

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form approved.
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 <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO NM 76832
2. NAME OF OPERATOR NASSAU RESOURCES, INC.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P O BOX 809, Farmington, N.M. 87499		7. UNIT AGREEMENT NAME Carracas Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 800' FNL - 540' FEL		8. FARM OR LEASE NAME Carracas Unit 10 A
14. PERMIT NO.		9. WELL NO. # 8
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7590' GL		10. FIELD AND POOL, OR WILDCAT Basin Fruitland Coal
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 10, T32N, R5W, NMPM
		12. COUNTY OR PARISH Rio Arriba
		13. STATE N.M.

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

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*

(Other) Request extension of APD

XX

(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 drilling schedule.

RECEIVED

JAN 3 1992

OIL CON. DIV. I
DIST. 3

JUL 24 1992

THIS APPROVAL EXPIRES

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

SIGNED

James S. Hazen

TITLE Admin. Asst.

DATE 12/26/91

(This space for Federal or State office use)

APPROVED BY

TITLE

APPROVED

CONDITIONS OF APPROVAL, IF ANY:

MAJOD

DEC 31 1991

AREA MANAGER

*See Instructions on Reverse Side