

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
OTHER INSTRUCTIONS ON REVERSE SIDE

EXPIRES AUGUST 1, 1995
LEASE DESIGNATION AND SERIAL

SF-079360

IF INDIAN ALLOTTEE OR TRIBE NAME

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

2. NAME OF OPERATOR

Union Oil Co. of California

3. ADDRESS OF OPERATOR

P. O. Box 671, Midland, TX 79702

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

922' FNL & 1148' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether OF, RT, GR, etc.)

6521' GL

7. UNIT AGREEMENT NAME

RINCON UNIT

8. FARM OR LEASE NAME

RINCON

9. WELL NO.

282

10. FIELD AND POOL OR WILDCAT

FRUITLAND COAL

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 22, T. 14N, R. 7-W

12. COUNTY OR PARISH 13. STATE

Rio Arriba

NM

16

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 ☐

WATER SHUT-OFF ☐

REPAIRING WELL ☐

FRACTURE TREAT ☐

MULTIPLE COMPLETE ☐

FRACTURE TREATMENT ☐

ALTERING CASING ☐

SHOOT OR ACIDIZE ☐

ABANDON* ☐

SHOOTING OR ACIDIZING ☐

ABANDONMENT* ☐

REPAIR WELL ☐

CHANGE PLANS ☒

(Other) ☐

(Other) ☐

(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.) *

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

18. 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 _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

NMOCD

APPROVED

FOR Ken Townsend
AREA MANAGER

*See Instructions on Reverse Side

Title 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.