

RECEIVED

JUN 26 1990

OIL CON. DIV.

DIST. 3

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator NASSAU RESOURCES, INC.		Well API No. 30-045-27122
Address P O Box 809, Farmington, N.M. 87499		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Bettin' Oil Bisti 30	Well No. 1	Pool Name, including Formation Bisti Lower Gallup	Kind of Lease State, Federal or <del>Lease</del>	Lease No. NM 68764
Location Unit Letter <u>A</u> : <u>660'</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line Section <u>30</u> Township <u>25N</u> Range <u>11W</u> , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Giant Refining Co.	Address (Give address to which approved copy of this form is to be sent) P O Box 256, Farmington, N.M. 87499
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit   Sec.   Twp.   Rge.   Is gas actually connected?   When ?   A   30   25N   11W   NO

If this production is commingled with that from any other lease or pool, give commingling order number:

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 4-16-90	Date Compl. Ready to Prod. 5/25-6-1-90	Total Depth 5005'	P.B.T.D. 4969' KB					
Elevations (DF, RKB, RT, GR, etc.) 6442' GL; 6454' KB	Name of Producing Formation Gallup	Top Oil/Gas Pay 4762'	Tubing Depth 4949' KB					
Perforations 4762-4860'KB & 4913-4945' KB			Depth Casing Shoe 5005' KB					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12-1/4" 7-7/8"	CASING & TUBING SIZE 8-5/8" 5-1/2" 2-7/8"		DEPTH SET 270' KB 5005' KB 4949' KB		SACKS CEMENT 207 cu.ft. 1533 cu.ft.			

VI. 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 5/25/90	Date of Test 6-4-90	Producing Method (Flow, pump, gas lift, etc.) Swab Test	
Length of Test 10 hrs.	Tubing Pressure 80 psi SI	Casing Pressure, 800 psi SI	Choke Size
Actual Prod. During Test	Oil - Bbls. 72 BOPD	Water - Bbls. 24 BWPD (frac)	Gas - MCF ± 12 MCFD

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VII. OPERATOR CERTIFICATE OF COMPLIANCE

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.

Signature Fran Perrin  
Printed Name Fran Perrin Admin. Asst.  
Title 505 326-7793  
Date 6-25-90 Telephone No.

OIL CONSERVATION DIVISION

6-26-90

Date Approved

JUN 26 1990

By

ORIGINAL SIGNED BY ERNIE BUSCH

Title

DEPUTY OIL & GAS INSPECTOR, DIST. 3

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 with Rule 111.
- 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.