

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN PERMIT FILE
(Other: Application for Permit)
USE BUREAU

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
PERMIT FILE

NH 30015

6. INDIAN, ALLOTTEE OR TRIBE

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, GK, etc.)

6960' GL

7. UNIT AGREEMENT NAME

8. Carracas Unit

9. FARM OR LEASE NAME

10. Carracas Unit 31 B

11. WELL NO.

#5

12. FIELD AND FOOT OR WILDCAT

13. Basin Fruitland Coal

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

15. Sec. 31, T32N, R4W, NMPH

16. COUNTY OR PARISH

17. Rio Arriba NH

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

NOTICE OF INTENTION TO:

TEST WATER SHUT OFF

PLUG OR ALTER CASING

FRACTURE TREATMENT

MULTIPLE COMPLETION

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other) Request extension of APD

X

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 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 24 1990

OIL CON. DIV.
DIST. 2

THIS APPROVAL EXPIRES NOV 01 1990

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

MAILED

*See Instructions on Reverse Side

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