

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*

(Other instructions on
reverse side)

Form approved.
Budget Bureau No. 1004-0136
Expires August 31, 1985

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK

DRILL ☒

DEEPEN ☐

PLUG BACK ☐

b. TYPE OF WELL

OIL
WELL ☐

GAS
WELL ☒

OTHER ☐

SINGLE
ZONE ☐

MULTIPLE
ZONE ☐

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.)

At surface

1795' FNL - 790' FEL

At proposed prod. zone

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*

±33 miles North of Gobernador, N.M.

15. DISTANCE FROM PROPOSED*

LOCATION TO NEAREST
PROPERTY OR LEASE LINE, FT.
(Also to nearest drig. unit line, if any)

790'

16. NO. OF ACRES IN LEASE

2,525.47

17. NO. OF ACRES ASSIGNED
TO THIS WELL

320.0

18. DISTANCE FROM PROPOSED LOCATION*
TO NEAREST WELL, DRILLING, COMPLETED,
OR APPLIED FOR, ON THIS LEASE, FT.

1/3 mile

19. PROPOSED DEPTH

4025'

20. ROTARY OR CABLE TOOLS

Rotary

21. ELEVATIONS (Show whether DF, RT, GR, etc.)

7321' GL; 7329' KB

22. APPROX. DATE WORK WILL START*

5/92

23. and appear pursuant to 43 CFR 3185.4.

PROPOSED CASING AND CEMENTING PROGRAM

DRILLING OPERATIONS AUTHORIZED ARE

SUBJECT TO COMPLIANCE WITH ATTACHED

"GENERAL REQUIREMENTS"

QUANTITY OF CEMENT
150 cu.ft. circ. to surface
872 cu.ft. circ. to surface

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH
12-1/4"	9-5/8"	36#	250'
7-7/8"	5-1/2"	15.5#	4025'

Plan to drill with spud mud to set 250' of surface casing. Will then drill with water and gel-chem. mud to test the Fruitland coal zone at ± 4025'. Will run FDC-CNL-GR Caliper and FDC-CNL-GR Caliper logs. If well appears productive, will set 5-1/2" casing at TD, cement in 1 stage, selectively perforate, frac, clean out after frac and complete with 2-7/8" tubing.

The previously approved APD on this well expired 6/27/90.
The API number is #30-039-24478.

"Approval of this action does
not warrant that the applicant
holds legal or equitable rights
or title to this lease."

GAS IS NOT DEDICATED.

RECEIVED
NOV 25 1991

OIL CON. DIV.
DIST. 3

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24. SIGNED A.B. McHugh TITLE Field Coord. DATE 8/23/91

(This space for Federal or State office use)

PERMIT NO. _____ APPROVAL DATE _____

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

NMOCD,

APPROVED
AS AMENDED

NOV 20 1991

AREA MANAGER

*See Instructions On Reverse Side

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OIL COM. DIV.
DIST. 3

All distances must be from the outer boundaries of the Section.

Operator Nassau Resources, Inc.			Lease Carracas Unit		Well No. 8
Unit Letter H	Section 29	Township 32 North	Range 4 West	County BLM	
Actual Footage Location of Well 1795 feet from the North line and 790 feet from the East line			Date 91 AUG 26 AM 8:34		
Ground Level Elev. 7321	Producing Formation Fruitland	Pool Basin Fruitland Coal	Dedicated Acreage 320.0 Acres		

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☒ Yes ☐ No If answer is "yes," type of consolidation Unitization - Carracas Unit

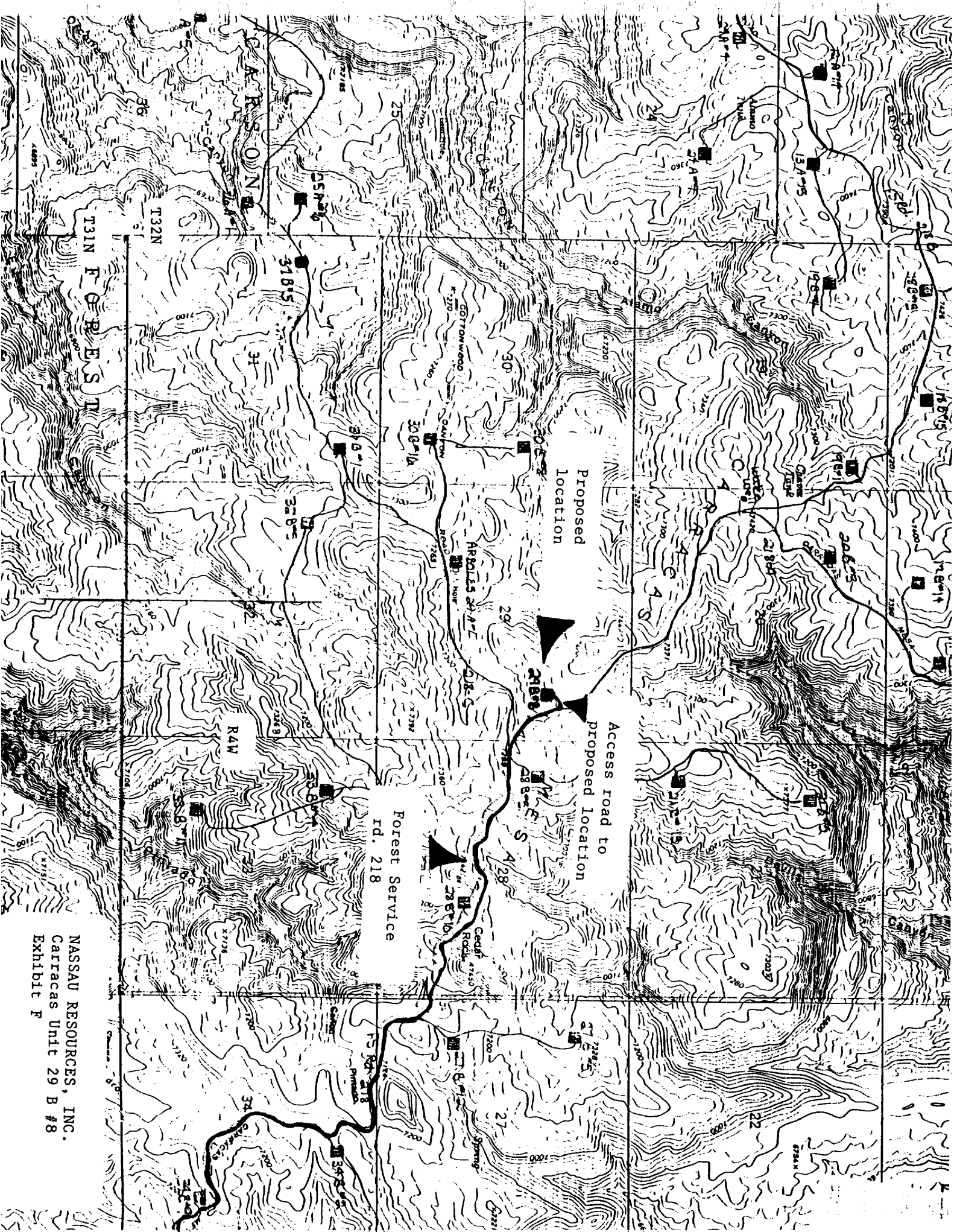
If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.)

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Division.

<p>RECEIVED BLM MAIL ROOM 89 FEB -1 AM 9:23 FARMINGTON RESOURCE AREA FARMINGTON, NEW MEXICO</p>	<p>NM 28277 Kindermac Partners 100%</p> <p>1795'</p> <p>790'</p> <p>SECTION 29</p>
	<p>RECEIVED NOV 25 1991. OIL CON. DIV. 1 DIST. 3</p>

<p>CERTIFICATION</p> <p>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.</p> <p><i>Fran Perrin</i></p>	
Name	Fran Perrin
Position	Admin. Asst.
Company	Nassau Resources, Inc.
Date	1/31/89
<p>I hereby certify that the location shown on this plat was located in the field and that the same is correct to the best of my knowledge and belief.</p> <p>EDGAR L. RISENHOFF NEW MEXICO 5879</p>	
Date Surveyed	5-18-88
<p>Registered Professional Engineer and/or Land Surveyor</p> <p><i>Edgar L. Risenhoff</i></p>	

[illegible]



NASSAU RESOURCES, INC.
Carracas Unit 29 B #8
Exhibit F

(November 1983)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Expires August 31, 1985
5. LEASE DESIGNATION AND SERIAL NO.

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 13. STATE

Rio Arriba

NM

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

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANE

Request extension of APD

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Identify 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

NOV 9 1992

OIL CON. DIV.
DIST. 3

92 NOV -3 PM12:58

RECEIVED
BLH

MAY 20 1993

THIS APPROVAL EXPIRES

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

SIGNED Fran Perrin
Fran Perrin

TITLE Regulatory Liaison

DATE 10-30-92

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

NOV 6 1992

FARMINGTON RESOURCE ARL

*See Instructions on Reverse Side

FMCOO

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

CM

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

1 File
SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-613
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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	7. UNIT AGREEMENT NAME Carracas Unit
2. NAME OF OPERATOR NASSAU RESOURCES, INC.	8. FARM OR LEASE NAME Carracas Unit 29 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 1795' FNL - 790' FEL	10. FIELD AND POOL, OR WILDCAT Basin Fruitland Coal
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 29, T32N, R4W, NMPM
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 7321' 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:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>

(Other) Request for Extension of APD

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>

(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 and Forest Service restrictions on drilling in possible owl habitat.

THIS APPROVAL EXPIRES NOV 19 1993

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MAY 28 1993
OIL CON. DIV.
DIST. 3

RECEIVED
BLM
93 MAY 10 AM 11:44
070 FARMINGTON, NM

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

SIGNED Fran Perrin Fran Perrin TITLE Regulatory Liaison

DATE 5/7/93

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

APPROVED

MAY 26 1993

DISTRICT MANAGER

*See Instructions on Reverse Side