'No	rm 3160-5 ovember 1983) ormerly 9-331)	DEPARTM	UNITED STAT MENT OF THE U OF LAND MAN	INTERIOR	SUBMIT IN TRIPLICAT (Other instructions on verse side)	re- 5. LE	Budget Bureau Expires August  ASB DESIGNATION	No. 1004-0135 31, 1985 AND SERIAL NO.	
	SUN (Do not use this	DRY NOTI	CES AND RE	PORTS ON	WELLS to a different reservoir.	6. IF	arillá Cont INDJÁN, ALLOTTE ICarilla Ap	oache	
1.	OIL SAB CONFIDENTIAL INFORMATION					77. UN	7. UNIT AGREEMENT NAME		
2.	Union Oil Company of California				NOV 06 1986		8. PARM OR LEASE NAME  Jicarilla (J21)		
3. 4.	P. O. Box 2620 - Casper. WY 82602-2620 FARMINGTON RESCURCE ARE LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*  At surface								
	2300' FSL & 1875' FEL (NE NW SE)						. 21, T.301		
14.	PERMIT NO.		15. ELEVATIONS (Sho	w whether DF, RT,	GR, etc.)	12. C	OUNTY OR PARISH	13. STATE	
	API No. 30-03	9-23905		82041 GR (	Ungraded)	Ri	o Arriba	New Mexico	
16.	Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data								
							7		
	TEST WATER SHUT-OF		CLL OR ALTER CASING ULTIPLE COMPLETE		WATER SHUT-OFF FRACTURE TREATMENT		REPAIRING W ALTERING CA	[]	
	SHOOT OR ACIDIZE		BANDON*		SHOOTING OR ACIDIZING		ABANDONMEN	[]	
	REPAIR WELL CHANGE PLANS			(Other) SUPPLEMENTAL					
	(Other)  (Note: Report results Completion or Recompl ESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates,					mpletion R	of multiple completion on Well letion Report and Log form.)		
	four 3-1 drilled Circulate O.K. Ci	l service /8" DC's ratty ceme ed hole c	on 2-7/8" 1 ent from 4109 clean. Press hole with 20	rubing. Ta ' to 4150' sure teste	N.U. BOP. TIH agged cement at and hard cement d casing to 260 lean 2% KCI wat	4109'. t from 00 psi	Reversed 41501 to 4 for 15 m	d and 178'. ins	
					Ā	CCEPTE	D FOR RECO	ORD	
						Kį	N 66 1988		
		FARMINGTON RESOURCE AREA							
					В	Y 5 /	1 63	· ·	
18.	hereby certify that	the foregoing is	true and correct						
	SIGNED O	Ludy	$\mathcal{L}$ 3	TITLE Distr	ict Drilling Sup	ot.	DATE	-4-86	
	(This space for Feder	alor State office	Ladd, Jr. e use)						
	APPROVED BYCONDITIONS OF AP	PROVAL, IF A	NY:	TITLE TITLE TO SEE TO S					
			*See	Instructions on	Reverse Side NOV 1	-3.1 12 (138 <b>0</b> ;	***		