UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other Instructions on re-
verse side)

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.)

5. LEASE DESIGNATION AND SERIAL NO
NM-76832

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

1. OIL WELL ☐ GAS WELL ☒ OTHER	7. UNIT AGREEMENT NAME Carracas Unit
2. NAME OF OPERATOR NASSAU RESOURCES, INC.	8. FARM OR LEASE NAME Carracas Unit 10 A
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 800' FNL - 540' FEL	10. FIELD AND POOL, OR WILDCAT Basin Fruitland Coal 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 10, T32N, R5W, NMPM
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7590' GL	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
JUL 22 1991
OIL CON. DIV.
DIST. 3

THIS APPROVAL EXPIRES   JAN 24 1992

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

SIGNED _James S. Hazen_   TITLE _V P of Operations_   DATE _7/11/91_

(This space for Federal or State office use)

APPROVED BY _____   TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
DATE
JUL 19 1991
AREA MANAGER

*See Instructions on Reverse Side