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Appropriate District Office

DISTRICT I

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

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator NASSAU RESOURCES, INC. (OGRID #015515)		Well API No. 30-045-28368
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 Nassau Texaco 12	Well No. 12	Pool Name, Including Formation Basin Fruitland Coal	Kind of Lease State , Federal or <input checked="" type="checkbox"/> Fee	Lease No. 14-20-063-297
Location Unit Letter <u>L</u> : <u>1550</u> Feet From The <u>South</u> Line and <u>940</u> Feet From The <u>West</u> Line Section <u>12</u> Township <u>26N</u> Range <u>12W</u> , NMFM, 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"/> <u>Water pool # 3804678</u>	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"/> <u>El Paso Natural Gas Co. 3804677</u>	Address (Give address to which approved copy of this form is to be sent) P O BOX 4990, Farmington, N.M. 87499	
If well produces oil or liquids, give location of tanks. <u>wtr. only</u>	Unit <u>L</u> Sec. <u>12</u> Twp. <u>26N</u> Rge. <u>12W</u>	Is gas actually connected? <u>NO</u> When?

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
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded 10-26-90	Date Compl. Ready to Prod. 8-15-91		Total Depth 1383' GL		P.B.T.D. 1302' GL			
Elevations (DF, RKB, RT, GR, etc.) 5955' GL	Name of Producing Formation Fruitland Coal		Top Oil/Gas Fay 1102' GL		Tubing Depth 1199' GL			
Perforations 1102' - 1190' Fruitland Coal					Depth Casing Shoe 1355' GL			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
9-1/8"	7"		128' GL		59 cu.ft. circ. to surf.			
6-1/4"	4-1/2"		1355' GL		322 cu.ft. circ. to surf.			
	2-3/8"		1199' 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 by 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 JAN 18 1994
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF OIL CON. DIST. 3

GAS WELL

Actual Prod. Test - MCF/D 39	Length of Test 24 hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate NA
Testing Method (pilot, back pr.) pumping	Tubing Pressure (Shut-in) 0	Casing Pressure (Shut-in) 15	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.

Fran Perrin
Signature
Fran Perrin Regulatory Liaison
Printed Name Title
1/17/94 505 326-7793
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 18 1994
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.