

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

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

LEASE DESIGNATION AND SERIAL NO.

SF-078461

IF INDIAN ALLOTTEE OR TRIBE NAME

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. NAME OF OPERATOR Union Oil Co. of California	2. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR P. O. Box 671, Midland, TX 79702	4. FARM OR LEASE NAME Filan
5. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. (See also space 17 below.) At surface	6. WELL NO. 8
7. PERMIT NO. 1285' FNL & 1755' FEL	8. FIELD AND POOL, OR WILDCAT Basin Fruitland Coal
9. ELEVATIONS (Show whether DP, RT, GL, etc.) 6025' GL	9. SEC. T. R. M. OR B.L. AND SURVEY OR AREA Sec. 5, T-27-N, R-8-W
	10. COUNTY OR PARISH San Juan
	11. STATE NM

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	WELL OR ALTER CASING
FRACURE TREAT	MULTIPLE COMPLETE
SHOOT OR ACIDIZE	ABANDON*
REPAIR WELL	CHANGE PLANS
(Other)	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	REPAIRING WELL
FRACURE TREATMENT	ALTERING CASING
SHOOTING OR ACIDIZING	ABANDONMENT*
(Other)	

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

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.)

1. Change 8-5/8" Surface Casing

From 8-5/8" 24# K-55 ST&C

To: 8-5/8" 20# X-42 ST&C

(Pipe manufacturer specifications attached)

RECEIVED
MAY 24 1990
OIL CON. DIV.
DIST. 3

APPROVED

MAY 18 1990

AREA MANAGER

FOR
Ken Townsend

I hereby certify that the foregoing is true and correct

SIGNED Bobby S. Bryan

TITLE Drilling Superintendent

DATE 5/2/90

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

NMOCD

*See Instructions on Reverse Side