

1 DE 1 File
**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse 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.)

| | |
|--|---|
| 1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER | 5. LEASE DESIGNATION AND SERIAL NO NM 16471 |
| 2. NAME OF OPERATOR NASSAU RESOURCES, INC. | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| 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 810' FSL - 1670' FWL | 8. FARM OR LEASE NAME Cowsaround 2 |
| 14. PERMIT NO. | 9. WELL NO. #14 |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5950' GL | 10. FIELD AND POOL, OR WILDCAT Basin Fruitland Coal |
| | 11. SUC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 2, T26N, R12W, NMPM |
| | 12. COUNTY OR PARISH San Juan |
| | 13. STATE N.M. |

16. **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"/> | FULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE 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 type="checkbox"/> | (Other) <input type="checkbox"/> | |

(Other) Status ☒ X

(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.)*

This well has been drilled and cemented but will not be completed at this time due to economic conditions based on results of completed Cowsaround wells.

RECEIVED
FEB 25 1993
OIL CON. DIV
DIST. 3

RECEIVED
BLM
03 FEB 18 PM 2:40
070 FARMINGTON, NM

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

| | | |
|---|---------------------------------|---------------------|
| SIGNED <u>Fran Perrin</u> (This space for Federal or State office use) | TITLE <u>Regulatory Liaison</u> | DATE <u>2/17/93</u> |
| APPROVED BY _____ | TITLE _____ | DATE _____ |
| CONDITIONS OF APPROVAL, IF ANY: | | |

*See Instructions on Reverse Side