

30045-27715 4-4-90
UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

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

LEASE DESIGNATION AND SERIAL NO.

SF-078461

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.

WELL ☐ GAS WELL ☒ OTHER

NAME OF OPERATOR

Union Oil Co. of California

ADDRESS OF OPERATOR

P. O. Box 671, Midland, TX 79702

LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

1475' FSL & 790' FWL

PERMIT NO.

ELEVATIONS (Show whether DF, RT, GR, etc.)

NA

IF INDIAN, ALLOTTEE OR TRIBE NAME

UNIT AGREEMENT NAME

FARM OR LEASE NAME

Filan

WELL NO.

9

FIELD AND POOL, OR WILDCAT
Basin Fruitland Coal

SEC. T. R. M. OR BLM. AND
SURVEY OR AREA

Sec. 5, T-27-N, R-8-W

COUNTY OR PARISH 13. STATE

San Juan

NM

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐ PULL OR ALTER CASING ☐
FRACTURE TREAT ☐ MULTIPLE COMPLETION ☐
ROOT OR ACIDIZE ☐ ABANDON ☐
REPAIR WELL ☐ CHANGE PLANE ☒
(Other) ☐

WATER SHUT-OFF ☐ REPAIRING WELL ☐
FRACTURE 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

FOR MAY 18 1990
Ken Townsend
AREA MANAGER

I hereby certify that the foregoing is true and correct

SIGNED Bobby L. Bryan

TITLE Drilling Superintendent

DATE 5/2/90

This space for Federal or State office use

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

NMOCD

*See Instructions on Reverse Side