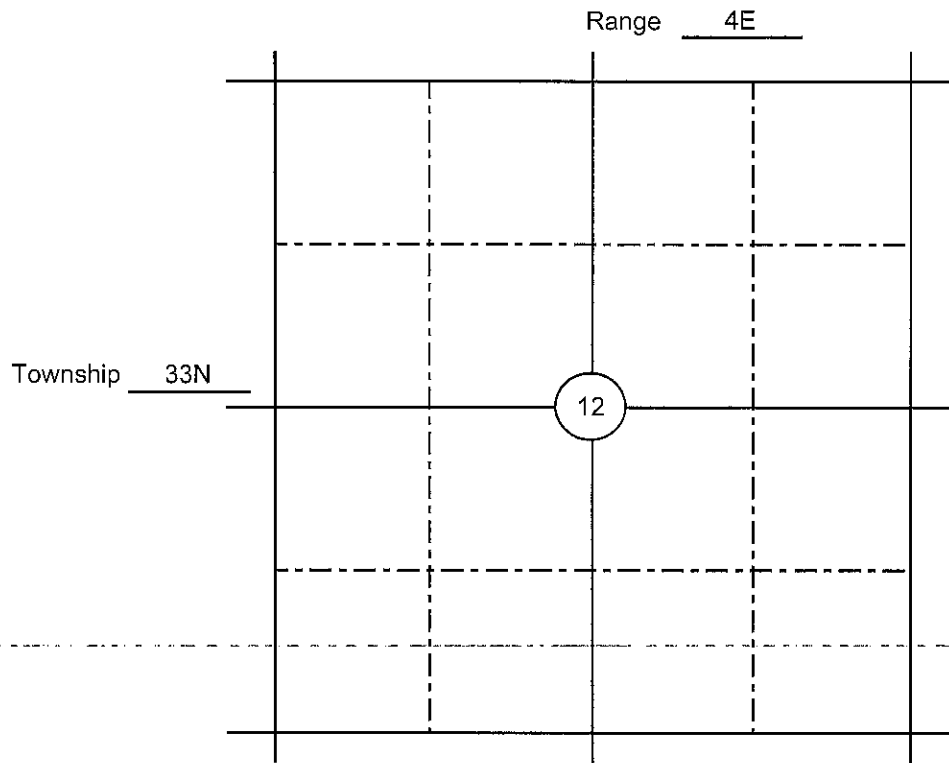
The undersigned hereby certifies that the information contained on this application is true and correct:

4/2/21 Irene Trujillo
 Date Signed (Agent)
 Irene Trujillo, Regulatory Analyst
 Print Name and Title
 Telephone: _____ 303-318-0717

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BILLINGS, MONTANA 59102**

SUNDRY NOTICES AND REPORT OF WELLS

Operator Three Forks Resources, LLC		Lease Name: Utopia Swift Unit
Address 4086 Youngfield Street		Type (Private/State/Federal/Tribal/Allotted): Private
City Wheat Ridge	State CO	Zip Code 80033
Telephone 303-318-0717		Fax 303-318-0720
Well Number: 32-13		Unit Agreement Name: Utopia
Location of well (1/4-1/4 section and footage measurements): NW SW NE Section 13 1650 FNL, 2310 FEL		Field Name or Wildcat: Utopia
Township, Range, and Section: 33N-4E Sec 13		County: Liberty
API Number: 25 051 21644 State County Well	Well Type (oil, gas, injection, other): Injector Converted back to Oil Well	

Indicate below with an X the nature of this notice, report, or other data:

Notice of Intention to Change Plans	<input type="checkbox"/>	Subsequent Report of Mechanical Integrity Test	<input type="checkbox"/>
Notice of Intention to Run Mechanical Integrity Test	<input type="checkbox"/>	Subsequent Report of Stimulation or Treatment	<input type="checkbox"/>
Notice of Intention to Stimulate or to Chemically Treat	<input type="checkbox"/>	Subsequent Report of Perforation or Cementing	<input type="checkbox"/>
Notice of Intention to Perforate or to Cement	<input type="checkbox"/>	Subsequent Report of Well Abandonment	<input type="checkbox"/>
Notice of Intention to Abandon Well	<input type="checkbox"/>	Subsequent Report of Pulled or Altered Casing	<input type="checkbox"/>
Notice of Intention to Pull or Alter Casing	<input type="checkbox"/>	Subsequent Report of Drilling Waste Disposal	<input type="checkbox"/>
Notice of Intention to Change Well Status	<input type="checkbox"/>	Subsequent Report of Production Waste Disposal	<input type="checkbox"/>
Supplemental Well History	<input type="checkbox"/>	Subsequent Report of Change in Well Status	<input type="checkbox"/>
Other (specify) <u>Well Put Back on Production as Oil Well</u>	<input checked="" type="checkbox"/>	Subsequent Report of Gas Analysis (ARM 36.22.1222)	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

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BOARD USE ONLY	
Approved _____	Date _____
_____	_____
Name	Title

The undersigned hereby certifies that the information contained on this application is true and correct:

4/2/21 Date Irene Trujillo Signed (Agent)

Irene Trujillo, Regulatory Analyst

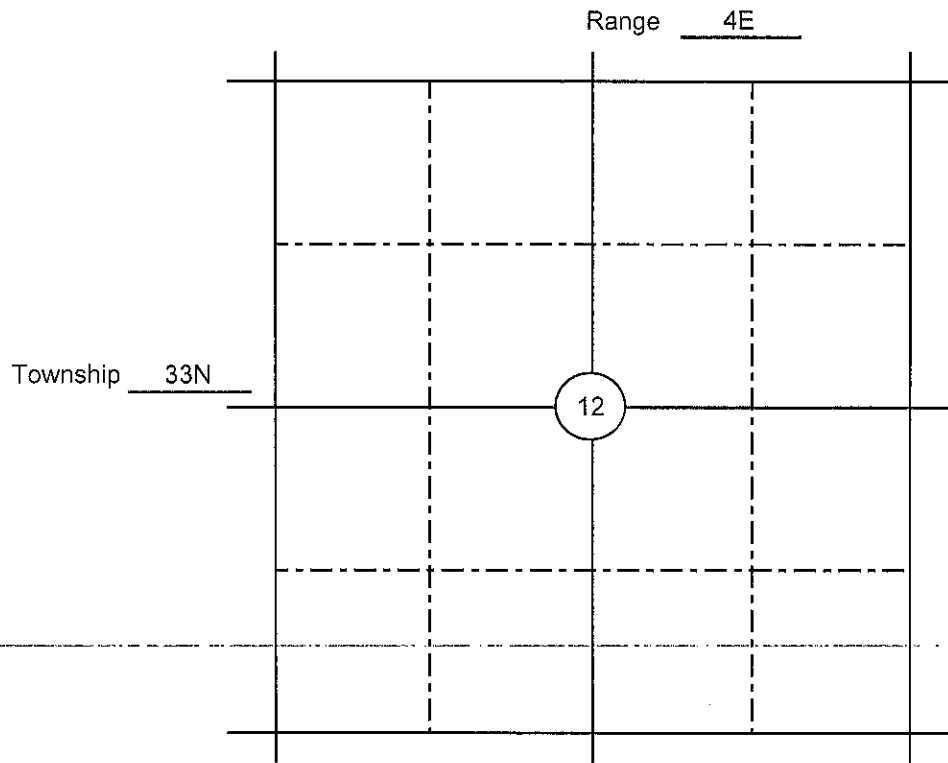
Print Name and Title

Telephone: 303-318-0717

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