

(November 1983)  
(Formerly 9-331)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions on reverse side)

Expires August 31, 1984

5. LEASE DESIGNATION AND SERIAL

NM 30015

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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

3. ADDRESS OF OPERATOR  
NASSAU RESOURCES, INC. OGRID # 015515

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 API#  
30-039-24417

15. ELEVATIONS (Show whether DF, RT, OR, etc.)  
6960' GL

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Carracas Unit

9. WELL NO.  
Carracas Unit 31 B

10. FIELD AND POOL OR WILDCAT  
#5

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Basin Fruitland Coal

12. COUNTY OR PARISH 13. STATE  
Sec. 31, T32N, RAW, NMMPM

Rio Arriba NM

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

NOTICE OF INTENTION TO:

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

SUBSEQUENT REPORT OF:

WATER SHUT OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) Well was turned back on	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>

(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.)

Well was turned back on 11/1/94 after being shut-in for more than 90 days.

RECEIVED  
NOV 1 0 1994  
OIL CON. DIV.  
DIST. 3

NOV 1 - 3 PM 11:12  
OZO REGISTRATION, NM

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

SIGNED Fran Perrin  
Fran Perrin

TITLE Regulatory Liaison

DATE 11/2/94

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD

NOV 0 1994

\*See Instructions on Reverse Side

FARMINGTON DISTRICT OFFICE

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.