

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 CARRACAS UNIT	
2. NAME OF OPERATOR NASSAU RESOURCES, INC.		8. FARM OR LEASE NAME CARRACAS UNIT 34 B	
3. ADDRESS OF OPERATOR P O Box 809, Farmington, N.M. 87499		9. WELL NO. #9	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1800' FSL - 970' FEL Surface Location 1220' FSL - 2400' FWL Bottom Location		10. FIELD AND POOL, OR WILDCAT Basin Fruitland Coal	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 34, T32N, R4W, NMPM		12. COUNTY OR PARISH Rio Arriba	
13. STATE NM		14. PERMIT NO.	
15. ELEVATIONS (Show whether DF, RT, OR, etc.) 7195' GL; 7207' KB		16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data	

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
(Other) ☐

PULL OR ALTER CASING ☐
MULTIPLE COMPLETION ☐
ABANDON* ☐
CHANGE PLANE ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) Corrected cement

REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☒

(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.)*

Corrected total amount of cement for 5-1/2" casing is 2340 cu.ft.

RECEIVED

OCT 7 1991

OIL CON. DIV.
(DET. 9)

ACCEPTED FOR RECORD

OCT 08 1991

FARMINGTON RESOURCE AREA

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

SIGNED Fran Perrin
Fran Perrin

TITLE Admin. Asst.

DATE 10/25/90

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

NMOCD

*See Instructions on Reverse Side