

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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
1160' FNL - 1060' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
7295' GL

5. LEASE DESIGNATION AND SERIAL NO.
NM 30014

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Carracas Unit

8. FARM OR LEASE NAME
Carracas Unit 33.B

9. WELL NO.
#4

10. FIELD AND POOL OR WILDCAT
Basin Fruitland Coal

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 33, T32N, R4W, 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 PLANS	<input type="checkbox"/>
(Other)	<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) Spud, 9-5/8" csg., cement, test	<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.)*

Spudded at 3:45 pm on 8-25-90 with Four Corners Rig #9.
Ran 7 jts. of 9-5/8", 36# casing.
Set at 308'.
Cemented as follows:
192 sk of Class "B" with 2% CaCl (227 cu.ft.)
Circulated 2 bbls. of cement to surface.
Plug down at 11:30 pm on 8-25-90. Waited on cement for 6-1/2 hours.
Pressure tested to 600 psi for 30 minutes.
Held okay.

RECEIVED
SEP 14 1990
OIL CON. DIV. I
DIST. 3

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

SIGNED Fran Perrin TITLE Admin. Asst.

DATE 8-27-90

Fran Perrin

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

SEP 11 1990

FARMINGTON RESOURCE AREA

BY 25

*See Instructions on Reverse Side

NMOCD