

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on re-
verse side)

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. <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 Company of California		8. FARM OR LEASE NAME Rincon Unit	
3. ADDRESS OF OPERATOR 3300 N. Butler Suite 200 Farmington, NM 87401		9. WELL NO. # 287	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1056' FSL & 1088' FWL		10. FIELD AND POOL, OR WILDCAT Basin Fruitland Coal	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 27, T27N, R7W	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6,651' 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:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>
(Other) <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) <input type="checkbox"/>	

Request additional 30 day test period ☒
(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.)*

The well was perforated 4/27/90. However, testing the well could not begin until 5/15/90 due to the time necessary following perforating to fracture treat, flow back frac load, run and land downhole production tubing, and set surface production equipment. An additional 30 day test period is requested so the well can be adequately tested and prepared for first delivery. Current flared volume is approximately 44 MCFPD.

RECEIVED

JUN 29 1990

OIL CON. DIV.
DIST. 3

THIS APPROVAL EXPIRES

7/24/90

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

SIGNED Craig A. D...

TITLE Field Superintendent

DATE 5/25/90

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVE:

JUN 15 1990
Ron Townsend

FOR AREA MANAGER

*See Instructions on Reverse Side

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Form approved.
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SUNDRY NOTICES AND REPORTS ON WELLS

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LEASE DESIGNATION AND SERIAL NO.
SF-080385

IF INDIAN, ALLOTTEE OR TRIBE NAME

UNIT AGREEMENT NAME

Rincon Unit

FARM OR LEASE NAME

Rincon Unit

WELL NO.

287

FIELD AND POOL, OR WILDCAT

Basin Fruitland Coal

SEC., T., R., M., OR S.W. AND
SURVEY OR AREA

Sec. 27, T27N, R7W

COUNTY OR PARISH

Rio Arriba

STATE

NM

OIL WELL ☐ GAS WELL ☒ OTHER ☐

NAME OF OPERATOR

Union Oil Company of California

ADDRESS OF OPERATOR

P. O. Box 671 - Midland, TX 79702

LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)

At surface

1056' FSL & 1088' FWL

OIL CON. DIV

PERMIT NO.

ELEVATIONS (Show whether DF, or other)

6653' GR

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐

REPAIR OR ALTER CASING ☐

WATER SHUT-OFF ☐

REPAIRING WELL ☐

FRACTURE TREAT ☐

MULTIPLE COMPLETE ☐

FRACTURE TREATMENT ☐

ALTERING CASING ☐

HOOT OR ACIDIZE ☐

ABANDON* ☐

SHOOTING OR ACIDIZING ☐

ABANDONMENT* ☐

REPAIR WELL ☐

CHANGE PLANS ☐

(Other) Completion work ☒

(Other)

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

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.)*

4/25 TSTD 4-1/2" CSG TO 1750 PSI, OK. DRLD DV @ 2628' IN 1-1/2 HR. TSTD 4-1/2" CSG TO 1750 PSI, OK. CONT'D PU 2-3/8" TBG. TAGGED TOC @ 2949'. DRLD 26' CMT, FC & 44' CMT TO PBTD @ 3019'. CIRC HOLE CLEAN. TSTD 4-1/2" CSG TO 1750#, OK. PU TO 3000'. S WBD F-LVL IN TBG & ANN TO 1900'. POH & LD TBG. SWI. SDON.

4/27 ND BOPS NU WELL HEAD. RIG DOWN PULLING UNIT. RAN GR CCL LOG FROM 30/9' LTD TO 2366'. PERF FRUITLAND COAL FORM W/ 3-1/8" CSG GUN 4-SPF @ 2935-40, 2954-68. 84 SHOTS. FL @ 2100' N/C. SDON. SHUT DOWN.

5/6 RAN STATIC BHP. WESTERN SWFD FRUITLAND COAL PERFS 2935-68' W/ 67,560 GALS MMIB GELLED FLUID W/ 6000# 100 MESH SD & 216,500# 20/40 SD @ 42 BPM @ 1320 PSI-1600 PSI-1200 PSI-1550 PSI ISIP-920# (5) 950# (10) 940# (15) 930# (30) 910# TLR-1370 BBLs. SWI @ 9:54 AM MST ON 4-29-90. SDON.

5/4 MI RU AZTEC WS DDP. 6 DAY SICP VAC. NO TREE & NU BOP. SDON.

5/5 RAN NOTCHED COLLAR. PU2-3/8" TBG. WASH SD FRM 2835' TO 3019' ETC. CIRC CLEAN. LOST 40 BBL 2% KCL. PUH TO 2903'. SD FOR 1 HR. RIH & TAG @ 3018' (1' FILL). CIRC CLEAN. FLH & LAND 94 JTS (2956') 2-3/8" 4.7# J-55 EUE BRD T&C NEW SMLS TBG @ 2966' W/SN @ 2965'. ND BOP. NU TBG HD & TREE.

5/18 FLWD WELL THRU SEPARATOR FOR 24 HRS, RATE 61 MCF/D, FTP 100 PSI, CP 205 PSI. REC 3 BW. TR 157 OF 1410 BLW.

5/19 FLWD 61 MCF + 1 BW, FTP 105#, CP 195#. TR 158 OF 1410 BLW.

NO TEST.

5-26: FLWD 44 MCF GAS + 1 BW/24 HR THRU SEPARATOR W/100# FTP & 190#CP. TR 169 OF 1410 BLW.

5-27: FLWD 44 MCF GAS + 1 BW/24 HR THRU SEPARATOR W/100# FTP & 190#CP. TR 170 OF 1410 BLW.

5-28: FLWD 42 MCF GAS + 1 BW/24 HR THRU SEPARATOR W/100# FTP & 190#CP. TR 171 OF 1410 BLW.

5-29: FLWD 42 MCF GAS + 1 BW/24 HR THRU SEPARATOR W/100# FTP & 190#CP. TR 172 OF 1410 BLW.

I hereby certify that the foregoing is true and correct

SIGNED

Charlotte Beeson

TITLE

Drilling Clerk

DATE

4-30-90

This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

JUN 25 1990

FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side

BY

NMOOD