Form 3160-5
November 1983
Formerly 9-331)

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.)

5. LEASE DESIGNATION AND SERIAL NO.: NM-02861

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

OIL WELL — GAS WELL X OTHER

7. UNIT AGREEMENT NAME:

2. NAME OF OPERATOR: Union Oil Co. of California

8. FARM OR LEASE NAME: Lodewick

3. ADDRESS OF OPERATOR: P. O. Box 671, Midland, TX 79702

9. WELL NO.: 13

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 975' FSL & 1665' FWL

10. FIELD AND POOL, OR WILDCAT: Basin Fruitland Coal

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec. 19, T-27-N, R-9-W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 6505' GL

12. COUNTY OR PARISH: San Juan | 13. STATE: NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF —	PULL OR ALTER CASING —	WATER SHUT-OFF —	REPAIRING WELL —
FRACTURE TREAT —	MULTIPLE COMPLETE —	FRACTURE TREATMENT —	ALTERING CASING —
SHOOT OR ACIDIZE —	ABANDON* —	SHOOTING OR ACIDIZING —	ABANDONMENT* —
REPAIR WELL —	CHANGE PLANS X	(Other)	
(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 24 1990
OIL CON. DIV.
DIST. 3

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

SIGNED Bobby G. Bryan TITLE Drilling Superintendent DATE 5/2/90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

NMOCD

APPROVED
MAY 18 1990
Ken Townsend FOR
AREA MANAGER

*See Instructions on Reverse Side

Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter