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

State of New Mexico 4 OGD, Aztec
Energy, Minerals and Natural Resources Dep. 1 DE
1 File

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

OIL CONSERVATION DIVISION

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator NASSAU RESOURCES, INC.		Well API No. 30-045-27949
Address P O BOX 809, Farmington, N.M. 87499		
Reason(s) for Filing (Check proper box) 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		

*Approval
Temporary for 60
days expires 1-29-91*

II. DESCRIPTION OF WELL AND LEASE

Lease Name Cowsaround 1	Well No. #11	Pool Name, including Formation Basin Fruitland Coal	Kind of Lease State, Federal or Foreign	Lease No. NM 16470
Location Unit Letter K ; 1560 Feet From The south Line and 1700 Feet From The west Line Section 1 Township 26N Range 12W , 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?	When?
	Yes	11-27-90

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 8-11-90	Date Compl. Ready to Prod. 11-27-90		Total Depth 1480' GL		P.B.T.D. 1395' GL			
Elevations (DF, RKB, RT, GR, etc.) 5980' GL	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay 1077' GL		Tubing Depth 1323'			
Performances 1077' - 1326' GL					Depth Casing Shoe 1464'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
9-1/4"	7"		127' KB		71 cu.ft. circ. to surf.			
6-1/4"	4-1/2"		1464' KB		283 cu.ft. circ. to surf.			
	2-3/8"		1323' 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	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	MCF

RECEIVED
NOV 28 1990
OIL CON. DIV.
DIST. 3

GAS WELL

Actual Prod. Test - MCF/D SIGW Capable of producing hydrocarbons in	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr)	Tubing Pressure (Shut in)	Casing Pressure (Shut in)	Choke Size
	285 psi	325 psi	

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.

Fran Perrin
Signature
Fran Perrin Admin. Asst.
Printed Name
11/27/90 **505 326-7793**
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **NOV 30 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
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.