

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

1 File  
SUBMIT IN TRIP  
(Other instruction  
verse side)

1. Form approved  
2. Get Bureau No. 1004-033  
Expires August 31, 1985  
3. LEASE DESIGNATION AND SERIAL

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.)

OIL WELL ☐ GAS WELL ☒ OTHER

2 NAME OF OPERATOR

NASSAU RESOURCES, INC. (OGRID #015515)

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

1480' FNL - 990' FEL

POOL CODE 71629

API #30-039424371

14 PERMIT NO

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

7175' GL

USA NM 30016

6 IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Carracas Unit

8. FARM OR LEASE NAME

Carracas Unit 27 A

9. WELL NO.

#8

10. FIELD AND POOL OR WILDCAT

Basin Fruitland Coal

11. SEC., T., R., M., OR B.L.E. AND  
SURVEY OR AREA

Sec. 27, T32N, R5W, NMPM

12. COUNTY OR PARISH; 13. STATE

Rio Arriba NM

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETION

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON\*

SHOOTING OR ACIDIZING

ABANDONMENT\*

REPAIR WELL

CHANGE PLANS

(Other)

(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 perti-  
nent to this work.) \*

Well was reperforated with additional shots in the Fruitland Coal zone,  
3897-3914', 32 shots.

Well was acidized with 1000 gal. 15% HCL.

Well was fracture treated with a total of 75,000# 12/20 sand & 39,008 gal.  
delta frac fluid.

RECEIVED  
AUG 28 1998  
OIL CON. DIV.  
DIST. 3

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

SIGNED Fran Perrin Fran Perrin

TITLE Regulatory Liaison

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

DATE 7/28/98

AUG 1 1998

FARMINGTON DISTRICT OFFICE

\*See Instructions on Reverse Side

NMOCD