

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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 34 B |
| 3. ADDRESS OF OPERATOR P O Box 809, Farmington, N.M. 87499 | 9. WELL NO. #9 |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 7195' GL; 7207' KB - 1800'S ~ 970/E | 10. FIELD AND POOL, OR WILDCAT Basin Fruitland Coal |
| 14. PERMIT NO. | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7195' GL; 7207' KB |
| | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 34, 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: | | 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) <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 seasonal drilling restrictions and Nassau's drilling schedule.

RECEIVED
DEC 04 1988
OIL CON. DIV.
DIST. 3
MAY 18 1990

THIS APPROVAL EXPIRES

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

SIGNED Fran Perrin TITLE Admin. Asst.

(This space for Federal or State office use)

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

APPROVED /89

DATE

NOV 30 1989

AREA MANAGER
FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side