



0002
STATE OF UTAH
NATURAL RESOURCES
Oil, Gas & Mining

Scott M. Matheson, Governor
Temple A. Reynolds, Executive Director
Dianne R. Nielson, Ph.D., Division Director

4241 State Office Building • Salt Lake City, UT 84114 • 801-533-5771

May 25, 1984

Mr. Robert H. Hagen, Director
Albuquerque Field Office
Office of Surface Mining
219 Central Avenue, NW
Albuquerque, New Mexico 87102

Dear Bob:

Re: SOAP Operational Grant G-51-3-8491

Enclosed you will find additional materials relative to Utah's SOAP Grant, as requested by Frank Atencio during his meeting here on May 9, 1984. I trust that these materials, which include completed forms OSM-51 and SF-269, complete the Division's April 3, 1984 request for an extension of the grant period.

If you have any questions or concerns on this request, please contact me.

Best regards,

A handwritten signature in cursive script, appearing to read 'Dianne'.

Dianne R. Nielson
Director

DRN/jb
Enclosures (2)

cc: Ron Daniels, DOGM
Wayne Hedberg, DOGM
Carl Roberts, DOGM
90280



U.S. DEPARTMENT OF THE INTERIOR
Office of Surface Mining
Washington, DC 20240

Performance Report

Program Narrative Statement

1. Type of Program (Check Appropriate Box) <input type="checkbox"/> Abandoned Mine Land Program <input checked="" type="checkbox"/> State and Federal Program			
2. Grant Recipient Utah Division of Oil, Gas and Mining	Type of Report Status Report and Request for Extension	Reporting Period 7/1/83 5/25/84	Control Number(s) SAI-UT 83 0720-010 G-51-3-8491
3. Project Title/Program Small Operators Assistance Program (SOAP)			
4. Performing Organization Utah Division of Oil, Gas and Mining			
5. Program Narrative <p style="text-align: center;"><u>STATUS REPORT ON SOAP</u></p> <p>Two applications have been submitted to the state: one has been returned to the applicant for more information; one application is being reviewed to see if the applicant, and his project, qualify for SOAP assistance. Potentially, two mines qualify for SOAP assistance.</p>			

OSM-51 (12/80)

FINANCIAL STATUS REPORT

(Follow instructions on the back)

1. FEDERAL AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH REPORT IS SUBMITTED Office of Surface Mining	2. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER G-51-3-8491 SAI-UT 83 0720-010	OMB Approved No. 80-RO180	PAGE OF 1 1 PAGES
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3. RECIPIENT ORGANIZATION (Name and complete address, including ZIP code) Utah Division of Oil, Gas and Mining 4241 State Office Building Salt Lake City, Utah 84114	4. EMPLOYER IDENTIFICATION NUMBER	5. RECIPIENT ACCOUNT NUMBER OR IDENTIFYING NUMBER	6. FINAL REPORT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	7. BASIS <input type="checkbox"/> CASH <input checked="" type="checkbox"/> ACCRUAL
8. PROJECT/GRANT PERIOD (See instructions)		9. PERIOD COVERED BY THIS REPORT		
FROM (Month, day, year) 7/1/83		TO (Month, day, year) 6/30/84		FROM (Month, day, year) 7/1/83
				TO (Month, day, year) 5/25/84

PROGRAMS/FUNCTIONS/ACTIVITIES ▶	STATUS OF FUNDS						SOAP-Operational
	(a)	(b)	(c)	(d)	(e)	(f)	TOTAL (g)
a. Net outlays previously reported	\$	\$	\$	\$	\$	\$	-0-
b. Total outlays this report period							-0-
c. Less: Program income credits							-0-
d. Net outlays this report period (Line b minus line c)							-0-
e. Net outlays to date (Line a plus line d)							-0-
f. Less: Non-Federal share of outlays							-0-
g. Total Federal share of outlays (Line e minus line f)							-0-
h. Total unliquidated obligations							-0-
i. Less: Non-Federal share of unliquidated obligations shown on line h							-0-
j. Federal share of unliquidated obligations							-0-
k. Total Federal share of outlays and unliquidated obligations							-0-
l. Total cumulative amount of Federal funds authorized							60,000
m. Unobligated balance of Federal funds							60,000

11. INDIRECT EXPENSE	a. TYPE OF RATE Not Applicable (Place "X" in appropriate box) <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> PREDETERMINED <input type="checkbox"/> FINAL <input type="checkbox"/> FIXED			
	b. RATE	c. BASE	d. TOTAL AMOUNT	e. FEDERAL SHARE

12. CERTIFICATION
I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL <i>Dianne R. Nielson</i>	DATE REPORT SUBMITTED May 25, 1984
TYPED OR PRINTED NAME AND TITLE Dr. Dianne R. Nielson, Director	TELEPHONE (Area code, number and extension) (801) 538-5771