Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. NASSAU RESOURCES, INC. 30-039-24199 Address P O BOX 809, Farmington, N.M. 87499 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of Change of dedicated acreage per Recompletion Dry Gas Oil NMOGD Order #R-6469-G Change in Operator Casinghead Gas Condensate If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No. State, Pederakor Fee Laguna Colorado 2 W.Puerto Chiquito-Mancos Location 1650 Feet From The North Line and 1650 Unit Letter Feet From The Line Township 23N Range 1W , NMPM, Rio Arriba County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) or Condensate X P O Box 256, Farmington, NM 87499 Giant Refining Inc. Name of Authorized Transporter of Casinghead Gas  $\Box XX$ or Dry Gas Address (Give address to which approved copy of this form is to be sent) <u>Nassau Resources, Inc</u> P O Box 809, Farmington, N.M. 87499 If well produces oil or liquids, Unit Sec. Twp. Ŗge. Is gas actually connected? When? give location of tanks. F 1\_2 23N 1W Yes 8/5/88 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA LOIL Well Gas Well New Well | Workover Deepen Plug Back Same Res'v Diff Res'v Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. P.B.T.D Elevations (DF, RKB, RT, GR, etc.) Top Oil/Gas Pay Name of Producing Formation Tubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE **DEPTH SET** SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Tubing Pressure Casing Pressure Actual Prod. During Test Oil - Bbls. Water - Rhis **GAS WELL** Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF OPERCON CONTRACTION Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. MAR 1 9 1990 Date Approved 3.11 By\_ Signature

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

James

3/15/90

Printed Name

Date

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title.

SUPERVISOR DISTRICT #3

All sections of this form must be filled out for allowable on new and recompleted wells.

Field Supt.

505-326-7793

Title

Telephone No.

- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be fixed for each pool in multiply completed vells.