

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"/> <u>CONFIDENTIAL INFORMATION</u>		5. LEASE DESIGNATION AND SERIAL NO. Jicarilla Contract #473
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 2300' FSL & 1875' FEL (NE NW SE)		8. FARM OR LEASE NAME Jicarilla (J21)
14. PERMIT NO. API No. 30-039-23905		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 8204' GR (Ungraded)		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:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)			

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)		SUPPLEMENTARY WELL HISTORY	<input checked="" type="checkbox"/>

(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.)*

NOV 14 1986

4230' T.D.

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

POOH with 4-3/4" bit and 2-7/8" tubing, laying down drill collars. TIH with fullbore packer on 2-7/8" tubing and set at 2924'. Swabbed tubing dry, recovering 16-1/2 bbls. KCl water. Shut down for 3/4 hour. Ran swab with tubing dry and no entry. Opened bypass and loaded 2-7/8" tubing. Pressure tested 5-1/2" liner top at 2963' with 3200 psi with no bleed off. Released packer and POOH. Shut down due to weather conditions.

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

SIGNED R. G. Ladd, Jr.

TITLE District Drilling Supt. DATE 11-11-86

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

ACCEPTED FOR RECORD
DATE _____

NOV 19 1986

*See Instructions on Reverse Side

CONFIDENTIAL

FARMINGTON RESOURCE AREA

BY E. L. Ladd
any person knowingly and willfully to make to any department or agency of the

NMOCC

CONFIDENTIAL