

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse 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"/>	5. LEASE DESIGNATION AND SERIAL NO SF 079302A
2. NAME OF OPERATOR Union Oil Company of California	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
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 1570' FSL & 810' FWL	8. FARM OR LEASE NAME Sanchez "A"
14. PERMIT NO. API No. 30-039-21968	9. WELL NO. 2
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6426' GR	10. FIELD AND POOL, OR WILDCAT Basin Dakota
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 20, T.26N., R.6W.
	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) Isolate Bottom Set of Perfs <input checked="" 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"/>	

(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.)*

7300' T.D.; 7289' PBDT
9-5/8" @ 218'
4-1/2" @ 7304'

Perfs: 6944', 6958', 7023',
7030', 7036', 7060',
7070', 7082', 7102',
7113', 7183', 7200',
7232', & 7242' w/1 spf

Purpose: Isolate bottom set of perforations to reduce water production.

Proposed Plan of Procedure

1. Test anchors. Fish plunger, spring, and stop.
2. MIRU service unit. N.U. and test BOP.
3. Tag ETD. Circulate hole with 2% KCl and POOH with 2-3/8" production equipment. (P.U. 2-3/8" workstring if necessary.)
4. RIH with 4-1/2", full-opening packer, setting tool, and packer-type retrievable bridge plug (with S.N. above packer), setting retrievable bridge plug at $\pm 7150'$. Set packer at $\pm 6900'$. Pressure test casing to 1000 psi.
5. Swab test and establish production.
6. If water rate is reduced and gas rate is satisfactory, release packer at $\pm 6900'$ and recover retrievable bridge plug at $\pm 7150'$. TOOH.
7. TIH with cast-iron bridge plug on wireline and set at $\pm 7150'$.
8. RIH with production equipment.
9. Swab well, establish rate, and turn to production.

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

SIGNED Jim Benson
Jim Benson

TITLE District Drilling Engineer DATE 12-2-88

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

NMOCC

*See Instructions on Reverse Side

APPROVED

DEC 12 1988

AREA MANAGER