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Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

l DE l File

State of New Mexico
Energy, Minerals and Natural Resources Dep

lexico Resources Depart

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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISIS P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 Santa Fe, New Mexico 87504-2088

I.						TURAL G					
Operator								API No.			
NASSAU RESOUR	NASSAU RESOURCES, INC.						9				
Address											
P O BOX 809,	Farming	ston, l	M.M.					<u> </u>	 		
Reason(s) for Filing (Check proper box)		~ .	.		∐ Oth	er (Please expl	in) Tex	your	1 for 6	1-29.91	
New Well		Change in	Dry C		044	morrow	7		1 -	1-29.91	
Recompletion	Oil Casinghead	_	Conde		//		over		70000	12/11	
If change of operator give name	Симприсис	104 [_]	COLIG	turne []					· · · · · · · · · · · · · · · · · · ·		
and address of previous operator											
II. DESCRIPTION OF WELL	AND LEA	SE								,	
Lease Name	Well No. Pool Name, Includin				ng Formation		Kind	of Lease	L	ease No.	
Cowsaround 27		7	1		itland C	oal	Riair.	State, Federal or Fee		NM 26354	
Location	•								·		
Unit Letter G	. 1	770	Feet I	From The No	orth Lin	e and 18	10 Fe	et From The	East	Line	
							•••				
Section 27 Townshi	p 26N		Range	12W	, N	MPM, Sa	n Juan			County	
III. DESIGNATION OF TRAN	SPORTE			ND NATU			12.1				
Name of Authorized Transporter of Oil		or Conder	Sale		Address (Un	e address to w	nich approved	copy of this j	orm is to be se	ent)	
Name of Authorized Transporter of Casing	thead Gas Or Dry Gas XX				Address (Give address to which approved any of this family to be and						
El Paso Natural Gas					Address (Give address to which approved copy of this form is to be sent)						
If well produces oil or liquids,						P O Box 4990, Farmington, N.M. 87499 Is gas actually connected? When?					
give location of tanks.	Out Sec. Twp. Rge.			Yes Yes			11/27/90				
If this production is commingled with that	from any other	er lease or	pool. g	ive comming		ber:		11/2/	730		
IV. COMPLETION DATA			,								
		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		Ì	Ĺ	Х	Х	İ	i	İ	j	i l	
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.				
8-7-90	11/27/90			1315' GL			1225' GL				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
6140' GL Fruitland Coal Perforations					972' GL			1163'			
972' - 1168'									Depth Casing Shoe		
972 -		TIDING	CAS	ING AND	CEMENITI	NC DECOR	<u> </u>	1 13		·	
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
9-1/2"	7"							71 cu.ft. circ. surf.			
	6-1/4" 4-1/2" 2-3/8"			130' GL 1312' GL							
0 1/4					1163' GL			333 cu.ft. circ. to su			
	1			· · · · · · · · · · · · · · · · · · ·	1						
V. TEST DATA AND REQUES	T FOR A	LLOW	ABLE	3	*						
OIL WELL (Test must be after r	ecovery of to	tal volume	of load	i oil and must				is depth or be	for full 21 hou	ers.)	
Date First New Oil Run To Tank	Date of Tes	s t			Producing M	ethod (Flow, p		TE		* . * . * .	
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Length of Test	Tubing Pressure			Casing Pressure			Choke Size	990			
Actual Prod. During Test	or But			Water - Bbls.			Gas-MCE	Con MCG			
Actual Floor During Test	Oil - Bbls.				OIL			CON. DIV.			
	.1				<u> </u>	· · · · · · · · · · · · · · · · · · ·	40.00	DIST.	3		
GAS WELL	11 11 3 40	r			TREE 70-12	4 H 70F	-	A			
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate				
Testing Method (pitot, back pr.)	ing hydrocarbons in pay Tubing Pressure (Shut-in)			ing quantities Casing Pressure (Shut-in)			Choke Size				
leating Metricus (price, back pr.)	120 psi			130 psi			Circus Gas				
M OPER ATOR CERTIFIC			NT T A	NCE	130	ps1					
VI. OPERATOR CERTIFIC				NCE	\parallel	OIL COM	ISERV	ATION	DIVISIO	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 NOV 3 0 1990						
7					Dale	2 whhinke		V L U V	IVVY		
Fran Peru					By_						
Signature						DRIGH	AAL SIGNED	BY ERNIE	BUSCH		
Fran Perrin Admin, Asst,					THE DEPUTY OIL & GAS INSPECTOR, DIST. #3						
Printed Name . Title					Title		~ a v/v)	HEN ECTOR	, vist. 3 10		
Date	3 320 1		ephone	No.					•		
	1		•		.lii						

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.