

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form approved,
Budget Bureau No. 1004-0135
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 <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 59704
2. NAME OF OPERATOR NASSAU RESOURCES, INC.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P O Box 809, Farmington, N.M. 87499		7. UNIT AGREEMENT NAME Carracas Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 640' FSL - 710' FEL		8. FARM OR LEASE NAME Carracas Unit 25 A
14. PERMIT NO.		9. WELL NO. #16
15. ELEVATIONS (Show whether DF, RT, OR, etc.) 6978' GL		10. FIELD AND POOL, OR WILDCAT Basin Fruitland Coal
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 25, T32N, R5W, NMPM
		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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) Request extension of APD <input checked="" type="checkbox"/>		(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.

NOV 9 1992
OIL CON. DIV.
DIST. 3

MAY 19 1993

THIS APPROVAL EXPIRES

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

SIGNED <u>Fran Perrin</u>	TITLE <u>Regulatory Liaison</u>	DATE <u>10-30-92</u>
(This space for Federal or State office use)		

ACCEPTED FOR RECORD

NOV 06 1992

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: _____
BY [Signature]

*See Instructions on Reverse Side