

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

1. File  
SUBMIT IN TRIPLICATE  
(Other instructions on reverse side)

1. AMDCQ Bureau No. 1004-4-1  
Expires August 31, 1985  
5. LEASE DESIGNATION AND SERIAL NO.

NM 59696

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR  
NASSAU RESOURCES, INC.

3. ADDRESS OF OPERATOR  
P.O. BOX 809, Farmington, N.M. 87499

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below)  
At surface  
790' FNL - 1850' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
7275' GL

7. UNIT AGREEMENT NAME  
Carracas Unit

8. FARM OR LEASE NAME  
Carracas Unit 34 B

9. WELL NO.  
#2

10. FIELD AND POOL OR WILDCAT  
Basin Fruitland Coal

11. SEC., T., R., M., OR B.L. AND SURVEY OR AREA  
Sec. 34, T32N, T4W, NMPM

12. COUNTY OR PARISH  
Rio Arriba

13. STATE  
NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANT	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) TD, 5-1/2" csg., cement	<input checked="" type="checkbox"/>		<input checked="" 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.)

Reached logger's TD of 4384' on 10/22/89.

Ran 115 jts. of 5-1/2", 15.5#, K-55, LT&C casing.

Set at 4386' KB.

Cemented as follows:

10 bbls. mud flush

550 sx 65/35 poz w/ 12% gel, & 1/4#/sk celloflake (1441 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 1580 cu.ft.

Full returns throughout job.

Circulated 25 bbls. of cement to surface.

Plug down at 3 pm on 10/23/89.

Set slips and released rig at 6 pm on 10/23/89.

RECEIVED

NOV 16 1989

OIL CON. DIV  
DIST. 3

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

SIGNED Fran Perrin

TITLE Admin. Asst.

DATE 10/24/89

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD

DATE NOV 14 1989

FARMINGTON RESOURCE AREA

BY CH

\*See Instructions on Reverse Side