

Form 10-101
Formerly 10-101

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

LEASE DESIGNATION AND SERIAL
NM-013654

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. NAME OF OPERATOR
Union Oil Co. of California

2. ADDRESS OF OPERATOR
P. O. Box 671, Midland, TX 79702

3. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below)
At surface
1505' FNL & 915' FEL

14. PERMIT NO.
15. ELEVATIONS (Show whether DF, RT, GR, etc.)
6514' GL

7. UNIT AGREEMENT NAME
RINCON UNIT

8. FARM OR LEASE NAME
RINCON

9. WELL NO.
258

10. FIELD AND POOL OR WILDCAT
FRUITLAND COAL

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 17, T. 1N, R. 1E, M. 1S, BLK. 36

12. COUNTY OR PARISH
Rio Arriba

13. STATE
NM

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"/>	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 PLANS	<input checked="" type="checkbox"/>	(Other)	<input type="checkbox"/>		

(Other)

SUBSEQUENT REPORT OF:

(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.)

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
FOR MAY 18 1990
Ken Townsend
AREA MANAGER

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

SIGNED Bobby A. Bryan TITLE Drilling Superintendent DATE 5/2/90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

NMOCD

*See Instructions on Reverse Side