

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 ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR
NASSAU RESOURCES, INC. OGRID #015515

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
1810' FSL - 2310' FEL

5. PERMIT NO. **Restaked 7/31/89**

6. ELEVATIONS (Show whether DF, RT, CK, etc.)
API# 30-039-24650-6996' GL

7. UNIT/ACCREMENT NAME
Carracas Unit

8. FARM OR LEASE NAME
Carracas Unit 14 B

9. WELL NO.
#10

10. FIELD AND POOL OR WILDCAT
Basin Fruitland Coal

11. SEC., T., S., M., OR BLK. AND SUBST OR AREA
Sec. 14, 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	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACURE TREAT	<input type="checkbox"/>	FRACURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
(Other)	<input type="checkbox"/>	(Other) --- conversion ---	<input checked="" type="checkbox"/>
FULL OR ALTER CASING	<input type="checkbox"/>	(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	
MULTIPLE COMPLETE	<input type="checkbox"/>		
ABANDON*	<input type="checkbox"/>		
CHANGE PLANE	<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.)*

This well was shutin 1/91 due to low gas prices and high operating costs. Nassau Resources, Inc. is converting wells from rod pump to plunger lift or gas lift to reduce operating costs. This well is scheduled for conversion and return to production in 7/96.

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

SIGNED *Fran Perrin* TITLE Regulatory Liaison DATE 6/14/94

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

APPROVED

DISTRICT MANAGER