

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
OTHER INSTRUCTIONS ON REVERSE SIDE

Expires August 1, 1985
LEASE DESIGNATION AND SERIAL

SF-080213

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.

IF INDIAN ALLOTTEE OR TRIBE LAND

7. UNIT AGREEMENT NAME
RINCON UNIT

8. FARM OR LEASE NAME
RINCON

9. WELL NO.
290

10. FIELD AND POOL OR WILDCAT
FRUITLAND COAL

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 33, ~~T-1N-R-7W~~ R-7-W

12. COUNTY OR PARISH
Rio Arriba

13. STATE
NM

1. 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

5. PERMIT NO. 794 881
290 FSL & 290 FWL

6. ELEVATIONS (Show whether OF, RT, GR, etc.)
NA

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"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE 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 PLANT <input checked="" type="checkbox"/>	(Other) <input type="checkbox"/>	

(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 07 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 NMOOD TITLE DATE MAY 04 1990

CONDITIONS OF APPROVAL, IF ANY:

FOR Ken Townsend
AREA MANAGER

*See Instructions on Reverse Side