

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Expirs 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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME <u>Carracas Unit</u>
2. NAME OF OPERATOR <u>NASSAU RESOURCES, INC.</u>	8. FARM OR LEASE NAME <u>Carracas Unit 35 A</u>
3. ADDRESS OF OPERATOR <u>P.O. BOX 809, Farmington, N.M. 87499</u>	9. WELL NO. <u>#8</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>1500' FNL - 1020' FEL</u>	10. FIELD AND POOL, OR WILDCAT <u>Basin Fruitland Coal</u>
11. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SUBST. OR AREA <u>Sec. 35, T32N, R5W</u>
12. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>6910' GL</u>	12. COUNTY OR PARISH <u>Rio Arriba</u>
	13. STATE <u>NM</u>

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"/>
FRACURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACURE 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"/> Status <input type="checkbox"/>	(Other) <input type="checkbox"/> Status <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 was turned back on 8/12/93 after being shut in for more than 90 days.

RECEIVED
AUG 24 1993
OIL CON. DIV.
DIST. 3

RECEIVED
BLM
03 AUG 19 AM 11:25
070 FARMINGTON, NM

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

SIGNED <u>Murphy Brasuel</u>	TITLE <u>Field Supt.</u>	DATE <u>8/18/93</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side

FARMINGTON DISTRICT OFFICE
Jmr