

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATES
(Other instructions on reverse side)

Excludes August 31, 1985
LEASE DESIGNATION AND SERIAL

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 Co. of California	8. FARM OR LEASE NAME RINCON
3. ADDRESS OF OPERATOR P. O. Box 671, Midland, TX 79702	9. WELL NO. 244
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below) At surface 1430' FNL & 1365' FEL	10. FIELD AND POOL OR WILDCAT FRUITLAND COAL
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 21, T. 6 N., R. 6 E., S. 4 E.
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 6527' 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"/>	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 type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANT <input checked="" type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <input type="checkbox"/>			

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.)

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

1. Change 8-5/8" Surface Casing
From: 8-5/8" 24# K-55 ST&C
To: 8-5/8" 20# X-42 ST&C

(Pipe manufacturer specifications attached)

RECEIVED
MAY 24 1990
OIL CON. DIV.
DIST. 3

APPROVED
MAY 18 1990
FOR Ken Townsend
AREA MANAGER

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

SIGNED <u>Bobby G. Bryan</u>	TITLE <u>Drilling Superintendent</u>	DATE <u>5/2/90</u>
(This space for Federal or State office use)		

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

NMOCD

*See Instructions on Reverse Side

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.