

6 BLM 1 DE
UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

1 File
SUBMIT IN TRIPlicate
(Other instructions on reverse side)

Form approved
Budget Bureau No. 1004-1
Expires August 31, 1985
5 LEASE DESIGNATION AND SERIAL

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

1190' FNL - 790' FEL

14. ~~XXXXXX~~ API Number 30-039-25462
15. ELEVATIONS (Show whether DT, RT, GR, etc.)
7195' GL

NM 30015
6 IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Carracas Unit

8. FARM OR LEASE NAME
Carracas Unit 31 B

9. WELL NO.

#1
10. FIELD AND POOL OR WILDCAT
Basin Fruitland Coal

11. SEC., T., R., M., OR B.L. AND SURVEY OR AREA

Sec. 31, T32N, R4W, NMPM

12. COUNTY OR PARISH
Rio Arriba

13. STATE
NM

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 COMPLETION	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐
REPAIR WELL	☐	CHANGE PLANS	☐

(Other) Extend APD

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 and 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 APD due to drilling schedule and drilling restrictions.

RECEIVED
SEP 12 1995
OIL CON. DIV.
DIST. 3

MAR 14 1996

RECEIVED
B.L. MAIL ROOM
SEP -8 PM 1:53
070 FARMINGTON, NM

APPROVAL EXPIRES

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

SIGNED Fran Perrin Fran Perrin

TITLE Regulatory Liaison

DATE 9/7/95

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

NMOC

*See Instructions on Reverse Side

SEP 06 1995