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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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICTIII
1000 Rio Brazos Rd., Aztec, NM 87410

1.	REQUEST	FOR ALLOWA BANSPORT O	NBLE AND AUTHO	OAO	TION				
Operator	IL AND NATURAL GAS WEILAPI No.								
NASSAU RESOURCES, IN			30-0	39-2242	!7				
P. O. Box 809, Farmi	ington, N.M.	87499							
Penson(x) for Filing (Check proper box)			Other (Please	explain)					
Peconpletion	Chang Oil	te in Transporter of: Dry Gas	i I						
Change in Operator XX	Casinghead Gas		Effective	7/1/9	3				
If change of operator give name and address of previous operator			Box 809, Farmi			8749			
JI. DESCRIPTION OF WELL			DON GOOG PURINT	ngeon	, 11	. 0743		· · · · · · · · · · · · · · · · · · ·	
Lesse Hame	Well N	No. Pool Name, Inclu	ing Formation Kinc			of Lease Lease No.			_
Jicarilla	i I		Gallup-Dakota West			late, Federal of Fee		JC 120	
Location Unit Letter B	000		No. and In	0.50		dian -			
Out retter	:990	Feet From The _	North Line and 18	850	Fe	et From The	East	Line	
Section 32 Townshi	, NMPM,	a County							
III. DESIGNATION OF TRAN	SPORTER OF	OII. AND NATI	IIDAL CAS						_
Hame of Authorized Transporter of Oil	[XX] or Con	idensate	Address (Give address to	o which a	rproved	cery of this	form is to be s	eni)	_
Giant Refining,	P. O. Box 256, Farmington, N.M. 87499								
Name of Authorized Transporter of Casinghead Gas XX or Div Gas Williams Field Service			Address (Give address to	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids,	Unit Sec.	Twp. Rge	ls gas actually connected		When		y, Utah	84158-	9
give location of tanks.	_B32_		Yes		<u>i</u>				
If this production is commingled with that IV. COMPLETION DATA	from any other lease	or pool, give comming	gling order number:	· · · · · · · · · · · · · · · · · · ·					_
	Oil W	Vell Gas Well	New Well Workove	r D	cepen	Plug Back	Same Res'v	Diff Res'v	7
Designate Type of Completion	Date Compl. Ready	u to Dad	Total Depth	i			L	I	
	Date Compi. Ready	y 10 710a.	Total Depth			P.B.T.D.			
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
reiforations									
		Depth Casing Shoe					1		
HOLE BLOOM	TUBING, CASING AND			CEMENTING RECORD					\dashv
HOLE SIZE	CASING &	TUBING SIZE	DEPTH SET			SACKS CEMENT			
						 			4
									1
TEST DATA AND REQUES	 T FOR ALLOV	WARI F							
)IL WELL (Test must be after re			I be equal to or exceed top	allowable	for this	depth of be	for full 24 hour		
Pate First New Oil Run To Tank	Date of Test		Producing Method (Flow	, բադր, ջ	as lift, et	c.)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	٦
ength of Test Tubing Pressure			Casing Pressure			다oke Size	JUNE	ે (વલર -	4
Octual Frod. During Test Oil - Bbls.		Water - Bbls.			GIL MOOIL COM. DIV				
								GAS WELL	L
Actual Frod. Test - MCF/D	Length of Test		Bbls. Condensate/MINICF			Gravity of C	ondensale		-1
			, , , , , , , , , , , , , , , , , , , ,		rm 6-1	- AND -			
eeting Method (pilot, back pr.)	Tubing Pressure (Sh	rut-in)	Casing Pressure (Shut-in)			Choke Size		1	1
T. OPERATOR CERTIFICA	ATE OF COM	IPI IANCE	<u> </u>					- 	
I. OPERATOR CERTIFICATE OF COMPLIANCE Thereby certify that the rules and regulations of the Oil Conservation			OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			Data Approved JUN 2 8 1993						
			Date Approved						_
Fran Penin			By Bir Chang						
Signature Fran Perrin Regulatory Liaison			SUPERVISOR DISTRICT #3						
Trinted Name . Title			Title	JUP	EN VIS	OH DIS.	RICT #	3	
6/24/93	505 326 7793 1e	3 Tephone No.							-
			<u> </u>						

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.