

(November 1983)  
(Formerly 9-331)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE\*  
(Other Instructions on reverse side)

Expirs August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM 30014

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR	Carracas Unit
3. ADDRESS OF OPERATOR	8. FARM OR LEASE NAME
NASSAU RESOURCES, INC.	Carracas Unit 21 B
9. WELL NO.	#13
10. FIELD AND POOL, OR WILDCAT	Basin Fruitland Coal
11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA	Sec. 21, T32N, R4W
12. COUNTY OR PARISH	13. STATE
Rio Arriba	NM
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)
	7390' GL

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	ABANDONMENT*	<input checked="" type="checkbox"/>
(Other)	<input type="checkbox"/>	(Other) Status	<input 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 turned back on 7/29/93 after being shut in for more than 90 days.

RECEIVED  
AUG - 9 1993  
OIL CON. DIV  
DIST. 3

RECEIVED  
BLM  
93 AUG - 2 PM 12:52  
070 FARMINGTON, NM

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

SIGNED	<u>Fran Perrin</u>	TITLE	<u>Regulatory Liaison</u>	DATE	<u>7/30/93</u>
(This space for Federal or State office use)					
APPROVED BY		TITLE		ACCEPTED FOR RECORD	
CONDITIONS OF APPROVAL, IF ANY:				DATE	

AUG 04 1993

\*See Instructions on Reverse Side

FARMINGTON DISTRICT OFFICE