

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

1. Field Office No. 1004-0135
Expires August 31, 1985
2. LEASE DESIGNATION AND SERIAL NO.
NM 30351
3. 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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME Carracas Unit
2. NAME OF OPERATOR NASSAU RESOURCES, INC.	8. FARM OR LEASE NAME Carracas Unit 15 A
3. ADDRESS OF OPERATOR P.O. Box 809, Farmington, N.M. 87499	9. WELL NO. #16
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 200' FSL - 500' FEL	10. FIELD AND POOL, OR WILDCAT Basin Fruitland Coal
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 15, T32N, R5W
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7222' GL	12. COUNTY OR PARISH Rio Arriba
	13. STATE NM

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) <input checked="" type="checkbox"/> 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 TD on 6/4/90. Measured depth is 4200'. True Vertical depth is 3876'.
Ran 99 jts. of 5-1/2", 17#, K-55, LT&C casing.
Set at 4195' KB.
Cemented as follows:
10 bbls. mud flush
533 sk of 65/35 poz w/ 12% gel and 1/4#/sk flocele. (1390 cu.ft.)
100 sk of 50/50 poz w/ 2% gel, 1/4#/sk flocele and 6-1/4#/sk gilsonite. (139 cu.ft.)
Full returns throughout job. Total 1529 cu.ft.
Circulated 28 bbls. of cement to surface.
Plug down at 11:15 am on 6-7-90.
Set slips and released rig at 1:30 pm on 6-7-90.

RECEIVED

JUL 2 1990

OIL CON. DIV
DIST. 3

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

SIGNED Fran Perrin

TITLE Admin. Asst.

DATE 6-8-90

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

JUN 28 1990

FARMINGTON RESOURCE AREA

BY [Signature]

*See Instructions on Reverse Side