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Appropriate District Office
DISTRICT I
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

OIL CONSERVATION DIVISION DISTRICT II P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			a re, ivew iv								
I.			R ALLOWA								
Operator	· · · · · · · · · · · · · · · · · · ·	IO IHAN	ISPORT O	IL AND NA	TURAL G		A DI KIL				
NASSAU RESOURCES, II		Well API No. 30-039-20249									
	ton MM	. 07400									
P.O. Box 809, Farming Reason(s) for Filing (Check proper box)	ton, Nr.	<u>87499</u>		[] Oil	ner (Please expl	ain)			····		
New Well		Change in Ti	ransporter of:		ici (Flease expi	aun)					
Recompletion	Oil	- —	ry Gas								
Change in Operator	Casinghea		condensate		Effective	e 7/1/93	3				
If change of operator give name and address of previous operator Jer	ome P.	McHugh,	P.O. Box	809, Fa	rmington	, NM 8	7499				
II. DESCRIPTION OF WELL											
Lease Name	West No. 11 Ool Painte, Hickory					ing Formation Kind			of Lease No.		
Apache		6	Basin Dak	ota	ota Spale			Federal or Fee 11 an JC 98			
Location Unit LetterM	: 990	F	eet From The _	South Lin	e and80	0 F o	et From The		Line		
Section] 7 Townshi	P 26N	R	ange O3W	, N	мрм,	Rio Arı	riba		County		
III. DESIGNATION OF TRAN	SPORTE	R OF OIL	AND NATU	JRAL GAS							
Name of Authorized Transporter of Oil		or Condensat			ve address 10 wi	hich approved	copy of this f	orm is to be s	ent)		
Giant Refining, Inc.									•		
Name of Authorized Transporter of Casing	P.O. Box 256, Farmington, NM 87499 Address (Give address to which approved copy of this form is to be sent)										
Williams Field Servic	e				58900,				4158-090		
If well produces oil or liquids,	Unit	Sec. T	wp. Rge			When		, ocurro	4130 030		
give location of tanks.	M		6N 03W		Yes	i					
If this production is commingled with that IV. COMPLETION DATA	from any othe	er lease or poo	ol, give comming	gling order num	ber:						
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded . Date Compl. Ready to P			od.	Total Depth	<u> </u>	1	P.B.T.D.		<u> </u>		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas	Pav		Table De d				
Perforations							Tubing Depth				
r error autous							Depth Casin	g Shoe			
	ASING AND	CEMENTI	NG RECOR	D	!						
HOLE SIZE		ING & TUBI		DEPTH SET			SACKS CEMENT				
											
V. TEST DATA AND REQUES	T FOR A	LLOWAB	LE				1				
OIL WELL (Test must be after re	covery of tol	al volume of l	oad oil and mus	t be equal to or	exceed top allo	wable for this	depth or be f	or full 24 hou	4.1 en en		
Date First New Oil Run To Tank	Date of Test			Producing Method (Flow, pump, gas lift, e			"Degelari				
Length of Test	Tubing Pressure			Casing Pressu	Casing Pressure			JUN 2 8 1993			
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF				
CACTURE							OIL	CON. DIST.			
GAS WELL Actual Prod. Test - MCF/D	11 American A			1801 A				•	.j.		
remail from lest - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate				
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressu	Casing Pressure (Shut-in)			Choke Size			
VI ODED ATOR CERTIFIC	ATT 05	CO1 (*** -	43700	\ <u></u>			<u> </u>				
VI. OPERATOR CERTIFICA				(און כיטאו	SERV	I MOLT	אואופוע	M		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above							ALION L	ATION DIVISION			
is true and complete to the best of my ki	nowledge and	imuon given 2 I belief.	DO V C		_		JUN 2	8 19 9 3			
				Date	Approved	t		- 10 00			
Fran Poner				11.		7		\mathcal{A} .	,		
Signature			· · · · · · · · · · · · · · · · · · ·	By_		ے کے	ル) ∈	Grann/			

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

Fran Perrin Printed Name

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

Title

SUPERVISOR DISTRICT #3

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

Admin. As Title 326-7793

Asst

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 filed for each pool in multiply completed wells.