

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

1. Title
2. Submit in triplicate
(Other instructions on reverse side)

Do not detach this form.
Expires August 31, 1985
5. LEASE DESIGNATION AND SERIAL
NM 29760
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.)

1. OIL WELL ☐ GAS WELL ☒ OTHER ☐
2. NAME OF OPERATOR
NASSAU RESOURCES, INC.
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
1615' FNL - 1820' FEL
14. PERMIT NO.
15. ELEVATIONS (Show whether DF, RT, GR, etc.)
7360' GL

7. UNIT AGREEMENT NAME
Carracas Unit
8. FARM OR LEASE NAME
Carracas Unit 24 A
9. WELL NO.
#7
10. FIELD AND POOL OR WILDCAT
Basin Fruitland Coal
11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA
Sec. 24, T32N, R5W
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"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other) -- Well turned on	<input checked="" type="checkbox"/>
(Other)	<input 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.)

Well turned back on after being shut-in for more than 90 days.

RECEIVED
JUN 3 1993
OIL CON. DIV.
DIST. 3

RECEIVED
BLM
93 MAY 28 AM 11:06
070 FARMINGTON, NM

18. I hereby certify that the foregoing is true and correct.
SIGNED Murphy Brasuel TITLE Field Supt. DATE 5/24/93
(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

JUN 01 1993

FARMINGTON DISTRICT OFFICE

BY 264

*See Instructions on Reverse Side