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DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT BY MAIL ROOM  SUNDRY NOTICES AND REPORTS ON WELLS  Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  SUBMIT IN TRIPLICATE  1. Type of Well   Other   Other	Form 3160-5 (June 1990)	UNITED S	TATES DECEIVED	FORM APPROVED	
SUBMIT IN TRIPLICATE  SUBMIT IN TRIPLICATE  1. Type of well    Well   Well   Other   CA. Approximation   Cartacas Unit   Carta	(June 1990)	DEPARTMENT OF BUREAU OF LAND	THE INTERIOR BL M MAIL ROOM	Budget Bureau No. 1004-0135 Expires: March 31, 1993	
Use "APPLICATION FOR PERMIT — To see cost properties."    Use "APPLICATION FOR PERMIT — To see the permitted date of testing and response to the permitted date of testing and interested date of testing and prepared and the personal date of testing and testing a		CHADDY MOTIONS AND	05 csp 8 pm 1:54	5. Lease Designation and Serial No.	
SUBMIT IN TRIPLICATE    Type of Well	Do not use this fo	or the birdhogain to dilli Of the	O deepen or reentry to a different reservi	- 1	
Second   Comment   Charge of Plana					
Name of Operator  NASSAU RESOURCES, INC. OGRID #015515  Address and Telephone No. P O BOX 809, Farmington, N.M. 87499 505 326-7793  Location of Well Honese, Sec., T. R. M., or Survey Description)  Location of Well Honese, Sec., T. R. M., or Survey Description)  Location of Well Honese, Sec., T. R. M., or Survey Description)  Location of Well Honese, Sec., T. R. M., or Survey Description)  Location of Well Honese, Sec., T. R. M., or Survey Description)  Location of Well Honese, Sec., T. R. M., or Survey Description)  Location of Notice Transport					
3. Address and Telephone No. P. O. BOX. 809, FarmIngton, N.M. 87499 505 326-7793  4. Leastion of Well (Footings, Sec., T. R. M. of Survey Description)  16.35' FNL & 2055' FNL Sec. 34, T32N, RAW  22. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  TYPE OF SUBMISSION  TYPE OF SUBMISSION  TYPE OF SUBMISSION  TYPE OF ACTION  Abundoment  Subsequent Report  Plagging Back  Altering Cating  Respire  Abundoment Notice  Abundo	2. Name of Operator				
4 Location of Well (Footage, Sec. T. R. M. or Survey Description)  1 635	3. Address and Telephone N	lo.	9. API Well No.		
1635   FNL & 2055   FNL   Sec. 34, T32N, RAW   Rio Arriba, NM    2   CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	P O E	l .			
Sec. 34, 132N, RAW  2 CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  TYPE OF SUBMISSION  TYPE OF ACTION  The Recompletion  Type of Action  Type of Plans  New Construction  Type of Plans  New Construction  The Recompletion  Type of Plans  New Construction  Type of Plans				Wildcat:Carracas-Pictured Clif	
TYPE OF SUBMISSION  TYPE OF ACTION    Subsequent Report		FNL & 2055' FWL 34, T32N, R4W		Pio Annilla Mi	
TYPE OF ACTION    Abandonment   Change of Plans   Recompletion   Results   Recompletion   Recompletion   Results   R			INDICATE NATURE OF NOTICE RE	PORT OF OTHER DATA	
Subsequent Report	TYPE OF S	SUBMISSION			
Subsequent Report	XX Notice of	Intent			
Final Abandonment Notice   Final Abandonment Notice   Final Abandonment Notice   Casing Repair   Water Shut Off   Water Shut Off   Water Shut Off   Water Shut Off   Dispose Water   Other 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 APD due to drilling schedule and drilling restrictions.   Proposed work of the pr	<b>(</b>				
Final Abandonment Notice   Casing Repair   Water Shul-Off   Water Shul-Off   Casing   Conversion to Injection   Worker   Extend APD   Conversion to Injection   Clearly state all petitioner details, and give pertinent dates, including estimated date of starting any preposed 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.   SEP 1 2 1995	Subsequer	nt Report	Plugging Back	1 1	
Dispose Water    Conversion to Injection   Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any purposed 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.    Request extension of APD due to drilling schedule and drilling restrictions.    DECEVED   SEP 1 2 1995	Final Aba	Indonment Notice			
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.  Request extension of APD due to drilling schedule and drilling restrictions.  Request extension of APD due to drilling schedule and drilling restrictions.  I hereby certify that the foregoing is true and correct  Signed Han Town Fran Perrin  Title Regulatory Liaison  Date 9/7/95  APProved by  Conditions of approval, if any:  Title Set 1985  Title Regulatory Liaison  Date 1985  APPROVED  Conditions of approval, if any:		and on the House	Altering Casing  XKota Extend APD	Conversion to Injection	
Request extension of APD due to drilling schedule and drilling restrictions.  Request extension of APD due to drilling schedule and drilling restrictions.  Request extension of APD due to drilling schedule and drilling restrictions.  Request extension of APD due to drilling schedule and drilling restrictions.			CisyOther Dixtellid ALD	Dispose Water	
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I hereby certify that the foregoing is true and correct  Signed Tran Perrin Title Regulatory Liaison 9/7/95  (This space for Federal or State office use)  Approved by Title September 1 Title September 1 Septemb			المحادة المستفر	and the second s	
I hereby certify that the foregoing is true and correct  Signed Tan Term Fran Perrin  (This space for Federal or State office use)  Approved by  Conditions of approval, if any:  Title  Title  Regulatory Liaison  Date  9/7/95  APP OVED  September 1995			E E	RENVEN	
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\*See Anatoustion on Reverse Side