

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

LEASE DESIGNATION AND SERIAL
SF-079160
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.)

1. NAME OF OPERATOR Union Oil Co. of California		7. UNIT AGREEMENT NAME RINCON UNIT
2. ADDRESS OF OPERATOR P. O. Box 671, Midland, TX 79702		8. FARM OR LEASE NAME RINCON
3. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below) At surface 1658' FNL & 2311' FEL		9. WELL NO. 270
14. PERMIT NO.		10. FIELD AND POOL OR WILDCAT FRUITLAND COAL
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6459' GL		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 12, T-26-N, R-7-W
		12. COUNTY OR PARISH; 13. STATE Rio Arriba NM

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"/>	PULL 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 PLANE <input checked="" type="checkbox"/>	(Other) <input type="checkbox"/>	

(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 21 1990
OIL CON. DIV.
RST. 3

RECEIVED
MAY 21 1990
OIL CON. DIV.
RST. 3

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

SIGNED _____ TITLE Drilling Superintendent DATE 5/2/90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

MAY 14 1990
Ken Townsend
AREA MANAGER

*See Instructions on Reverse Side