

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

1 File

Budget Bureau No. 1004-01 U
Expires August 31, 1985
5. LEASE DESIGNATION AND SERIAL NO.

RECEIVED

6 IF IN DRAM 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

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
7435' GL

91 JUN 17 AM 11:01
019
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., W., OR BLE. AND SURVEY OR AREA
Sec. 17, T32N, R4W
12. COUNTY OR PARISH
Rio Arriba
13. STATE
NM

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 COMPLETION	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANT	<input type="checkbox"/>
(Other)	<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)	<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.)*

The APD on this well expired 4/27/91.

Plan to resubmit this APD in the near future; therefore, no rehabilitation has been commenced.

RECEIVED

JUL 09 1991

OIL CON. DIV.
DIST. 3

SEP 30 1991

THIS APPROVAL EXPIRES

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

SIGNED James S. Hazen
(This space for Federal or State office use)

TITLE V. P. of Operations

DATE 6/14/91

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

JUN 01 1991

AREA MANAGER

*See Instructions on Reverse Side