

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. SF 080213
2. Name of Operator Union Oil Company of California	6. If Indian, Allottee or Tribe Name N/A
3. Address and Telephone No. P.O. Box 2620, Casper, WY 82602, 307-234-1563	7. If Unit or CA, Agreement Designation RINCON UNIT
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) SEC. 34, T27N, -R7W 1190' FWL & 660' FSL	8. Well Name and No. RINCON UNIT #2296
	9. API Well No. 30-039-25404
	10. Field and Pool, or Exploratory Area BAS DAK/LAR GALL
	11. County or Parish, State RIO ARriba CO., NM

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

TYPE OF SUBMISSION	TYPE OF ACTION
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input 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 SUPPLEMENTARY WELL HISTORY
	<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.)

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.)*

6/21/94 THRU 6/27/94

DRLD FROM 3,470' TO 4,449'. MUD UP AT 10:00 A.M. TRIP FOR BIT. NO DRAG. DRLG AHEAD 7-7/8" HOLE 6,371'. POOH FOR WASHOUT. WASHOUT ON STDD 90. FIN POOH & PU BIT. TIH & DRLD TO 6,495'. LOST COMPLETE RETURNS @ 6,695'. SPOTTED 150 BBL OF LCM, 35% MF & 3 PPB C.C. 8.6 WT, 45 VIS. PULLED 10 STD. MIXED 400 BBL 25% MF 9.2 WT 38 VIS & 2 PPB C.C. PUMP SAME DOWN DP & GAINED RETURNS. RIH W/10 STD & LOST 30-40 BBL. DRLG AHEAD WITH NO LOSSES TO 7,252'. TIPPED FOR NEW BIT.

SURVEY: 1° @ 3,795', 3/4° @ 4,285', 1° @ 4,940', 1° @ 5,465', 5/8° @ 5,963', 1° @ 6,455', 2° @ 6,950', 1° @ 7,241'.

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

Signed Jim Benson
(This space for Federal or State office use)

Title **Drilling Superintendent**

Date **June 27, 1994**

Approved by _____
Conditions of approval, if any:

Title _____

Date _____