

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

Form approved
Budget Bureau No. 1004-01-03
Expires August 31, 1985
5. LEASE DESIGNATION AND SERIAL NO.
NM 59696
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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
7195' GL; 7207' KB 1800/S 950/E

14. PERMIT NO.
15. ELEVATIONS (Show whether DF, RT, GR, etc.)
7195' GL; 7207' KB

7. UNIT AGREEMENT NAME
CARRACAS UNIT
8. FARM OR LEASE NAME
CARRACAS UNIT 34 B
9. WELL NO.
#9
10. FIELD AND POOL, OR WILDCAT
Basin Fruitland Coal
11. SEC., T., R., M., OR BLM. AND
SURVEY OR AREA
Sec. 34, T32N, R4W, 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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT OFF ☐ FILL OR ALTER CASING ☐
FRACTURE TREAT ☐ MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐ ABANDON* ☐
REPAIR WELL ☐ CHANGE PLUG ☐
(Other) Request extension of APD ☒

WATER SHUT OFF ☐ REPAIRING WELL ☐
FRACTURE TREATMENT ☐ ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐ ABANDONMENT* ☐
(Other) ☐

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATION: (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.)

Request extension of Application to Drill due to drilling schedule.

RECEIVED
MAY 21 1990
OIL CON. DIV.
DIST. 3

THIS APPROVAL EXPIRES NOV 18 1990

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)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

RECEIVED

*See Instructions on Reverse Side

