

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE\*  
(Other instructions on re-  
verse side)

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM 68764
2. NAME OF OPERATOR NASSAU RESOURCES, INC.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Trust
3. ADDRESS OF OPERATOR P O BOX 809, Farmington, N.M. 87499		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 660' FNL - 660' FEL		8. FARM OR LEASE NAME Bettin' on Bisti 30
14. PERMIT NO.		9. WELL NO. #1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6442' GL; 6454' KB		10. FIELD AND POOL, OR WILDCAT Bisti Lower Gallup
		11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Sec. 30, T25N, R11W
		12. COUNTY OR PARISH Rio Arriba
		13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input checked="" type="checkbox"/> Spud, 8-5/8" csg., test		<input checked="" type="checkbox"/> XX

(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.)\*

MI & RU Arapahoe Drilling Rig #7.  
Spudded at 6 pm on 4-16-90.  
Ran 7 jts. of 8-5/8", 24# casing. Total of 273').  
Set at 270' KB.  
Cemented w/ 175 sk of Class "B" and 2% CaCl. (207 cu.ft.).  
Plug down at 10:45 pm on 4-16-90.  
Circulated 7 bbls. of good cement to surface.  
Pressure tested to 500 psi for 30 minutes. Held okay.

RECEIVED

APR 30 1990

OIL CON. DIV.)  
DIST. 3

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

SIGNED Fran Perrin  
Fran Perrin

TITLE Admin. Asst.

(This space for Federal or State office use)

ACCEPTED FOR RECORD

DATE 4-17-90

APR 24 1990

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

FARMINGTON RESOURCE AREA

BY [Signature]

\*See Instructions on Reverse Side