

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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SUBMIT IN TRIPLICATE*
(Other instructions on re-
venue aide)

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 59704	
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 Carracas Unit	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1000' FNL - 680' FEL		8. FARM OR LEASE NAME Carracas Unit 14 A	
14. PERMIT NO.		9. WELL NO. #1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7380' GL		10. FIELD AND POOL, OR WILDCAT Basin Fruitland Coal	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 14, T32N, R5W, NMPM	
		12. COUNTY OR PARISH Rio Arriba	
		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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) TD, 5-1/2" csg., cement	
(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.)*			

Reached driller's TD of 4234' on 10/20/89.
Ran 108 jts. of 5-1/2", 15.5#. K-55, LT&C casing.
Set at 4228' KB.
Cemented as follows:
10 bbls. mud flush
517 sx 65/35 poz w/ 12% gel, & 1/4#/sk celloflake (1354 cu.ft.)
100 sx of 50/50 poz w/ 2% gel, 6-1/4#/sk kolseal & 1/4#/sk celloflake (139 cu.ft.)
Total of 1493 cu.ft.
Full returns throughout job.
Mud flush circulated to surface.
Plug down at 11:00 pm on 10/21/89.
Set slips and released rig at 2 am on 10/22/89.

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

SIGNED <u>Fran Perrin</u>	TITLE <u>Admin. Asst.</u>	DATE <u>10/23/89</u>
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APPROVED BY _____ CONDITIONS OF APPROVAL, IF ANY:	TITLE _____ NWOOD	ACCEPTED FOR RECORD DATE <u>DEC 05 1989</u> FARMINGTON RESOURCE AREA BY <u>ICV</u>
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*See Instructions on Reverse Side