

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(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 <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO NM 61
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
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1675' FNL - 1850' FEL	8. FARM OR LEASE NAME Cowsaround 36
14. PERMIT NO.	9. WELL NO. #7
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6260' GL	10. FIELD AND POOL, OR WILDCAT Basin Fruitland Coal
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 36, T26N, R12W, NMPM
	12. COUNTY OR PARISH San Juan
	13. STATE N.M.

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"/>		<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) TD, 4-1/2" csg., cement	<input checked="" type="checkbox"/>		<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 1385' on 10-16-90.
Ran 35 jts. of 4-1/2", 9.5#, J-55, ST&C casing.
Set at 1371' GL.
Cemented as follows:
10 bbls. mud flush
90 sk of 65/35 poz w/ 12% gel & 1/4#/sk flowseal (236 cu.ft.)
40 sk of Class "B" w/ 1/4#/sk flowseal (47 cu.ft.)
Total of 283 cu.ft.
Full returns throughout job.
Circulated 10 bbls. of cement to surface.
Plug down at 2:35 am on 10/17/90.
Centralizers on jts. #1, #3, #5, #7, #9 & #11.
Pumped cement at 4 bbls/min. & 50 psi.
Pumped displacement at 2.3 bbls/min.
Bumped plug at 1000 psi. Float held.
Set slips and released rig at 3:30 am on 10/17/90.

RECEIVED
NOV 20 1990
OIL CON. DIV.
DIST. 3

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

SIGNED Fran Perrin
Fran Perrin

TITLE Admin. Asst.

(This space for Federal or State office use)

DATE 10-17-90
ACCEPTED FOR RECORD

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE NMCO

DATE NOV 13 1990

FARMINGTON RESOURCE AREA

BY 217

*See Instructions on Reverse Side