

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

Form approved. Budget Bureau No. 1004-0135 Expires August 31, 1985

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 [X] 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 640' FSL - 710' FEL
14. PERMIT NO.
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6978' GL

5. LEASE DESIGNATION AND SERIAL NO. NM 59704
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME Carracas Unit
8. FARM OR LEASE NAME Carracas Unit 25 A
9. WELL NO. #16
10. FIELD AND POOL, OR WILDCAT Basin Fruitland Coal
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 25, T32N, R5W, NMPM
12. COUNTY OR PARISH Rio Arriba
13. STATE N.M.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO: TEST WATER SHUT-OFF [] PULL OR ALTER CASING [] FRACTURE TREAT [] MULTIPLE COMPLETE [] SHOOT OR ACIDIZE [] ABANDON* [] REPAIR WELL [] CHANGE PLANS [] (Other) Request extension of APD [XX]
SUBSEQUENT REPORT OF: WATER SHUT-OFF [] REPAIRING WELL [] FRACTURE TREATMENT [] ALTERING CASING [] SHOOTING OR ACIDIZING [] ABANDONMENT* [] (Other) [] (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 drilling schedule.

RECEIVED DEC 07 1990 OIL CON. DIV. DIST. 3

THIS APPROVAL EXPIRES MAY 16 1991

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

SIGNED Fran Perrin TITLE Admin. Asst.

(This space for Federal or State office use)

APPROVED BY TITLE

CONDITIONS OF APPROVAL, IF ANY:

NR3000

*See Instructions on Reverse Side

APPROVED DATE NOV 10 1990 M.P. Howard