

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
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.)

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME Rincon Unit
2. NAME OF OPERATOR Union Oil Company of California (dba Unocal)		8. FARM OR LEASE NAME Rincon Unit
3. ADDRESS OF OPERATOR P.O. Box 850, Bloomfield, New Mexico 87413		9. WELL NO. #243
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1850' FSL & 1850" FWL (NE SW)		10. FIELD AND POOL, OR WILDCAT Basin-Fruitland-Coal
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 27, T27N, R6W
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6577' GL		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"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

Request additional test period

(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.)*

Well was completed 9/14/89 - clean out started 9/16/89 and due to mechanical problem, continued until 9/21/89. Installed pumping unit 9/22/89 and started water removal process. An additional 20 day test period is requested so well can be economically proven either as a flowing gas well or whether compression will be necessary to produce this well.

RECEIVED
NOV 01 1989
OIL CON. DIV
DIST

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

SIGNED Craig A. Van Ho

TITLE Field Superintendent

DATE 10/9/89

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

NWOOD

*See Instructions on Reverse Side

ACCEPTED FOR RECORD

OCT 30 1989

FARMINGTON RESOURCE AREA