

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

1 DE 1 Amoco 1 File
SUBMIT IN TRIPLICATE
(Other instructions on re-
verse side)

Form approved by
Budget Bureau No. 1004-C, 1
Expires August 31, 1985

5 LEASE DESIGNATION AND SERIAL

NM 29341

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' FSL - 790' FEL

7. UNIT AGREEMENT NAME

Carracas Unit

8. FARM OR LEASE NAME

Carracas Unit 22 A

9. WELL NO.

#16

10. FIELD AND POOL OR WILDCAT

Basin Fruitland Coal

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 22, T32N, R5W

12. COUNTY OR PARISH 13. STATE

Rio Arriba

NM

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GN, etc.)

7065' GL

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐ PULL OR ALTER CASING ☐
FRACTURE TREAT ☐ MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐ ABANDON* ☐
REPAIR WELL ☐ CHANGE PLANS ☐
(Other) ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐ REPAIRING WELL ☐
FRACTURE TREATMENT ☐ ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐ ABANDONMENT* ☐
(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 3952' on 9-5-89.

Ran 100 jts. of 5-1/2", 15.5#, K-55, LT&C good condition casing.

Set at 3951' KB.

Cemented with 10 bbls. mud flush

447 sx of 65/35 poz w/ 12% gel and 1/4#/sk celloflake (1171 cu.ft.)

100 sx of 50/50 poz w/ 2% gel and 1/4#/sk celloflake (139 cu.ft.)

Total of 1310 cu.ft.

Full returns throughout job.

Job complete at 1:15 pm on 9-6-89.

Plug did not bump.

Set slips and released rig at 4:00 pm on 9-6-89.

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

SIGNED Fran Perrin

TITLE Admin. Asst.

DATE 9-7-89

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side