

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Budget Bureau No. 1004-0135
Expires August 31, 1985

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		5. LEASE DESIGNATION AND SERIAL NO. NM 30584
2. NAME OF OPERATOR NASSAU RESOURCES, INC.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P O BOX 809, Farmington, N.M. 87499		7. UNIT AGREEMENT NAME Carracas Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1650' FNL - 1800' FEL		8. FARM OR LEASE NAME Carracas Unit 13 B
14. PERMIT NO.		9. WELL NO. #7
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6660' GL; 6673' KB		10. FIELD AND POOL, OR WILDCAT Basin Fruitland Coal
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 13, 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)			

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"/>

(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 of 3300' on 10/26/89.
Ran 83 jts. of 5-1/2", 15.5#, K-55, LT&C casing.
Set at 3300' KB.
Cemented as follows:
10 bbls. mud flush
100 sx of 65/35 poz w/ 12% gel, & 1/4#/sk celloflake (262 cu.ft.)
620 sx of 50/50 poz w/ 2% gel, 6-1/4#/sk kolseal & 1/4#/sk celloflake
(862 cu.ft.)
Total of 1124 cu.ft.
Full returns throughout job.
Circulated 20 bbls. cement to surface.
Plug down at 9:30 am on 10/28/89.
Set slips and released rig at 12 noon on 10/28/89.

RECEIVED

DEC 08 1989

OIL CON. DIV.

RECEIVED
DEC 07 31 AM 10:58
FARMINGTON RESOURCE AREA

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

SIGNED Fran Perrin TITLE Admin. Asst. DATE 10/30/89
Fran Perrin

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DA **ACCEPTED FOR RECORD**

DEC 05 1989

FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side

NMOCD

BY ICK