

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form approved.
Budget Bureau No. 1004-0135
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"/>		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR		Carracas Unit
3. ADDRESS OF OPERATOR		8. FARM OR LEASE NAME
P O BOX 809, Farmington, N.M. 87499		Carracas Unit 14 A
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface		9. WELL NO.
230' FSL - 380' FWL		#13
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		Basin Fruitland Coal
7269' GL		11. SEC., T., S., M., OR BLK. AND SUBVY OR AREA
		Sec. 14, T32N, R5W, NMPM
		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"/>
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"/>	

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 at 6:30 am on 9-13-89.

Ran 97 jts. of 5-1/2", 15.5#, K-55, LT&C good condition casing.

Set at 4021' KB.

Cemented as follows:

10 bbl. mud flush

416 sx of 65/35 poz with 12% gel and 1/4#/sk cello flake (1090 cu.ft.)

100 sx of 50/50 poz with 2% gel and 6-1/4#/sk Coal seal and 1/4#/sk celloflake (139 cu.ft.)

Total of 1229 cu.ft.

Full returns throughout job.

Mud flush circulated to surface.

Plug down at 2:45 am on 9/14/89.

Set slips and released rig at 6 am on 9/14/89.

RECEIVED
OCT 13 1989
OIL CON. DIV.,
DIST. 3

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

SIGNED Fran Perrin

TITLE Admin. Asst.

DATE 9/14/89

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD

OCT 07 1989

FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side