

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Budget Category 1001
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM 30585

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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.)

OIL WELL ☐ GAS WELL ☒ OTHER

90 SEP 23 AM 11:07

2. NAME OF OPERATOR

NASSAU RESOURCES, INC.

OTC, FARMINGTON, NM

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

1780' FSL - 1590' FWL

K

7. UNIT AGREEMENT NAME

Carracas Unit

8. FARM OR LEASE NAME

Carracas Unit 36 B

9. WELL NO.

#11

10. FIELD AND POOL, OR WILDCAT

Undesignated Pictured Cliffs

11. SEC., T., S., M., OR BLK. AND
SURVEY OR AREA

Sec. 36, T32N, R4W, NMPM

12. COUNTY OR PARISH 13. STATE

Rio Arriba NM

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, CR, etc.)

7065' GL

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

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETION

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other) Change well name

(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.)

Well name has been changed to CARRACAS UNIT-PC 36-B. #11

RECEIVED
SEP 30 1993
OIL CON. DIV. 1
DIST. 3

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

SIGNED

Fran Perrin
Fran Perrin

TITLE Regulatory Liaison

DATE 9/22/93

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
DATE

SEP 27 1993

FARMINGTON DISTRICT OFFICE

*See Instructions on Reverse Side