

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 type="checkbox"/> OTHER <input type="checkbox"/>		CONFIDENTIAL INFORMATION		RECEIVED	
2. NAME OF OPERATOR		Union Oil Company of California		OCT 23 1986	
3. ADDRESS OF OPERATOR		P. O. Box 2620 - Casper, WY 82602-2620 BUREAU OF LAND MANAGEMENT		5. LEASE DESIGNATION AND SERIAL NO. Jicarilla Contract #473	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface		2300' FSL & 1875' FEL (NE NW SE)		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache	
14. PERMIT NO. API No. 30-039-23905		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 8204' GR (Ungraded)		7. UNIT AGREEMENT NAME	
				8. FARM OR LEASE NAME Jicarilla (J21)	
				9. WELL NO.	
				10. FIELD AND POOL, OR WILDCAT Wildcat	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 21, T.30N., R.1W.	
				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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Weekly Report</u>	(X)

(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.) *

4230' T.D.

Waiting on completion unit.

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

SIGNED R. G. Ladd, Jr. TITLE District Drilling Supt. DATE 10-20-86

(This space for Federal or State office use)

ACCEPTED FOR RECORD

OCT 24 1986

CONFIDENTIAL

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA
BY E. G. Ladd

18 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.

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