

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"/>	5. LEASE DESIGNATION AND SERIAL NO. Jicarilla 481
2. NAME OF OPERATOR Union Oil Company of California	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla
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 783' FNL & 2310' FWL (SE NE NW)	8. FARM OR LEASE NAME Jicarilla (C-20)
	9. WELL NO. 1
	10. FIELD AND POOL, OR WILDCAT Wildcat
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 20, T.28N., R.1W.
14. PERMIT NO.	12. COUNTY OR PARISH Rio Arriba
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7299' GR	13. STATE New Mexico

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"/>	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 PLANS <input type="checkbox"/>	(Other) Plugging Back/Perfing/Treating <input checked="" 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.)\*

8355' T.D.

MIRU well service unit on 10-10-84. SITP 1600 psi. SICP 100 psi. Pumped 51-1/2 bbls. 3% KCl water down 2-7/8" tubing to perforations 8239-8242' at 1600-4000 psi at 0 to 2 to 1/2 bpm. ISDP 3500 psi. Opened to tank and flowed 1/2 bbl. with pressure decreasing to zero. ISITP 700 psi increasing to 900 psi in 1/2 hour. Ran 2.25" OD gauge ring and junk basket from surface to 8200', O.K. Ran 2.187" OD, elite, magna-range bridge plug and set in 3-1/2" liner at 8125'. Ran 3" OD, elite, magna-range bridge plug and set at 8095'. POOH with setting tool.

SITP 125 psi. TIH with cement bailer and spotted cement from 8095-8082'. Pumped 990 gals. water down tubing to catch pressure. Pressured tubing to 3100 psi; bled to 2500 psi/5 mins. Pressured to 3100 psi; bled to 2500 psi/3-1/2 mins. and zero/30 mins. Pressured 2-7/8" x 7-5/8" annulus to 1000 psi with no bleed off. Pressured tubing to 3100 psi; bled to 2500 psi/3-1/2 mins. and 300 psi/34 mins. Ran cement bailer and dumped cement from 8083-8071'. Loaded tubing with 3% KCl water. SION.

(CONTINUED ON ATTACHED SHEET)

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

SIGNED <u>R. G. Ladd, Jr.</u>	TITLE <u>District Drilling Supt.</u>	DATE <u>10-30-84</u>
(This space for Federal or State office use)		
APPROVED BY <u>[Signature]</u>	TITLE <u></u>	DATE <u>NOV 1</u>
CONDITIONS OF APPROVAL, IF ANY:		
JAN 22 1985		
OIL CON. DIV. *See Instructions on Reverse Side		
DIST. 3		