

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions on reverse side)

EXPIRES AUGUST 31, 1985  
LEASE DESIGNATION AND SERIAL

SF-079364

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 ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR  
Union Oil Co. of California

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

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below)  
At surface  
1380' FNL & 1842' FEL

14. PERMIT NO. 15. ELEVATIONS (Show whether OF, AT, GR, etc.)  
6598' GL

7. UNIT AGREEMENT NAME  
RINCON UNIT

8. FARM OR LEASE NAME  
RINCON

9. WELL NO.  
265

10. FIELD AND POOL OR WILDCAT  
FRUITLAND COAL

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 30, T. 1N, R. 1E, M. 1S

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"/>
FRACURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACURE 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) <input type="checkbox"/>

17. DESCRIBE PROMISED 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

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

SIGNED

*Bobby G. Bryan*

TITLE Drilling Superintendent

DATE 5/2/90

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

NMOCD

\*See Instructions on Reverse Side

DATE

APPROVED

MAY 18 1990

Ken Townsend FOR  
AREA MANAGER