

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> #59 30-039-06977 #137-M 30-039-25208	5. LEASE DESIGNATION AND SERIAL NO. SF - 079298 D
2. NAME OF OPERATOR Union Oil Company of California dba UNOCAL	6. IF INDIAN, ALLOTTEE OR TRIBE NAME N/A
3. ADDRESS OF OPERATOR P.O. Box 850, Bloomfield, New Mexico 87413	7. UNIT AGREEMENT NAME Rincon Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Rincon Unit 137M - 1540' FSL + 1500' FEL Rincon Unit 59 - 1650 FSL + 1645 FEL	8. FARM OR LEASE NAME Rincon Unit
14. PERMIT NO.	9. WELL NO. 137 M, 59
15. ELEVATIONS (Show whether DF, RT, or etc.) 6619' GR, 6637' DF	10. FIELD AND POOL, OR WILDCAT Blanco DK/ Blanco MV Blanco S-PC
	11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA Sec. 24, T27N, R7W
	12. COUNTY OR PARISH Rio Arriba
	13. STATE NM

RECEIVED
OCT 22 1992
OIL CON. DIV.
DIST. 3

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"/>	PCLL 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) <input type="checkbox"/>	(Other) <input type="checkbox"/>
(Other) Install Cathodic Protection <input 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.) *

Proposed installation of Cathodic Protection to well casing:

PROCEDURE: Drill a 6' diameter hole, 300' deep within the existing well location boundary. Ten Dur-Iron anodes will be installed below the uppermost water bearing formation in favorable locations. This will be backfield with coke breeze (99.5% carbon) to completely surround the anodes. A 50' plug of bentonite will be installed on top of the coke breeze.

A DC rectifier will be installed on existing well location and a buried DC positive cable will be connected to the anode from the rectifier. Negative DC cables from the rectifier will also be buried and connected to well casings to be protected. These cables will be buried 18" to 24" deep (on previously disturbed ground) in existing roads and locations. See attached map.

UNOCAL's completion expectation is July 1, 1993. FARMINGTON RESOURCE AREA

ACCEPTED FOR RECORD

OCT 14 1992

FARMINGTON, NEW MEXICO

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

SIGNED

Donald E. Antkowiak

BY

DS

TITLE (Temp.) Production Tech

DATE 9/21/92

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

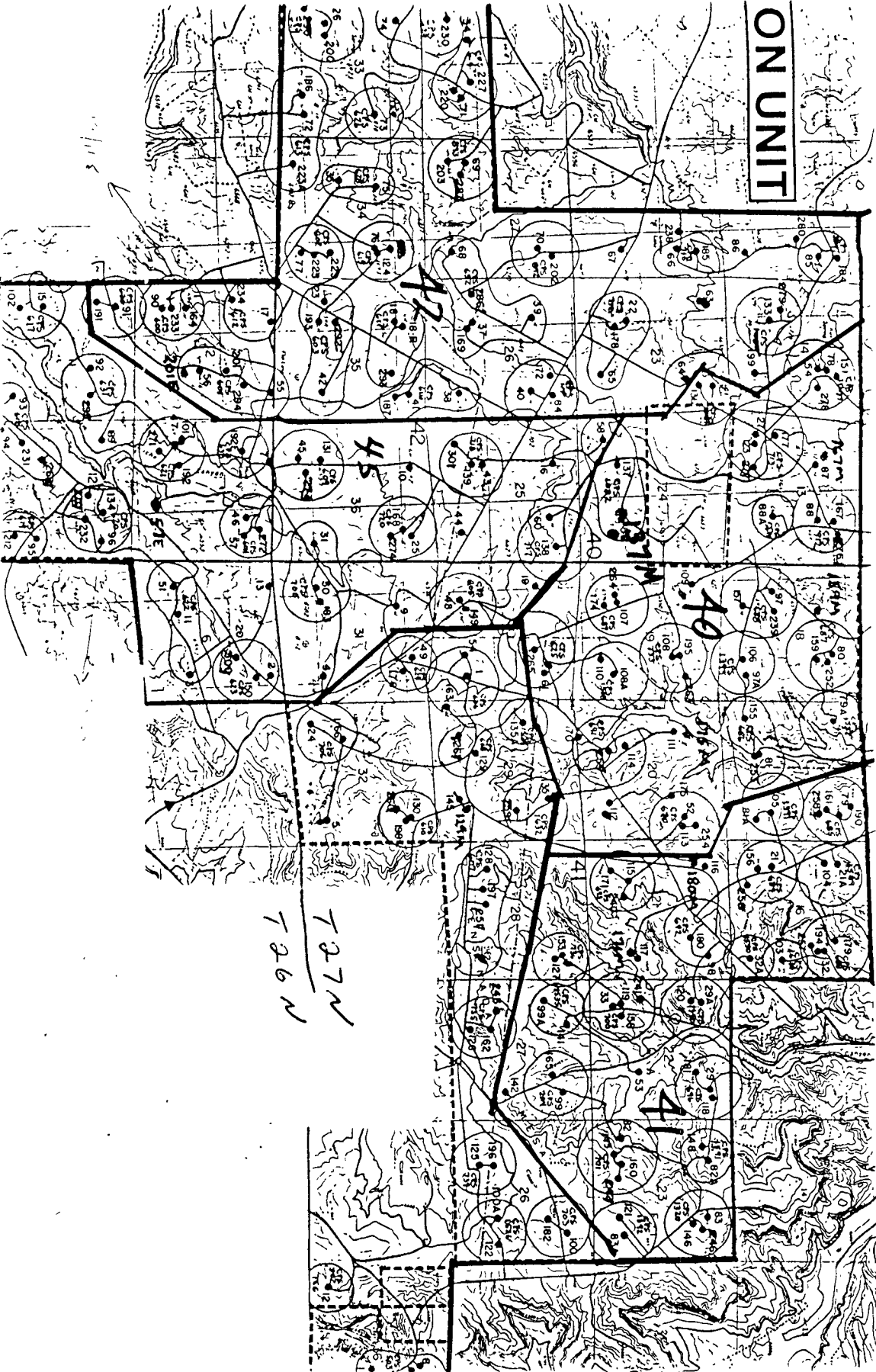
TITLE

DATE

*See Instructions on Reverse Side

NMOCD

ON UNIT



R7W
R6W

T27N
T26N