

(November 1983)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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 ☒ 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
1795' FNL - 790' FEL

14. PERMIT NO.
15. ELEVATIONS (Show whether DF, RT, GR, etc.)
7321' GL

5. LEASE DESIGNATION AND SERIAL
NM 28277
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
Carracas Unit
8. FARM OR LEASE NAME
Carracas Unit 29 B
9. WELL NO.
#8
10. FIELD AND POOL OR WILDCAT
Basin Fruitland Coal
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 29 T32N R4W NMPM
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 ☐ PULL OR ALTER CASING ☐
FRACTURE TREAT ☐ MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐ ABANDON* ☐
REPAIR WELL ☐ CHANGE PLANS ☐
(Other) Request extension of APD ☒

- 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 Nassau's drilling schedule.

RECEIVED
JUL 23 1990
OIL CON. DIV.
DIST. 3

THIS APPROVAL EXPIRES DEC 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
CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

DATE 6/21/90

JUL 17 1990

AREA MANAGER
FARMINGTON RESOURCE

*See Instructions on Reverse Side