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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator NASSAU RESOURCES, INC.	Well API No. 30-045-27697
Address P O BOX 809, Farmington, N.M. 87499	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <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 Cowsaround 16	Well No. #11	Pool Name, including Formation Basin Fruitland Coal	Kind of Lease State, Fixed Lease XXX	Lease No. VA-235
Location Unit Letter <u>K</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>2140</u> Feet From The <u>West</u> Line Section <u>16</u> Township <u>26 North</u> Range <u>12 West</u> , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Co.	P O Box 4990, Farmington, N.M. 87499	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
		Is gas actually connected? <input type="checkbox"/> When ?
		Yes <input type="checkbox"/> 11/30/90

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		XX	XX					
Date Spudded 6/12/90	Date Compl. Ready to Prod. 11/30/90	Total Depth 1275' GL	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 6021' GL	Name of Producing Formation Fruitland Coal	Top Oil/Gas Pay 968' GL	1208' GL					
Perforations 968' - 1167'			Tubing Depth 1156' GL					
			Depth Casing Shoe 1256' GL					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
9-1/2"	7"	121' GL		59 cu.ft. circ. to surf.				
6-1/4"	4-1/2"	1256' GL		262 cu.ft. circ. to surf.				
	2-3/8"	1156' GL						

V. 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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.
		Choke Size
		Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 48	Length of Test 8 hrs.	Bbls. Condensate	Gravity of Condensate
Testing Method (pilot, back pr.) Swabbing	Tubing Pressure (Shut-in) 75 psi	Casing Pressure (Shut-in) 276 psi	Choke Size 0.250"

VI. 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.
Date 12/3/90 Telephone No. 505 326-77

OIL CONSERVATION DIVISION

Date Approved DEC 04 1990

By [Signature]
Title SUPERVISOR DISTRICT #3

INSTRUCTION

- 1) Request for allowable and authorization to transport oil and natural gas must be filed in compliance with Rule 1104
- 2) All sections of a newly drilled or reopened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 1104
- 3) Fill out only one form per well. If there are changes of operator, well name or number, transporter, or other such changes, a new form must be filed for each well. If a pool in multiply completed wells, a new form must be filed for each well.