

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
Other instructions on reverse side

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

14. PERMIT NO

15. ELEVATIONS (Show whether OF, RT, GR, etc.)
1900' FSL & 1170' FWL
6604' GL

7. UNIT AGREEMENT NAME
RINCON UNIT

8. FARM OR LEASE NAME
RINCON

9. WELL NO.
266

10. FIELD AND POOL OR WILDCAT
FRUITLAND COAL

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 30

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 ☐ PULL OR ALTER CASING ☐

FRACTURE TREAT ☐ MULTIPLE COMPLETION ☐

SHOOT OR ACIDIZE ☐ ABANDON* ☐

REPAIR WELL ☐ CHANGE PLANS ☒

(Other) ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐ REPAIRING WELL ☐

FRACTURE TREATMENT ☐ ALTERING CASING ☐

SHOOTING OR ACIDIZING ☐ ABANDONMENT* ☐

(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
CONDITIONS OF APPROVAL, IF ANY:

TITLE

NMOC

APPROVED

MAY 18 1990
Ken Townsend FOR
AREA MANAGER

*See Instructions on Reverse Side