

1 Amoco-DE 1 DE
UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form approved
Budget Bureau No. 1001-1-1
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

1190' FNL - 1850' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

7412' GL

7. UNIT AGREEMENT NAME

Carracas Unit

8. FARM OR LEASE NAME

Carracas Unit 23 A

9. WELL NO.

#2

10. FIELD AND POOL OR WILDCAT

Basin Fruitland Coal

11. SEC., T., R., M., OR BLM, AND
SURVEY OR AREA

Sec. 23, T32N, R5W

12. COUNTY OR PARISH 13. STATE

Rio Arriba

NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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

XX

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 perti-
nent to this work.)*

Well was turned on 6/6/94 after being shut-in for more than 90 days.

RECEIVED
JUN 16 1994
OIL CON. DIV.
DIST. 3

94 JUN 10 AM 10:56
070 FARMINGTON, NM

RECEIVED
BLM

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

SIGNED Murphy Brasuel

TITLE Production Supt.

DATE 6/7/94

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

COPIED FOR RECORD

JUN 14 1994

*See Instructions on Reverse Side
NMOCD