## UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

Expires	March 31, 1993				
Lease Designation and Serial No.					

FORM APPROVED
Budget Bureau no. 1004-0135

5.

SF - 079366

6. If Indian, Allottee or Tribe Name

## SUNDRY NOTICES AND REPORTS ON WELLS

=	Signed Brett Liggett  (This space for Federal or System fike use)  Approved by Conditions of approval, if any  (the 18 U.S.C. Section 1001, makes it a crime for any person knowingly a representations as to any matter within its jurisdiction.	Title	Production Engineer	A_^	MAY 1	7 19	REARI)	
14	(This space for Federal or Syste office use)  Approved by						<u> </u>	
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			and the second of the					
	BY AUTHORITY OF NEW MEXICO OIL CONSERVATION DEFECTIVE PRODUCTION EQUIPMENT (CONCENTION LANDING ONE STRING OF 2-3/8", 4.7# TBG. AT 740	RIC 1-1/2" C.T.						
13	3 Describe Proposed or Completed Operations (Clearly state all pertine give subsurface locations and measured and true vertical depths							
	Final Abandonment Notice	X	Altering Casing Other DOWNHOLE COMMINGLE	[	Consersion to Injection  Dispose Water  lobe: report results of multiple completion on wompletion or recompletion or recompletion resport and Logitor			
			Casing Repair		Water Shu		•	
	X Subsequent Report (FINAL)		Recompletion Plugging Back		New Const		ring	
_	Notice of Intent		Abandonment		Change of	Plans		
12	CHECK APPROPRIATE BOX(s) TO IND  TYPE OF SUBMISSION	ICATE NATUR	RE OF NOTICE, REPORT, OR OTHER DA	ATA				
_	UL J, SEC. 21, T27N, R6W			RIO ARRIBA				
	1645' FSL, 1775' FEL			11. County or Parish, State				
4.	913 W. BROADWAY, P.O. BOX 850, BLOOMFIELD, NEW Location of Well (Footage, Sec., T., R., M., or Survey Description)	JIS W. BHOADWAY, P.O. BOX 850, BLOOMFIELD, NEW MEXICO 87413  -ocation of Well (Footage, Sec., T., R., M., or Survey Description)			10. Field and Pool, or Exploratory Area  BLANCO MESA VERDE			
3.	Address and Telephone No.				30-39-25180			
2. Name of Operator  UNION OIL COMPANY OF CALIFORNIA DBA UNOCAL				9. API Well No.				
	Oil Gas Well Other			8. Well Name and No.				
_	SUBMIT IN TRIPLICATE  Type of Well				RINCON UNIT			
1.	CHOMIT IN TOID!	ICATE		7. If U		ræment	Designation	
1.					nit or CA. Ag			