| | UNITED STATES RTMENT OF THE INTER REAU OF LAND MANAGEMEN | SUBMIT IN TRIPLICATION (Dither Instructions on verse side) | 5. LEASE DESIGNATION AND SERIAL AND |
|---|---|--|--|
| SUNDRY N (Do not use this form for p | OTICES AND REPORTS repensals to drill or to deepen or plus relication for Permit - " for such | ON WELDS | NM 30351 6 IF INDIAN, ALLOTTEE OR TRIBE NAME |
| OIL GAS WELL OTH | | | 7. UNIT AGREGMENT NAME |
| 2. NAME OF OPERATOR | | - अगर्वा विकास मिर्टियों ने | GATTACAS Unit |
| NASSAU RESOURCES, IN | ₹C. | ARTICLE DE SEC. A. | Garracas Unit 22 A |
| P.O. Box 809, Farming to Location of Well (Report locations apace 17 below) At surface | 10 FIELD AND POOL, OR WILDCAT | | |
| 620' FSL - 540' FWL | | | Basin Fruitland Coal 11. BEC., T., B., M., OR BLE. AND BURYEY OR AREA |
| 14. PRINIT NO. | 15 ELEVATIONS (Show whether D | F, RT, GK, etc.) | Sec. 22, T32N, R5W 12. COUNTY OR PARISH 13. STATE |
| 16. Check | Appropriate Box To Indicate I | | Rio Arriba NM |
| | NTENTION TO: | | REQUENT REPORT OF: |
| TEST WATER SHUT OFF | PULL OR ALTER CASING | WATER SHUT-OFF | BEPAIRING WELL |
| FRACTURE TREAT | MULTIPLE COMPLETE | PRACTUBE TREATMENT | ALTERING CASING |
| SHOOT OR ACIDIZE REPAIR WELL | ABANDON® CHANGE PLANS | SHOOTING OR ACIDIZING | ABANDONMENT* /8" CSg., cement XX |
| (Other) | | INOTE Report res | ults of multiple completion on Well appletion Report and Log form.) |
| 17. DESCRIBE PROPOSED OR COMPLETED proposed work. If well is dinent to this work.) * | corenations (Clearly state all pertine rectionally drilled, give subsurface local | | tes, including estimated date of starting any clicul depths for all markers and gones perti- |
| Ran 8 jts. of 9-5 Set at 326' KB. | • | ig #6. | |
| 100 sx of C1 Total of 178 Full returns thro Circulated 5 bbls Plug down at 11:0 | 35 poz w/ 6% gel, l/4#/ ass "B", w/ 2% CaCl (ll cu.ft. ughout job cement to surface. | 18 cu.ft.) | C1 (60 cu.ft.) |
| | | | |
| | | | |
| | | • | ાં કહેવાના કરવાના ક |
| | | | OIL CARE DIV. |
| 18. I hereby certify that the foregoing | ng is true and correct | | |
| SIGNED Fran Porri | _ | dmin. Asst. | DATE 8/23/8 |
| (This space for Federal or State | | | |
| APPROVED BY CONDITIONS OF APPROVAL, | IF ANY: | | ACCEPTED FOR RECORD |
| | *See Instruction | s on Reverse Side | LEEF GE MUA *****A BORNUMAR** |