

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE
(Other instructions on re-
verse side)

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.)		RECEIVED BLM	
1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		91 FEB -8 AM 11:36	
2. NAME OF OPERATOR Union Oil Company of California		019 FARMINGTON, N.M.	
3. ADDRESS OF OPERATOR 3300 N. Butler, Suite 200 Farmington, NM 87401		7. UNIT AGREEMENT NAME Rincon Unit	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1800' FNL & 900' FEL		8. FARM OR LEASE NAME Rincon Unit	
14. PERMIT NO.		9. WELL NO. 73	
15. ELEVATIONS (Show whether OF, RT, OR, etc.) 6866' GR		10. FIELD AND POOL, OR WILDCAT Blanco Pictured Cliffs South	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 33, T27N, R7W	
		12. COUNTY OR PARISH Rio Arriba	13. STATE NM

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 COMPLETION <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 checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Cleanout and acidize</u> <input checked="" type="checkbox"/>	(Other) <input 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.)*

This well is flowing up 2 3/8" tubing from below a Model "R" packer. We plan to evaluate for a 6 month period from the workover completion date. At that time the casing will be pressure tested as per your request and either repaired, recompleted, or P&A'd.

THIS APPROVAL EXPIRES JUL 01 1991

RECEIVED
MAR 04 1991
OIL CON. DIV.
DIST. 3

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

SIGNED <u>S. G. Katirgis</u> S.G. Katirgis	TITLE <u>Petroleum Engineer</u>	DATE <u>2/7/91</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

APPROVED
FEB 22 1991
AREA MANAGER

*See Instructions on Reverse Side