

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	7. UNIT AGREEMENT NAME Carracas Unit
2. NAME OF OPERATOR NASSAU RESOURCES, INC.	8. FARM OR LEASE NAME Carracas Unit 33 B
3. ADDRESS OF OPERATOR P.O. Box 809, Farmington, N.M. 87499	9. WELL NO. #11
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1550' FSL - 1550' FWL	10. FIELD AND POOL, OR WILDCAT Basin Fruitland Coal
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 33, T32N, R4W, NMPM
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7060' 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:		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 PLANE <input type="checkbox"/>	(Other) Updated BOP sketch <input checked="" 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.)*

Enclosed is an updated sketch per Bureau of Land Management guidelines.

RECEIVED
JUL 19 1990
CON. DIV
DIST. 3

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

SIGNED

Fran Perrin
Fran Perrin

TITLE Admin. Asst.

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

DATE 7/12/90

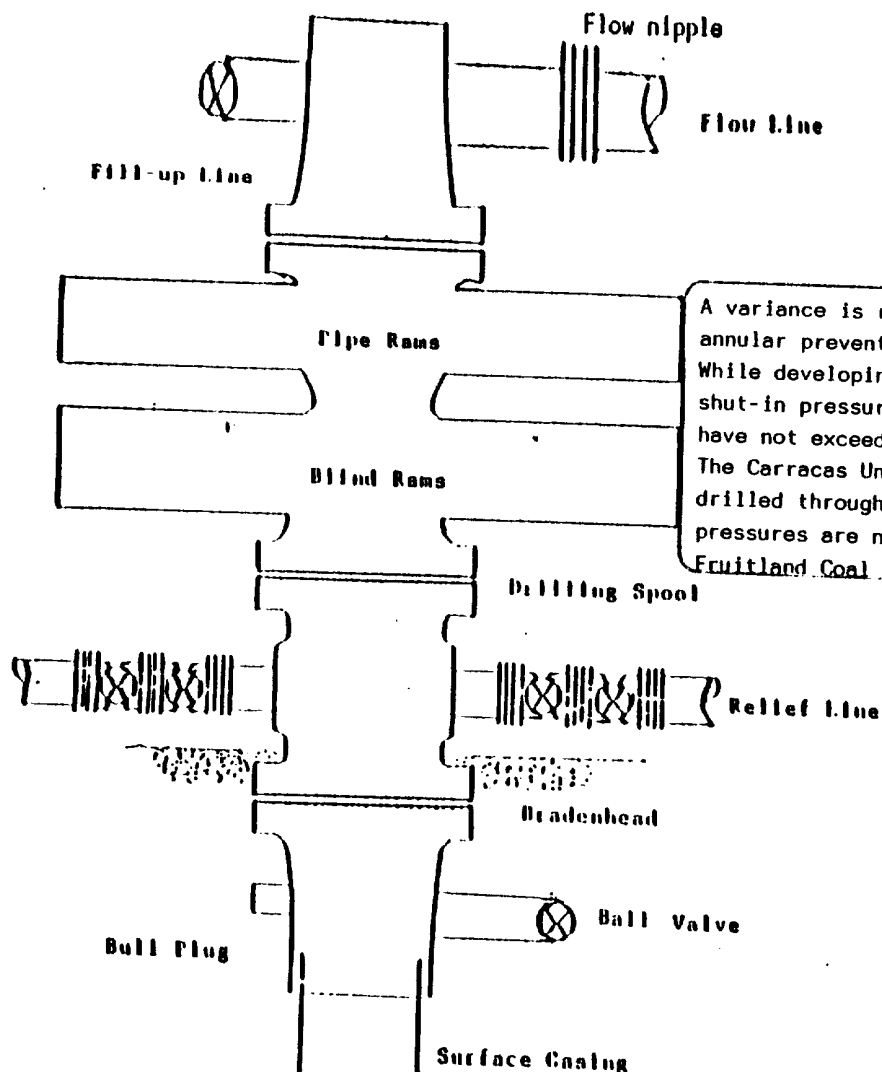
DATE JUL 16 1990

AREA MANAGER

FARMINGTON, N.M.

*See Instructions on Reverse Side
NMQCD

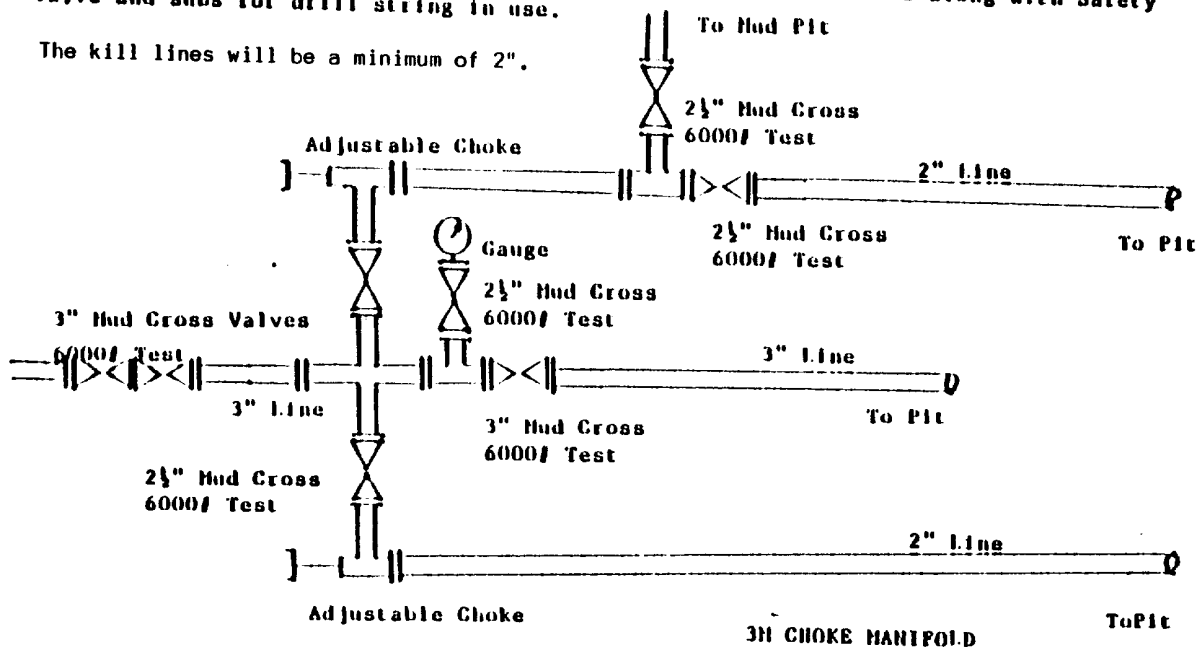
BLOWOUT PREVENTER INSTALLTION



A variance is requested on the use of an annular preventer. While developing the Carracas unit, shut-in pressures after fracture treating have not exceeded 1500 psig. The Carracas Unit now has numerous wells drilled throughout the unit and higher pressures are not expected in drilling Fruitland Coal gas wells.

Series 900 Double gate BOP, rated at 3000 psi working pressure. When gas drilling operations begin, a Shaffer type 50 or equivalent rotating head is installed on top of the flow nipple and the flow line is converted into a blowline. Upper Kelly cock valve will be in place with handle on rig floor at all times along with Safety valve and subs for drill string in use.

The kill lines will be a minimum of 2".



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1550' FSL - 1550' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
7060' GL

5. LEASE DESIGNATION AND SERIAL NO
NM 30014

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Carracas Unit

8. FARM OR LEASE NAME
Carracas Unit 33 B

9. WELL NO.
#11

10. FIELD AND POOL, OR WILDCAT
Basin Fruitland Coal

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 33, T32N, R4W, NMPM

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SHOOT OR ACIDIZE	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>	(Other)	<input type="checkbox"/>

Request extension of APD

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Request extension of Application to Drill due to drilling schedule.

RECEIVED
DEC 13 1991
OIL CON. DIV.
DIST. 3

RECEIVED
BLM
DEC 15 1991
10:49

THIS APPROVAL EXPIRES JUL 09 1992

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

SIGNED: Fran Perrin TITLE: Admin. Asst. DATE: 12/13/91

(This space for Federal or State office use)

APPROVED BY: _____ TITLE: _____ APPROVED

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

DEC 16 1991
AREA MANAGER

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SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other)	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
CHANGE PLANE	<input type="checkbox"/>		

(Other) Request extension of APD XX

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SIGNED Fran Perrin TITLE Admin. Asst. DATE 6/17/91

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APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED
JUN 27 1991
AREA MANAGER

*See Instructions on Reverse Side