(Formerly 9-331) DEPARTM	JNITED STATES IENT OF THE INTERIOR J OF LAND MANAGEMENT	SUBMIT IN TRIPLICATES (Other instructions on reverse side)	Budget Bureau No. 1004-013 Expires August 31, 1985  5. LEASE DESIGNATION AND SERIAL NO. NM 68764
SUNDRY NOTIC (Do not use this form for proposal Use "APPLICAT	CES AND REPORTS ON la to drill or to deepen or plug back to ITON FOR PERMIT—" for such proposa	WELLS o a different reservoir.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Trust
OIL GAS WELL OTHER  2. NAME OF OPERATOR		1 and great	7. UNIT AGREEMENT NAME
Nassau Resources, Inc.			8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR	J. Cress Miles	<del>The Third of Control </del>	Bettin' on Bisti 30
P O Box 809, Farmin  1. LOCATION OF WELL, (Report location cleases also space 17 below.)	igton, NM 87499		9
See also space 17 below.) At surface	and the accordance with any state	requirements.	10. PIELD AND POOL, OR WILDCAT
1980' FSL - 660' FEL			Bisti Lower Gallup  11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA
14. PERMIT NO.	15. BLEVATIONS (Show whether DF, RT, OR		Sec. 30,
	6445' GL; 6457' KB	, etc.)	12. COUNTY OR PARISE 18. STATE
16. Chack Assa		4.1.1	San Juan NM
NOTICE OF INTENTIC	ropriate Box To Indicate Nature	of Notice, Report, or O	ther Data
		AUBREQUI C	ENT REPORT OF:
Protocolle	LUOR ALTER CASING	WATER BHUT-OFF	REPAIRING WELL
SHOOT OF LOWISE	Andon*	FRACTURE TREATMENT SHOOTING OR ACIDIZING	ALTERING CAHING
REPAIR WELL CHA	ANGE PLANS	(Other) Spud, 8-5/8	
17. DESCRIBE PROPOSED OR COMPLETED OPERAT proposed work. If well is directional nent to this work.) •	i ]	- Propression of Recomple	of multiple completion on Well tion Report and Log form.)  ncluding estimated date of starting any depths for all markers and zones perti-
Set at 269' RKB. Cemented with 175 sks of Circulated 5 bbls. of Circulated 5 bbls. of Circulated 5 bbls.	24# casing (total of 27 of Class "B" cement w/cement to surface.	2% CaCl (total of	206.5').
	REFIVE APR2 5 1990		
	OIL CON. DIV.	ACCEPTE	ED FOR RECORD
	, DIST. 3	API	R 17 1990
	•	FARMING	TON RESOURCE AREA
18. I hereby certify that the foregoing is true	Pr.	BY , 2//	
Fran Perrin (This space for Federal or State office us	TITLE Admin.	Asst.	DATE 4/10/90
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	ጥነጥ፤ ሙ		DATE
OF ALLROVAL, IF ANY:			

\*See Instructions on Reverse Side

ACCEPTED FOR MEDICALL

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