

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"/>	2. LEASE DESIGNATION AND SERIAL NO. NM-013654
3. NAME OF OPERATOR Union Oil Company of California	4. IF INDIAN, ALLOTTEE OR TRIBE NAME
5. ADDRESS OF OPERATOR P. O. Box 671 - Midland, TX 79702	6. UNIT AGREEMENT NAME Rincon Unit
7. LOCATION OF WELL (Report location clearly and in accordance with BLM requirements. See also space 17 below.) At surface 1640' FNL & 1605' FEL	8. FARM OR LEASE NAME Rincon Unit
9. PERMIT NO. API #30-039-24662	9. WELL NO. 252
10. ELEVATIONS (Show whether DF, RT, CR, or GR) 6545' GR	10. FIELD AND POOL, OR WILDCAT Basin Fruitland Coal
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 18, T27N, R6W	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 18, T27N, R6W
12. COUNTY OR PARISH Rio Arriba	13. STATE NM

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"/>
FRAC 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"/>
FRAC TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input checked="" type="checkbox"/> Completion Work	

(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.)

- 4/25 APOLLO PERF'D FRUITLAND COAL SEAM THRU 4-1/2" CSG W/3-1/8" CSG GUN W/4 SPF @ 3067-3193' (192 HOLES). F-LVL 1750' & STDY. SWI @ 3:30 PM MST 4-25-90.
- 4/27 RAM BHP AFTER 39-1/2 HRS SHUT IN. SEND FRACD FRUITLAND COAL PERFS 3067-3193' DOWN 4-1/2" CSG W/ 103,000 GAL MINI MAX II 30# X-LINKED GEL SYSTEM & 12,000# 100 MESH SAND & 390,000# 20/40 SAND @ 40 BPM @ 1370-1580-1180-1400-1100-1400 PSI. FLUSHED TO TOP PERF W/45 BBLS GELLED WTR @ 35 BPM @ 1400 PSI. ISIP 1100 (5) 1040 (10) 1000 (15) 950 (45) 730 PSI. TLTR 2445 BLW. SHUT WELL IN AT 12:00 NOON 4-27-90
- 4/28 25-1/4 HRS SICP 180 PSI. FLOWED 51 BLW FOR 1-1/2 HRS. ON 13/64" CHOKE. FTP 180-20 PSI. SHUT WELL IN BECAUSE OF SAND. SDON.
- 4/29 SICP 80#/21 HRS. RU. PETRO WELL SERV. PU OPEN WELL TO PIT. ON 6/64" CK. WELL DIED W/ NO FLUID REC'D. NO FRAC VALVE. NU BOP. PU 2-3/8" NOTCHED COLLAR & 2-3/8" SN ON 2-3/8" TBG. TAG TOS @ 2911'. PU TO 2580'. SWI. SDON.
- 4/30 SITP & SICP 0 PSI/13 HRS. WSHD 328' SD FRM 2911' TO ERD @ 3239'. LOST 85 BBLS 2% KCL. PU TO 3005'. WELL BEGAN FLWG WHILE PU. NO BOP. LANDED 95 JTS (2993') 4.7# J-55 EUE 8RD NEW TBG @ 3005'. NU TREE. OPEN WELL TO PIT ON 6/64" CK. WELL FLWD 2 BLW IN 1 HR. WELL DIED. TR 53 BLW OF 2530 BTL. SWI. SDON.
- 5/3 R&L 98 JTS (3086') 2-3/8" 4.7# J-55 EUE 8RD TBG @ 3098', SN @ 3097'. NO BOP, NU TREE.
- 5/10 FLWD 182 MCFD + 12 BW, FTP 125#, CP 250#. TR 472 OF 2530 BLW.
- 5-26: FLWD 324 MCF GAS + 0 BW/24 HR THRU SEPARATOR W/120# FTP & 190#CP. TR 527 OF 2530 BLW.
- 5-27: FLWD 302 MCF GAS + 2 BW/24 HR THRU SEPARATOR W/120# FTP & 185#CP. TR 529 OF 2530 BLW.
- 5-28: FLWD 320 MCF GAS + 3 BW/24 HR THRU SEPARATOR W/ 90# FTP & 120#CP. TR 532 OF 2530 BLW.
- 5-29: FLWD 320 MCF GAS + 8 BW/24 HR THRU SEPARATOR W/120# FTP & 190#CP. TR 540 OF 2530 BLW.

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

SIGNED Charlotte Beeson TITLE Drilling Clerk DATE 4-30-90

This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE JUN 25 1990

CONDITIONS OF APPROVAL, IF ANY:

FARMINGTON RESOURCE AREA

\*See Instructions on Reverse Side

BY [Signature]

NMOCD

5 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 as to any matter within its jurisdiction.

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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(Other instructions on reverse side)

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

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Use "APPLICATION FOR PERMIT—" for such proposals.)

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME Rincon Unit
2. NAME OF OPERATOR Union Oil Company of California		8. FARM OR LEASE NAME Rincon Unit
3. ADDRESS OF OPERATOR 3300 N. Butler Suite 200 Farmington, NM 87401		9. WELL NO. # 252
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1640' FNL & 1605' FEL		10. FIELD AND POOL, OR WILDCAT Basin Fruitland Coal
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6602' GL		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 18, T27N, R6W
14. PERMIT NO.	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) <input checked="" type="checkbox"/> Request additional 30 day test period	

(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.)

The well was perforated 4/25/90. However, testing the well could not begin until 5/9/90 due to the time necessary following perforating to fracture treat, flow back frac load, run and land downhole production tubing, and set surface production equipment. An additional 30 day test period is requested so the well can be adequately tested and prepared for first delivery. Current flared volume is approximately 310 MCFPD.

RECEIVED  
JUN 29 1990  
OIL CON. DIV.  
DIST. 3

THIS APPROVAL EXPIRES

7/90/90

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

SIGNED Craig A. DeHaven

TITLE Field Superintendent

DATE 5/25/90

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE JUN 15 1990  
Ken Townsend  
FOR AREA MANAGER

\*See Instructions on Reverse Side