Submit 3 Copies to Appropriate District Office

1. Type of Well: WELL

Name of Operator

3. Address of Operator

Well Location

Section

PERFORM REMEDIAL WORK

work) SEE RULE 1103.

Set at 120' KB.

10 bbls. mud flush

TEMPORARILY ABANDON

PULL OR ALTER CASING

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

DISTRICT I P.O. Box 1980, Hobba, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

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Revised 1-1-89 **OIL CONSERVATION DIVISION** WELL API NO. P.O. Box 2088 30-045-27696 Santa Fe. New Mexico 87504-2088 5. Indicate Type of Lease STATEXX FEE _ 6. State Oil & Gas Lease No. VA-235 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR, USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Cowsaround 16 8. Well No. #1 NASSAU RESOURCES, INC. 9. Pool name or Wildcat Basin Fruitland Coal P O Box 809, Farmington, N.M. Line and 980 Unit Letter A: 980 Feet From The North Feet From The East Line Township 26 North 12 West San Juan Range **NMPM** County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 6058' GL Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data **NOTICE OF INTENTION TO:** SUBSEQUENT REPORT OF: PLUG AND ABANDON **ALTERING CASING** REMEDIAL WORK **CHANGE PLANS** PLUG AND ABANDONMENT COMMENCE DRILLING OPNS. **CASING TEST AND CEMENT JOB** OTHER: Spud, 7" csg., test 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed Spudded 9-1/2" hole at 2:30 pm on 6-18-90 with Smith Drilling Co. Ran 3 jts. of 7", 23#, K-55, 8Rd, LT&C casing. Cemented as follows: 55 sk of Class "B" w/ 2% CaCl and 1/4#/sk flocele (65 cu.ft.) Full returns throughout job. Circulated 2-3 bbls. to surface. Plug down at 9:56 pm on 6-18-90. W.O.C. 36 hours. Pressure tested to 600 psi for 30 minutes. Held okay.

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Asstv DATE6-20-90
TELEPHONE NO.
DISTRICT W. DATE