

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 <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. NM 61
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 790' FSL - 790' FWL	8. FARM OR LEASE NAME Cowsaround 36
14. PERMIT NO.	9. WELL NO. #13
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	10. FIELD AND POOL, OR WILDCAT Basin Fruitland Coal
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 36, T26N, R12W, NMPM
	12. COUNTY OR PARISH San Juan
	13. STATE N.M.

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"/>	PULL 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) Spud, 7" csg., cement, test <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(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.)*

Spudded at 8:00 am, 10-8-90 with Wayne Smith Drilling.
Ran 3 jts. of 7", 23#, K-55, LT&C casing.
Set at 121' GL.
Cemented as follows:
35 sk of Class "B" with 2% CaCl (41 cu.ft.) Circulated 4 bbls. of cement to surface.
Plug down at 2:00 pm on 10/8/90. Waited on cement 12 hours.
Displaced at 250 psi.
Pressure test to 600 psi for 30 minutes. Held okay.

RECEIVED
NOV 23 1990
OIL CON. DIV.
DIST. 3

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

SIGNED Fran Perrin

TITLE Admin. Asst.

DATE 10-9-90

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

ACCEPTED FOR RECORD

DATE
OCT 29 1990

NMOC

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

BY MT