

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

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 checked="" type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. Jicarilla Contract No. 500
2. NAME OF OPERATOR Union Oil Company of California		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache
3. ADDRESS OF OPERATOR P. O. Box 2620 - Casper, WY 82602-2620		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2250' FNL & 510' FEL (SE SE NE)		8. FARM OR LEASE NAME Jicarilla (H9)
14. PERMIT NO. API No. 30-039-23904		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7457' GR (Ungraded)		10. FIELD AND POOL, OR WILDCAT Wildcat
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 9, T.29N., R.2W.
		12. COUNTY OR PARISH Rio Arriba
		13. STATE New Mexico

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 COMPLETION <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 type="checkbox"/> SPUD NOTICE	

(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.)\*

MIRU Parker Drilling Company's rotary rig No. 116. Spudded 17-1/2" hole at 9:00 p.m. on 6-13-86. Drilled to 452' at 5:30 p.m., 6-14-86. Circulated 1/2 hour. Strapped out to surface on short trip with no correction. TIH with no drag or fill. Circulated 1/2 hour and TOOH.

Ran and cemented 10 joints and 1 piece (423.88') of 13-3/8", 54.5#, J-55, 8RD, ST&C, new, ERW casing at 452' (insert float valve at 410') with 555 sacks class "B" cement with 2% CaCl<sub>2</sub>, 1/4# Cello-Seal/sack, mixed at 15.6#/gal., yield 1.18 cu. ft./sack. Preceded cement with 15 bbls. fresh water. Displaced with 64-1/4 bbls. fresh water. Max. PDP 400#. Bumped plug to 750#. Released pressure and float did not hold. Pressured casing to 500# and shut in. Circulated 160 sacks of cement to surface with good returns throughout. C.I.P. & J.C. at 4:15 a.m., 6-15-86. W.O.C. Tested well to 1000#, O.K. N.U. BOP stack. Preparing to test.

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

SIGNED R. G. Ladd, Jr.

TITLE District Drilling Supt.

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

JUL 10 1986

FARMINGTON RESOURCE AREA

BY

\*See Instructions on Reverse Side

NMOCC