

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
Other instructions on reverse side

LEASE DESIGNATION AND SERIAL

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.)

SF-079364

IF INDIAN ALLOTTEE OR TRIBE NAME

UNIT AGREEMENT NAME

RINCON UNIT

FARM OR LEASE NAME

RINCON

WELL NO.

268

FIELD AND POOL OR WILDCAT

FRUITLAND COAL

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

Sec. 31, T-27-N, R-6-W

COUNTY OR PARISH

Rio Arriba

STATE

NM

1. WELL TYPE
OIL 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

215' 142'
2200' FSL & 1300' FWL

14. PERMIT NO.

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

NA

16

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other)

PULL OR ALTER CASING ☐

MULTIPLE COMPLETION ☐

ABANDON ☐

CHANGE PLANS ☒

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other)

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT ☐

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 07 1990
OIL CON. DIV.
DIST. 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 04 1990

Ken Townsend
AREA MANAGER

*See Instructions on Reverse Side