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DIV. OF OIL, GAS & MINING

M/047/017

United States Department of the Interior

BUREAU OF LAND MANAGEMENT
Vernal District Office
170 South 500 East
Vernal, Utah 84078-2799

Phone: (801) 781-4400
Fax: (801) 781-4410

IN REPLY REFER TO:
WROS (3900)
UT 081

January 28, 1998

State of Utah
Department of Natural Resources
Division of Oil, Gas, and Mining
D. Wayne Hedberg
Permit Supervisor
Minerals Reclamation Program
1594 West North Temple, Suite 1210
Salt Lake City, Utah 84114-5801

Mr. Hedberg

Please find attached our annual report for the White River Shale Mine that you requested in your memo to us dated December 11, 1997. Your mine number for this facility is M/047/017.

Please be advised that no operations went on at the mine last year and the mine continues to be in a state of partial closure. All inlets or outlets to the mine have been secured and a new closure plan is being developed. We are hoping to complete closure of this mine in 1998 but this work depends on budget.

If you have questions or require further information, please call me at (801) 781-4440.

Gary R. Hunter
AFM, Support Services

Attachment: annual report (2 pages)

FORM MR-AR
(Revised 5/97)

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DIV. OF OIL, GAS & MINING

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS AND MINING
1594 West North Temple Suite 1210
Box 145801
Salt Lake City, Utah 84114-5801
Telephone: (801) 538-5291
Fax: (801) 359-3940

ANNUAL REPORT OF MINING OPERATIONS

The informational requirements of this form are based on provisions of the Mined Land Reclamation Act, Title 40-8, Utah Code Annotated 1953, as amended, and the General Rules as promulgated under the Utah Minerals Regulatory Program. An operator conducting mining operations under a Notice of Intention must file an annual operations and progress report (FORM MR-AR) with the Division.

I. *General Information*

1. Report Time Period: From (mo./yr.) Jan 97 To (mo./yr.) Dec 97
2. DOGM File Number (Mine No): M/047/017
3. Mine Name: White River Shale
4. Mineral(s) Mined (or permitted to mine): Oil Shale
5. Type of mine ☐ Surface Mine or ☒ Underground Mine
6. Legal Description (Location of Lands Affected):

_____1/4, _____1/4, _____1/4, Section _____, Township _____, Range _____
_____1/4, _____1/4, _____1/4, Section _____, Township _____, Range _____
_____1/4, _____1/4, _____1/4, Section _____, Township _____, Range _____

7. Name of Operator or Company: Bureau of Land Management
8. Permanent Street Address: 170 South 500 East
   City, State, Zip: Vernal Utah 84078
   Phone: (435) 781-4440
9. Company Representative (or designated operator):
   Name: Gary R. Hunter
   Title: AFM Support Services
   Business Address: 170 South 500 East
   City, State, Zip: Vernal Utah 84078
   Phone: (435) 781-4440

☐ **Please check if any of the above information has changed since previous year.**

II. *Mining and Reclamation*

1. Was the mine active during the past year? Yes ☐ No ☒
2. If active, how much ore or mineral was mined? None
3. *If inactive*, what year was the mine **last active**? Mine never went into production status.

3. How much **additional acreage** was disturbed during the past year? None

4. Briefly describe any new or additional surface disturbances that occurred during the past year. This description should include the type of work performed, and volume of material moved.

None

5. How much acreage was **reclaimed** during the past year? None

6. Briefly describe the reclamation work performed during the past year. This description should include methods employed, and an evaluation of the results.

None

7. What is the **total disturbed acreage** at years end? 0

8. Briefly summarize any mining and/or reclamation plans for the upcoming year.

Mine is still in a State of Partial Closure. If funding allows closure will be completed in 1998.

NOTE: Section III., "Additional Information" applies only to **large mining operations.**

III. *Additional Information*

1. An updated surface facilities map should be attached if there have been significant changes since the previous map was submitted.

2. Any monitoring results or other reports that are required under the terms of the approved notice of intention should also be attached.

IV. *Signature Requirement*

I hereby certify that the foregoing is true and correct.

Name (Typed or Print): Gary R. Hunter

Title of Operator: AFM Support Services

Signature of Operator: Gary R. Hunter

Date: 1/28/97

jb
MR-AR