5 NMOCD 1 DE 1 File

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

OIL CONSERVATION DIVISION

P.O. Box 2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

DISTRICT III 1000 Rio Brizos Rd., Aziec, NM 87410

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

Santa Fe, New Mexico 87504-2088

	<u>. </u>	TO TRA	ANSP	ORT OIL	AND NA	TURAL GA		T 51 51	· · · · · · · · · · · · · · · · · · ·		
Operator NACCALL DECOUDERS		Well API No. 30-045-22011									
NASSAU RESOURCES, 1	LING .] 30	-045-220	11	·	
P. O. Box 809, Farm	mington	, N.M.	. 87	499							
Reason(s) for Filing (Check proper box)				_	Oth	er (Please expl	ain)				
New Well	Oil	Change in	n Transp Dry G								
Recompletion Change in Operator	Casinghea	d Gas			Effectiv	re 7/1/93	3				
f change of operator give name						· · · · · · · · · · · · · · · · · · ·		87499			
and address of previous operator <u>Je</u> .	rome P.	MCHU	gn, P	.U. DOX	609, Fa	armingtor	1, 11.11.	07477			
II. DESCRIPTION OF WELL	AND LE		15				/	of Lease	1 1	ease No.	
Lease Name Clay		Well No.	So	Name, Includia outh Gal	n g romusuon 1egos-Fi	ruitland	Sel. State	, Federal or Fe India		0-0603-	
Location		l						Ingra	1488		
Unit Letter 0	. 79	90	_ Feet F	rom The	south Lin	e and160	00 F	eet From The	east	Line	
								_		_	
Section 12 Townshi	p 26N		Range	12W	, N	мрм,	San Juan	n		County	
III. DESIGNATION OF TRAN	SPORTE	R OF C	IL AI	ND NATU	RAL GAS						
Name of Authorized Transporter of Oil		or Conde				ve address to w	hich approve	d copy of this	form is to be se	nt)	
Name of Authorized Transporter of Casing	-				Address (Give address to which approved c P.O. Box 4990, Farming			•	** * *		
El Paso Natural Ga	Unit Sec. Twp. Rge. Is gas actually						70X 4770; 10112180011, 01111				
give location of tanks.	0	12	26N	12W	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,	i				
If this production is commingled with that	from any of	her lease o		ive comming	ing order num	iber:					
IV. COMPLETION DATA											
Designate Type of Completion	- (X)	Oil We	:11	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		ipl. Ready	to Prod.		Total Depth	.L	_l	P.B.T.D.	.t		
		Date Comp. Ready to From									
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas	Pay		Tubing De	Tubing Depth		
Perforations					<u></u>			Dordh Con	Depth Casing Shoe		
renormons								Depui Casi	ilg Silve		
	,	TUBING	i. CAS	ING AND	CEMENT	ING RECO	RD				
HOLE SIZE	CASING & TUBING SIZE					DEPTH SE			SACKS CEMENT		
								_			
								_	······		
					<u> </u>						
V. TEST DATA AND REQUE	ST FOR	ALLOV	VĀBL	Ē				<u> </u>			
OIL WELL (Test must be after	recovery of	total volum	ne of loa	d oil and mus	t be equal to c	or exceed top a	liowable for 1	his depth or b	for full 24 bo	rs.)	
Date First New Oil Run To Tank	Date of T	est			Producing N	lethod (Flow, 1	pump, gas lift	, etc.)			
i and of Tod	d the Business				Casing Pres	GIP .		Cherce 3 z	e		
Length of Test	Lubing 17	Tubing Pressure				Suic			JUN 2 8 1993		
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCI	OII. CON. L		
								<u>.</u>			
GAS WELL									, DIST	. 3	
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF				Gravity of Condensate		
	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)				Choke Size			
lesting Method (pitot, back pr.)	lubing i	Lesante (2)	nua-in)	-	Casing Free	isule (Shut-in)	. 1	Cloke St	ic .		
VI OPERATOR CERTIFIC	TATE	E CO	ADI I A	NCE	-						
VI. OPERATOR CERTIFIC						OIL CO	NSER	VATION	DIVISION	NC	
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.											
					Date Approved JUN 2 8 1993						
Fran Pen	•						· - 		Λ -		
	<u> </u>				By.		3	<u>~) (</u>	Vrent		
Signature Fran Perrin	Regu:	latory					SUPF	RVISOR 1	DISTRICT	# 2	
Printed Name 4/24/93			Title	•	Title	9				<i>r y</i>	
Date 4 7 7 3	505	326 77 1	93 elephone	No.							
-21115		•			iil						

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.