

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

2. LEASE DESIGNATION AND SERIAL NO.

SF 079367A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME Rincon Unit
2. NAME OF OPERATOR Union Oil Company of California	8. FARM OR LEASE NAME Rincon Unit
3. ADDRESS OF OPERATOR P. O. Box 671 - Midland, Texas 79702	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.) 3265' 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:

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) Cmt. behind 5 1/2" casing <input checked="" type="checkbox"/>	

SUBSEQUENT REPORT OF:

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"/>	

(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.) *

5 1/2" production casing was ran and cemented on 8-25-89 - cement did not circulate to surface because of lost circulation during cement operations - TOC @ 780' by CBL.

PROPOSED PROCEDURE

Establish pump-in rate between 5 1/2" & 9 5/8" casing. Pump sufficient cement to fill annular space between 5 1/2" & 9 5/8" casing and 5 1/2" casing and open hole from surface to 780'.

RECEIVED
OCT 02 1989
OIL CON. DIV.
DIST. 3

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

SIGNED

Bobby Bryan

TITLE Drlg. Supt.

DATE 9-20-89

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

SEP 27 1989 KH

John Sheller
AREA MANAGER

*See Instructions on Reverse Side