

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Budget Bureau No. 1004-C.35
Expires August 31, 1985
5. LEASE DESIGNATION AND SERIAL NO.
NM 59696
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 <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 - PG 22 B
3. ADDRESS OF OPERATOR P.O. Box 809, Farmington, NM 87499	9. WELL NO. #14
4. LOCATION OF WELL (Report location clearly and in accordance with appropriate requirements. See also space 17 below.) At surface 620' FSL - 2055' FWL	10. FIELD AND POOL OR WILDCAT Undesign. Pictured Cliffs
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 22, T32N, R4W NMPM
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7210' GL	12. COUNTY OR PARISH Rio Arriba
	13. STATE NM

RECEIVED
JUL 30 1988
OIL CON. DIV.
DIST. 3

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)	<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

(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 APD due to drilling schedule.

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

SIGNED <u>Fran Perrin</u>	TITLE <u>Regulatory Liaison</u>	DATE <u>7/24/98</u>
(This space for Federal or State office use)		
APPROVED BY <u>/s/ Duane W. Spencer</u>	TITLE	DATE <u>JUL 28 1998</u>
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side