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UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

Form approved.  
Budget Bureau No. 1004-4-1-1  
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 ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR  
NASSAU RESOURCES, INC.

3. ADDRESS OF OPERATOR  
P.O. Box 809, Farmington, N.M. 87499

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
1615' FNL - 1820' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
7360' GL

BUREAU OF LAND MANAGEMENT  
FARMINGTON RESOURCE AREA

5. LEASE DESIGNATION AND SERIAL NO.  
NM 29760

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME  
Carracas Unit

8. FARM OR LEASE NAME  
Carracas Unit 24 A

9. WELL NO.  
#7

10. FIELD AND POOL OR WILDCAT  
Basin Fruitland Coal

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 24, T32N, R5W

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:

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, 5-1/2" 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 4135' KB on 6/18/89.  
Ran 101 jts. of 5-1/2" 15.5#, K-55, LT&C good condition casing.  
Set at 4130' KB.  
Cemented as follows:  
10 bbls. mud flush  
538 sk of 65/35 poz, with 12% gel and 1/4#/sk celoflake (1410 cu.ft.)  
100 sk 50/50 poz with 2% gel, 6-1/4#/sk coal seal and 1/4#/sk celoflake (139 cu.ft.)  
Total of 1549 cu.ft.  
Plug down at 9 pm, 6/18/89.  
Full returns throughout job.  
Circulated 15 bbls. cement to surface.  
Set slips and released rig at 12 pm, 6/18/89.

RECEIVED  
JUN 26 1989  
OIL CON. DIV.  
DIST. 3

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

SIGNED Fran Perrin TITLE Admin. Asst. DATE 6/19/89  
Fran Perrin  
(This space for Federal or State office use)

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

ACCEPTED FOR RECORD  
JUN 21 1989  
FARMINGTON RESOURCE AREA

\*See Instructions on Reverse Side