

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form approved
Budget Bureau No. 1004-6135
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	5. LEASE DESIGNATION AND SERIAL NO. NM 30585
2. NAME OF OPERATOR NASSAU RESOURCES, INC.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 809, Farmington, N.M. 87499	7. UNIT AGREEMENT NAME Carracas Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1780' FSL - 1590' FWL	8. FARM OR LEASE NAME Carracas Unit 36 B
14. PERMIT NO.	9. WELL NO. #11
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7065' GL	10. FIELD AND POOL, OR WILDCAT Basin Fruitland Coal
	11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Sec. 36, T32N, R4W, NMPM
	12. COUNTY OR PARISH Rio Arriba
	13. STATE NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	☐	WATER SHUT-OFF	☐
FRACTURE TREAT	☐	FRACTURE TREATMENT	☐
SHOOT OR ACIDIZE	☐	SHOOTING OR ACIDIZING	☐
REPAIR WELL	☐	(Other)	☐
PULL OR ALTER CASING	☐	REPAIRING WELL	☐
MULTIPLE COMPLETE	☐	ALTERING CASING	☐
ABANDON*	☐	ABANDONMENT*	☐
CHANGE PLANS	☐		
(Other) Request extension of APD	☒	(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.)*

Request extension of Application to Drill due to drilling schedule.

RECEIVED

NOV 13 1990

OIL CON. DIV.
DIST. 3

THIS APPROVAL EXPIRES

MAY 01 1991

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

SIGNED Fran Perrin

TITLE Admin. Asst.

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

*See Instructions on Reverse Side

APPROVED
DATE 10/12/90
DATE NOV 05 1990
AREA MANAGER FARMINGTON, N.M.