

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
Other instructions on the
reverse side

LEASE DESIGNATION AND SERIAL

SF-080385

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	7. UNIT AGREEMENT NAME RINCON UNIT
2. ADDRESS OF OPERATOR P. O. Box 671, Midland, TX 79702	8. FARM OR LEASE NAME RINCON
3. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below) At surface 1005 0021 800' FNL & 790' FEL	9. WELL NO. 291
4. PERMIT NO.	10. FIELD AND POOL OR WILDCAT FRUITLAND COAL
15. ELEVATIONS (Show whether DF, RT, CR, etc.) NA	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 34, 27-N, R-7-W
	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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☒	(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 J. 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

APPROVED
DATE
MAY 18 1990
FOR
Ken Townsend
AREA MANAGER