

1 DE 1 File  
**UNITED STATES**  
**DEPARTMENT OF THE INTERIOR**  
**BUREAU OF LAND MANAGEMENT**

SUBMIT IN TRIPPLICATE  
(Other instructions on re-  
verse side)

Budget Bureau No. 1004-1  
Expires August 31, 1985  
5. LEASE DESIGNATION AND SERIAL

NM 28277  
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  
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  
790' FSL - 1850' FWL

7. UNIT AGREEMENT NAME  
Carracas Unit
8. FARM OR LEASE NAME  
Carracas Unit 17 B
9. WELL NO.  
#14
10. FIELD AND POOL OR WILDCAT  
Basin Fruitland Coal
11. SEC., T., R., M., OR B.L. AND SURVEY OR AREA

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
7435' GL

- Sec. 17, T. 22N, R. 10W  
12. COUNTY OR PARISH 13. STATE  
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) Request extension of APD <input checked="" 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) <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.) \*

Request extension of Application to Drill due to U. S. Forest Service seasonal drilling restrictions and due to Nassau's drilling schedule.

**RECEIVED**  
MAR 28 1990  
OIL CON. DIV.,  
DIST. 3.

THIS APPROVAL EXPIRES **OCT 27 1990**

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

SIGNED Fran Perrin TITLE Admin. Asst.  
Fran Perrin  
(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

**APPROVED**

DATE 3/21/90

DATE **MAR 26 1990**

FOR AREA MANAGER  
FARMINGTON RESOURCE AREA

\*See Instructions on Reverse Side