

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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 <input type="checkbox"/> | 7. UNIT AGREEMENT NAME Carracas Unit |
| 2. NAME OF OPERATOR NASSAU RESOURCES, INC. | 8. FARM OR LEASE NAME Carracas Unit 30 B |
| 3. ADDRESS OF OPERATOR P.O. Box 809, Farmington, N.M. 87499 | 9. WELL NO. #8 |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2240' FNL - 620' FEL | 10. FIELD AND POOL, OR WILDCAT Basin Fruitland Coal |
| 14. XXXXXX API No. 30-039-24442 | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 30, T32N, R4W, NMPM |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7205' GL | 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"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> | FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANE <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.)

Well was turned on at 3:30 p.m. March 31, 1995, after being shut in for more than 90 days.

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

SIGNED Fran Perrin Fran Perrin TITLE Regulatory Liaison DATE 4/3/95

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
APR 06 1995

*See Instructions on Reverse Side
NMOC

FARMINGTON DISTRICT OFFICE
BY JS