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

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

5. Lease Designation and Serial No.

6. If Indian, Allotee or Tribe Name

Rincon Unit

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir. 2: 36 Use "APPLICATION FOR PERMIT"-for such proposals

Conversion to Injection

Dispose Water

SUE	MIT IN TRIPLICATE	7. If Unit or CA. Agreement Designation
1. Type of Well		SF 079052
Oil K Gas Well Other		8. Well Name and No.
2. Name of Operator		157M
Union Oil of California/dba UNOCAL		9. API Well No. 26490
Address and Telephone No.		30039 00₹80
P.O. BOX 850		10. Field and Pool, or Exploration Area
4. Location of Well (Footage, Sec., T., R., or Survey Description)		Basin Dakota/Mesa Verde
1600' FSL and 2200' FEL		11. County or Parish, State
Sec. 18, T27N, R06W		Rio Arriba
12. CHECK APPROPRIATE BO	OX(s) TO INDICATE NATURE OF NOTICE, REPORT	, OR OTHER DATA
TYPE OF SUBMISSION	TYPE OF ACTION	
Notice of Intent	Abandonment	Change of Plans
	Recompletion	New Construction
Subsequent Report	Plugging Back	Non-routine Fracturing
	Casing Repair	Water Shut-Off

13. Describe Proposed of 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 depth for all markers and zones pertinent to this work.)*

Altering Casing

Other

This is to change the Dedicated Acres for the Rincon 157M from 320 acres to 319.08 acres

Change dedicated acres

Final Abandonment Notice



	•	
Signed Signed MIKE C. PHILLI	Title PERMIAN ROCKY MOU	NTAIN DRILLING FOREMACC FIRST D. FOIST MAN ORD
(This space for Federal or State office use)		
Approved by	Title	<u>ል</u> ሠይ 0 1 2000
Conditions of approval, if any:		Animination grad Office
Title 18 U.S.C. Sections 1001, makes is a crime of representations as to any matter within its jur		tment or agency of the united states of false, fictitious of fraudilent st
	*See Instructions on Reverse Side	
	THE STATE OF THE S	