

Form 3160-3
(June 1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

FORM APPROVED
Budget Bureau No. H04-0133
Expires: March 31, 1993

3. Lease Designation and Serial No.
SF-079364

6. If Indian, Allottee or Tribe Name
N/A

7. If Unit or CA, Agreement Designation
RINCON UNIT

8. Well Name and No.
RINCON UNIT 135-E

9. API Well No.
30-039-25225

10. Field and Pool, or Exploratory Area
UNDES. GL/BASIN DK

11. County or Parish, State
RIO ARRIBA, NM

1. Type of Well
 Oil Well Gas Well Other

2. Name of Operator
UNION OIL COMPANY OF CALIFORNIA

3. Address and Telephone No.
3300 N. BUTLER, SUITE 200, FARMINGTON, NM 87401 505/326-7600

4. Location of Well (Footing, Sec., T., R., M., or Survey Description)
790' FNL & 790' FWL
SEC. 29-T27N-R6W

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other COMPLETION WORK
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

RECEIVED
DEC 31 1992
OIL CON. DIV.
DIST 3

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

13. 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.)

12/16 R/U BASIN WIRELINE & PERF'D CHACRA F/4,080-96' W/4" CSG GUNS, 4 SPF. R/U WESTERN & WELLHEAD SAVER. PRESSURE TESTED MANIFOLD & LINES TO 4000 PSI. BROKE DOWN CHACRA W/13 BBLS WTR W/0.1% CLAY STABILIZER @ 2480 PSI. FRAC'D CHACRA DOWN 5-1/2" CSG W/107 BBLS 30# X-LINKED GEL & 173 MCF N2 (70Q) PAD, W/101,400 LBS 20/40 ARIZONA SAND (STAGE 1 - 4 LB SAND/GAL 70Q FOAM) W/312 BBLS 30# X-LINKED GEL & 520 MCF N2. FLUSHED W/27 BBLS 30# X-LINKED GEL & 45 MCF N2 (70Q). BROKE DOWN W/2480 PSI. TOTAL LOAD TO RECOVER 738 MCF N2 & 459 BBLS GELLED WATER. R/D WESTERN & WELLHEAD SAVER. BLIND FLANGE & OPEN BOP. FLOW BACK TO PIT OVERNIGHT

RECEIVED
BLM
DEC 21 PM 1:12/18/92

14. I hereby certify that the foregoing is true and correct
Signed Mona Sawyer Title FIELD CLERK Date 12/18/92

(This space for Federal or State office use)
Approved by _____ Title _____ Date _____
Conditions of approval, if any:

ACCEPTED FOR RECORD

DEC 21 1992

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations or to any member within its jurisdiction.

*See Instruction on Reverse Side

Form 3160-5
(June 1990)

UNITED STATES
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BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

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SUBMIT IN TRIPLICATE

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

5. Lease Designation and Serial No.
SF-079364

6. If Indian, Allottee or Tribe Name
N/A

7. If Unit or CA, Agreement Designation
RINCON UNIT

8. Well Name and No.
RINCON UNIT 135-E

9. API Well No.
30-039-25225

10. Field and Pool, or Exploratory Area
UNDES. GL/BASIN DK

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 Oil Well Gas Well Other

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790' FNL & 790' FWL
SEC. 29-T27N-R6W

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
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<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other COMPLETION WORK
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

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

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12/17 FLOWING CSG PRESS - 200 PSI ON 1/4" CHOKE.
CHANGED TO 1/2" CHOKE & FLOWED 2 HRS. REMOVED
CHOKE & FLARED THROUGH 2" LINE. MADE STEADY SPRAY
OF WATER FOR 20 MIN., THEN DRY GAS @ 310 MCFD
(PITOT GAUGE). PUMPED 12 BBLs WTR W/0.1% CLAY
STABILIZER DOWN CSG & TIH W/4-3/4" BIT, BHA, & 129
JTS TBG. TAG SAND @ 4136'. CLEANED OUT W/AIR TO
TOP OF CBP @ 4200'. PUMPED 2 BBL SWEEPS EVERY
HOUR. POOH W/10 JTS TBG.

RECEIVED
BLM
DEC 21 PM 1:37
12/18/92

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

Signed Maria Sawyer Title FIELD CLERK Date 12/18/92

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statement or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side