

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

UNION OIL COMPANY OF CALIFORNIA DBA UNOCAL

3. Address and Telephone No.

P.O. BOX 850 (505) 632-1811 EXT. 26

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

990' FSL, 1650' FEL, SEC. 23, T27N, R6W

5. Lease Designation and Serial No.

SF 079365-A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

RINCON UNIT

8. Well Name and No.

RINCON UNIT #121

9. API Well No.

30-039-06949

10. Field and Pool, or Exploratory Area

SOUTH BLANCO PICTURED CLIF

11. County or Parish, State

RIO ARRIBA, NEW MEXICO

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☒ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other EXTENDED SHUT-IN

- ☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)

Union Oil Company of California dba Unocal requests an extended shut-in period of six months on the subject well. This well is currently uneconomic to produce and is in the process of being evaluated. An additional six months of shut-in would be very helpful for this evaluation.

THIS APPROVAL EXPIRES MAY 15 1995

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

Signed R. L. Cairne

Title Production Foreman

Date 11/15/94

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

APPROVED

Date NOV 23 1994

DISTRICT MANAGER

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See instruction on Reverse Side
MAYWOOD

RIC/sk1