

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

Oil Well Gas Well Other

2. Name of Operator

NASSAU RESOURCES, INC. OGRID #015515

3. Address and Telephone No.

P O BOX 809, Farmington, N.M. 87499

505 326-7793

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

2460' FNL - 610' FEL
Sec. 27, T32N, R4W, NMPM

5. Lease Designation and Serial No.

NM 59696

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

Carracas Unit

8. Well Name and No.

Carracas Unit-PC 27B #8

9. API Well No.

30-039-25459

10. Field and Pool, or Exploratory Area

Wildcat:Carracas-Pictured Cliffs

11. County or Parish, State

Rio Arriba, N.M.

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other Request extension of APD
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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 APD due to drilling schedule and seasonal drilling restrictions.

THIS APPROVAL EXPIRES

SEP 13 1996

RECEIVED
APR 11 1996

OBLE (OBL) UNIT
1996

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

Signed Fran Perrin Title Regulatory Liaison Date 3/29/96

(This space for Federal or State office use)

Approved by _____ Title _____
Conditions of approval, if any:

APPROVED

APR 09 1996

DISTRICT MANAGER
NMOCD

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.