

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse 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. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. <u>SF-079298-D</u>
2. NAME OF OPERATOR <u>Union Oil Company of California</u>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <u>P.O. Box 671 - Midland Texas 79702</u>	7. UNIT AGREEMENT NAME <u>Rincon Unit</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>1080' FNL &amp; 1240' FEL</u>	8. FARM OR LEASE NAME <u>Rincon Unit</u>
	9. WELL NO. <u>276</u>
	10. FIELD AND POOL, OR WILDCAT <u>Basin Fruitland Coal</u>
	11. SEC., T., R., M., OR NEQ. AND SURVEY OR AREA <u>Sec. 13, T. 27N, R. 7W</u>
14. PERMIT NO.	12. COUNTY OR PARISH 13. STATE <u>Rio Arriba NM</u>
15. ELEVATIONS (Show whether DP, RT, GR, etc.) <u>6636' GR</u>	

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 COMPLETION	<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"/>		<input 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) <u>Spud &amp; run surf. csq.</u>	<input checked="" 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 some pertinent to this work.)

4-15 224' WOC. 224' 1/4-3/4. SURF ROCK & SD. 1/4" @ 224'. MUD: 8.5, 50 - - 8. MI RU ARAPAHOE RIG #6. SPUD 12-1/4" SURF HOLE @ 4:00 PM 4-15-90. TD SURF HOLE TO 224' @ 8:45 PM 4-15-90. CIRC 1/4 HR, POOH. R&C 4 JTS + 1 PC (211') 8-5/8" 20# X-42 BRD ST&C NEW SMLS CSG @ 223', CMT'D W/300 SXS CLASS "B" CMT W/2% CACL & 1/4# CELLOFLAKES @ 15.6 PPG. DISPLACED CMT W/11 BFW @ 4 BPM @ 250 PSI. CIP & JC @ 10:45 PM 4-15-90. CIRC 52 SXS CMT. WOC, INCOMP.

4/16 1350' DRLG. 1126' 1/16-1/2. SD & SH. 1/2" @ 728' & 1/2" @ 1228'. MUD: 8.7, 32, 15, 1/32, 12.0, 350. FINISH MU BOP'S. TSTD 8-5/8" CSG, CSG HD, BLINDS & MANIFOLD TO 600#/30 MINS, OK. RAM 7-7/8" BIT #2 TO TOC @ 163'. TSTD PIPE RAMS TO 600#/30 MINS, OK. DRLD PLUG & 60' CMT F/30 MINS. OF & DA @ 12:00 NOON 4-16-90. TOTAL WOC 13-1/4 HRS.

RECEIVED

MAY 04 1990

OIL CON. DIV.  
DIST. 3

ACCEPTED FOR RECORD

APR 30 1990

FARMINGTON RESOURCE AREA

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

BY ML

SIGNED Bobby Bryan

TITLE Drlg. Supt.

DATE 4-16-90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

NMOOD

\*See Instructions on Reverse Side