

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		7. UNIT AGREEMENT NAME Carracas Unit
2. NAME OF OPERATOR NASSAU RESOURCES, INC.		8. FARM OR LEASE NAME Carracas Unit 22 B
3. ADDRESS OF OPERATOR P O BOX 809, Farmington, N.M. 87499		9. WELL NO. #7
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1650' FNL - 1715' 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. 22, T32N, R4W, NMPM
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6754' GL		12. COUNTY OR PARISH Rio Arriba
		13. STATE N.M.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Spud, 9-5/8" csg., 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 10:45 am on 6-16-90 with Four Corners Rig #9.
Ran 7 jts. of 9-5/8", 36# casing.
Set at 314' KB.
Cemented as follows:
190 sk of Class "B" w/ 2% CaCl. (222 cu.ft.)
Circulated 5 bbls. to surface.
Pressure tested BOP at 600 psi for 30 minutes.
Held okay.

RECEIVED
JUL 13 1990
OIL CON. DIV.
DIST. 3

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

SIGNED <u>Fran Perrin</u>	TITLE <u>Admin. Asst.</u>	DATE <u>6-18-90</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE <u>JUL 09 1990</u>
CONDITIONS OF APPROVAL, IF ANY:		
FARMINGTON RESOURCE AREA		
BY <u>[Signature]</u>		

*See Instructions on Reverse Side

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OIL CONT. DIV.
6.720

ACCEPTED FOR FILING

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