

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

1. File  
SUBMIT IN TRIPLICATE  
(Other instructions on reverse side)

DO NOT WRITE IN THESE SPACES  
UNITED STATES OF AMERICA  
BUREAU OF LAND MANAGEMENT  
NM 30015

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  
1770' FNL - 830' FWL

14. PERMIT NO  
15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
6960' GL

7. UNIT AGREEMENT NAME  
Carracas Unit  
8. FARM OR LEASE NAME  
Carracas Unit 31 B  
9. WELL NO.  
#5  
10. FIELD AND FOOT OR WILDCAT  
Basin Fruitland Coal  
11. SEC., T., R., M., OR B.L.M. AND SURVEY OR AREA  
Sec. 31, T. 22N, R. 4W, NMPH  
12. COUNTY OR PARTIAL  
Rio Arriba NM

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

NOTICE OF INTENTION TO:

|                     |                                                              |
|---------------------|--------------------------------------------------------------|
| TEST WATER SHUT OFF | PULL OR ALTER CASING                                         |
| FRACTURE TREAT      | MULTIPLE COMPLETE                                            |
| SHOOT OR ACIDIZE    | ABANDON*                                                     |
| REPAIR WELL         | CHANGE PLANS                                                 |
| (Other)             | Request extension of APD <input checked="" type="checkbox"/> |

SUBSEQUENT REPORT OF:

|                       |                 |
|-----------------------|-----------------|
| 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 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  
MAY 24 1990  
OIL CON. DIV.  
DIST. 3

THIS APPROVAL EXPIRES NOV 01 1990

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

SIGNED *Fran Perrin*  
Fran Perrin  
(This space for Federal or State office use)

TITLE Admin. Asst.

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE  
APPROVED

\*See Instructions on Reverse Side

APPROVED  
DATE 4/24/90  
MAY 27 1990  
DATE  
*Fran Perrin*  
AREA MANAGER  
FARMINGTON RESOURCE AREA