

1 DE 1 File  
**UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT**

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

Form approved.  
Budget Bureau No. 734-0135  
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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Water Disposal Well</u>		5. LEASE DESIGNATION AND SERIAL NO. NM 30016	
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 - 990' FEL		8. FARM OR LEASE NAME Carracas Unit 27 A	
14. PERMIT NO.		9. WELL NO. #82	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7164' GL; 7176' KB		10. FIELD AND POOL, OR WILDCAT WC Entrada	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR ARMA Sec. 27, T32N, R5W, 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) <u>7" casing, cement</u>	

(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 10,060 on 1/19/89.

RU & TIH with 23 jts. of 7", 29#, N-80 casing (955').  
63 jts. of 7", 26#, N-80 casing (2515')  
71 jts. of 7" 23#, N-80 casing (2699')

Bottom of 7" set at 10,053' KB.

Liner top at 3898' KB.

Rigged up Western and cemented as follows with 5% WR-6 in cement.

10 bbls. mud flush

550 sk - 65/35 with 12% gel and 1/4#/sk celoseal

350 sk - 50/50 with 2% gel, 6-1/4#/sk gilsonite and 1/4#/sk celoseal (1928 cu.ft.)

Displaced with 289 bbls. water and had full returns thru 224 bbls. of displacement and then went to partial returns and then finally totally lost returns.

Plug down at 9:20 am 1/22/89 with 4000psi.

Float held.

**RECEIVED**  
FEB 15 1989  
OIL CON. DIV.  
DIST. 3

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

SIGNED James S. Hazer  
(This space for Federal or State office use)

TITLE Field Supt.

DATE 2/3/89

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

**ACCEPTED FOR RECORD**

**FEB 13 1989**

FARMINGTON RESOURCE AREA

\*See Instructions on Reverse Side