5 NMOCD 1 DE 1 File 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., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

L•		10 1117	1110E		- 1110 110	I UNAL G	no -					
Operator	<del></del>							Well A	API No.			
NASSAU RESOURCES, INC	J.							30-0	39-2026	6		
Address						<del></del>						
P.O. Box 809, Farming	ton, Ni	M 8749	99			(D)						
Reason(s) for Filing (Check proper box)  New Well		Change is	Tean	orter of:		er (Please expl	lain)					
Recompletion	Oil	Change in	Dry G				TO A	C	-i 7/1	1 /03		
Change in Operator		nd Gas					E.	rrect	tive 7/1	1/93		
			·		900 Fa	rminaton	NIA	. 07	7400			
nd address of previous operator			n, r.	U. BOX	809, ra	rmington	1, NF	0/	499			
I. DESCRIPTION OF WELL Lease Name	AND LE	Well No.	Pool N	Jame Inchvi	ing Formation			Kind o	of Lease	1	ease No.	
Apache	1 - 1					_					JC 98	
Location		1						L_Lnc	lian	1 00	<u>,                                    </u>	
		1520	Frank E	rom The	North:	e and800	)	17.	et From The	lest.	tina	
Unit LetterE	:	1320	_ rea r	rom ine	NOTE: DE	e and		re	et From The		Line	
Section 17 Townshi	p 261	N	Range	03W	. N	мрм,	Rio	Arri	ba		County	
		<del></del>				· · · · · · · · · · · · · · · · · · ·						
II. DESIGNATION OF TRAN	SPORTE	CR OF O	IL AN	ID NATU								
Name of Authorized Transporter of Oil		or Conde	nsale	kx	Address (Gi	ve address to w	vhich ap	proved	copy of this j	form is to be s	ent)	
Giant Refining, Inc.			<del></del>			Sox 256.						
Name of Authorized Transporter of Casin	-		or Dry	Gas XX		ve address to w						
Williams Field Servic					PO Box		, Sa.			, Utah	84158-09	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	"	ly connected?		When	7			
, 	E	17	261					L				
f this production is commingled with that V. COMPLETION DATA	from any ou	her lease or	pool, gi	ve comming	ling order nun	iber:						
V. COM LETION DATA		Oil Wel		Gas Well	New Well	Workover	n	epen	Ding Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	1	. !	<b>346</b> WOII	1	1	i	~p~u	i riug izack	i	i i	
Date Spudded	Date Com	pl. Ready to	o Prod.		Total Depth	<u> </u>			P.B.T.D.	. <b></b>	<b></b>	
		•								1,		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay				Tubing Depth			
Perforations									Depth Casi	ng Shoe		
		TUBING	, CAS	ING AND	CEMENT	ING RECO	RD					
HOLE SIZE	CA	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
									ļ <u>.</u>			
	<u> </u>											
			781 F	· · · · · · · · · · · · · · · · · · ·	1				<u> </u>	<del></del>		
V. TEST DATA AND REQUE										c.u o.a 1	1	
OIL WELL (Test must be after )			of load	ou and mus		r exceed top at lethod (Flow, p					WS.)	
Date First New Oil Run To Tank	Date of To	est			Producing N	ietnoa ( <i>Fiow,</i> j	pump, g	as tyt, t	erc.)	No. 10 Mar.	Sign of the	
Length of Test	Takina Da				Casing Press	91rp			Cheke Size		1000	
Length of Tex	Tubing Pr	essure			Casing 1 1692	<b>Juic</b>				JUN28	1993	
Actual Prod. During Test	Oil - Bbis.				Water - Bbis.				Gas- MGF	1 10000		
Actual Floor During Test									Gar- Ref COV			
	<u> </u>				<del></del>				1	<del>. Dist.</del>	ć	
GAS WELL	<del></del>	The second			180:22				10	Candinani		
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			*****	Gravity of Condensate			
sting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)				Choke Size			
Testing Method (pitot, back pr.)	l noing 11	iessme (20)	u-m)		Casing Fies	sure (Situa-18)			Cioke Size	•	· ·	
					-\ <i>-</i>				<del></del>		<del> </del>	
VI. OPERATOR CERTIFIC	CATE O	F COM	PLIA	NCE		OIL CO	NICE	עם:	ATION	DIVICIO	)NI	
I hereby certify that the rules and regu						OIL CO	NOE	IN V	ALION	אטועוטו	JIN	
Division have been complied with and is true and complete to the best of my			ven abov	ve					IUN 28	1003		
is true and complete to the best of my	THOMISTING (	and belief.			Dat	e Approv	ed _		JUN & O	1333		
Fran Penin										1		
					By_		3	1	) <i>Q</i>	ren		
<del>Signature</del> Fran Perrin		Admir	n. As	st.			014	חבים.	4000	0.75.55		
Printed Name			Title		Title	3	20	rtH\	VISOR DI	STRICT	<b>r</b> 3	
6/24/93		326-7										
Date		Te	lephone	No.	Ш							

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

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
  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.