

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
OUTER COPIES TO BE
FILED IN ()

LEASE DESIGNATION AND SERIAL

SF-079364

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. 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

1825' FNL & 1086' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DT, RT, GR, etc.)

6598' GL

7. UNIT AGREEMENT NAME

RINCON UNIT

8. FARM OR LEASE NAME

RINCON

9. WELL NO.

267

10. FIELD AND POOL OR WILDCAT

FRUITLAND COAL

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 31, ~~T-27-N~~, R-6-W

12. COUNTY OR PARISH 13. STATE

Rio Arriba

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

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACURE TREAT

MULTIPLE COMPLETION

FRACURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other)

(Other)

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

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

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

DATE

MAY 18 1990

Ken Towns

FOR

AREA MANAGER

*See Instructions on Reverse Side