

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved
Budget Bureau No. 1004-0135
Expires August 31, 1985

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. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. SF 079052
2. NAME OF OPERATOR Union Oil Company of California	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 671 - Midland, Texas 79702	7. UNIT AGREEMENT NAME Rincon Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1810' FSL & 1645' FWL (NE SW)	8. FARM OR LEASE NAME Rincon Unit
	9. WELL NO. 239
	10. FIELD AND POOL, OR WILDCAT Basin-Fruitland Coal
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 18, T27N, R6W
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6648' GR
	12. COUNTY OR PARISH Rio Arriba
	13. STATE NM

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"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) Completion Work <input checked="" 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.)*

8-13-89 MI RU BASIN WELL SERVICE. NU BOP, RIH W/4-3/4" BIT 6 3-1/2" DC'S ON 2-3/8" TBG TO TOC @ 2754'. TSTD 5-1/2" CSG TO 1000 PSI. DRLD DV TOOL @ 2802' FOR 1/2 HR. TSTD 5-1/2" CSG TO 1000 PSI, OK., FIH TO 3235'. DRLD PLUG, FLOAT COLLAR TO 3308' ETD. (5' FRM SHOE). CIRC 1/2 HR. POOH. SCHLUMBERGER RAN GR, CCL CET & CBL FRM 3306' LTD TO 2300'. GOOD BOND W/GAS & LIQUID CUT CMT FRM 2800-3306'. SDON.

8-14-89 RIH W/2-3/8" TBG OPEN ENDED TO 3289'. HUNG TBG ON BONNETT, ND BOP. RIG DN PU. TEMP OFF REPORT.

RECEIVED
AUG 31 1989
OIL CON. DIV.
DIST. 3

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

SIGNED **Bobby S. Bryan**

TITLE **Drilling Superintendent** DATE **8-15-89**

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

ACCEPTED FOR RECORD

AUG 29 1989

FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side

MAILED