

Form 3160-5  
November 1983  
Formerly 9-3811

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE  
Other instructions on reverse side

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

LEASE DESIGNATION AND SERIAL NO.  
NM-02861

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.

NAME OF INDIAN, ALLOTTEE OR TRIBE NAME

UNIT AGREEMENT NAME

FARM OR LEASE NAME

WELL NO.  
15

FIELD AND POOL, OR WILDCAT  
Basin Fruitland Coal

SEC., T., R., M., OR NELE AND SURVEY OR AREA  
Sec. 30, T-27-N, R-9-W

COUNTY OR PARISH; STATE  
San Juan NM

WELL TYPE  
WELL  CAS WELL  OTHER

NAME OF OPERATOR  
Union Oil Co. of California

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

LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)  
At surface

1840' FWL & 875' FWL

PERMIT NO. S  
ELEVATIONS (Show whether DF, RT, CR, etc.)  
6514' GL

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"/>	WELL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	WELL 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 checked="" type="checkbox"/>	(Other) <input type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)

- Change 8-5/3" 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  
JUN 6 1990  
OIL CON. DIV.  
DIST. 3

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 **APPROVED**

CONDITIONS OF APPROVAL, IF ANY:

MAY 30 1990  
Ken Townsend  
FOR AREA MANAGER

\*See Instructions on Reverse Side  
NMOCD

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