

(November 1983)  
(Formerly 9-331)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE  
(Other instructions on the  
reverse side)

Form 1000-100-1000-1-1  
Expires August 31, 1985

5 LEASE DESIGNATION AND SERIAL

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  
650' FSL - 2070' FEL  
14. PERMIT NO.  
15. ELEVATIONS (Show whether DF, RT, GK, etc.)  
7370' GL

NM 28277  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
7. UNIT AGREEMENT NAME  
Carracas Unit  
8. FARM OR LEASE NAME  
Carracas Unit 17 B  
9. WELL NO.  
#15  
10. FIELD AND POOL OR WILDCAT  
Basin Fruitland Coal  
11. SEC., T., R., M., OR B.L. AND  
SURVEY OR AREA  
Sec. 17, T32N, R4W  
12. COUNTY OR PARISH  
Rio Arriba  
13. STATE  
NM

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"/> | FRACTURE TREATMENT                | <input type="checkbox"/>            |
| SHOOT OR ACIDIZE        | <input type="checkbox"/> | SHOOTING OR ACIDIZING             | <input type="checkbox"/>            |
| REPAIR WELL             | <input type="checkbox"/> | (Other) Spud, 5-1/2" csg., cement | <input checked="" type="checkbox"/> |
| (Other)                 | <input type="checkbox"/> | (Other)                           | <input type="checkbox"/>            |

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.)

Spudded at 10 pm, 6/1/89.  
Ran 9 jts. of 9-5/8", 36# casing. Total 339 ft.  
Set at 352' KB.  
Cemented as follows:  
50 sx of 65/35 poz w/ 6% gel & 1/4#/sk celloseal ( 100 cu.ft.)  
100 sx Class "B" w/ 2% CaCl (118 cu.ft.)  
Total of 218 cu.ft.  
Circulated to surface.  
Pressure tested for 30 minutes at 800 psi. Held okay.

RECEIVED  
JUN 15 1989  
OIL CON. DIV  
DIST. 3

18. I hereby certify that the foregoing is true and correct  
SIGNED James S. Hazen TITLE Field Supt. DATE 6/7/89  
(This space for Federal or State office use)  
APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD  
JUN 13 1989  
FARMINGTON RESOURCE AREA

\*See Instructions on Reverse Side