

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	7. UNIT AGREEMENT NAME Rincon Unit
2. NAME OF OPERATOR Union Oil Company of California dba Unocal	8. FARM OR LEASE NAME Rincon
3. ADDRESS OF OPERATOR P.O. Box 850 Bloomfield, New Mexico 87413	9. WELL NO. 51, 3,
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Rincon 51 - 1650'FSL & 975'FWL Rincon 3 - 1265'FSL & 1090'FEL Rincon 11 - 1607'FSL & 1865'FWL	10. FIELD AND POOL, OR WILDCAT Pictured Cliff, Dakota
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 6 T26N R6W
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 51-6511'DF, 3-6592'GR, 11-6547'GR	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 COMPLETION <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGING DEPTH <input type="checkbox"/>

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) <input type="checkbox"/>	(Other) <input type="checkbox"/>

(Other) Install Cathodic Protection

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATION. 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 ft. deep within the existing well location boundary. Six Lida ST-1.60/50 anodes will be installed below the uppermost waterbearing formation, and back filled with coke breeze (99.5% carbon) to completely surround the anodes. Backfill rest of hole with gravel or drilling tailings.

A DC rectifier will be installed on the existing well location and a buried DC positive cable will be connected to the Lida ground bed from the rectifier. Negative DC cables from the rectifier will also be buried and connected to the well casings to be protected. These cables will be buried 18" to 24" deep in the middle of the road as shown on attached map. Therefore, an archaeological study will not be submitted because all work will take place on previously disturbed ground.

Unocal's completion expectation is by July 15, 1990.

ACCEPTED FOR RECORD
FARMINGTON RESOURCE AREA

JUN 2 1990

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

SIGNED Mike J. J. J.
(This space for Federal or State office use)

TITLE Production Technician

Ken Townsend
FARMINGTON, NEW MEXICO
DATE 03/05/1990

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

MAILED

*See Instructions on Reverse Side