

State of New Mexico
Energy, Minerals and Natural Resources Department
OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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Form C-101
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator J. K. EDWARDS ASSOCIATES, INC. 11307		Well API No. 30-045-28368
Address 1401-17TH STREET, SUITE 1400, DENVER, COLORADO 80202		
Reason(s) for Filing (Check proper box) ☐ Change in Transporter of: ☐ Dry Gas ☐ CHANGE OF OPERATOR ☐ Change in Operator ☒ ☐ Condensate ☐		
Change of operator give name and address of previous operator NASSAU RESOURCES, INC. PO BOX 809, FARMINGTON, NM 87499 JEROME P. MCHUGH & ASSOCIATES		
I. DESCRIPTION OF WELL AND LEASE Lease Name NASSAU-TEXACO 12 14203 Well No. 12 Pool Name, including Formation BASIN FRUITLAND COAL Kind of Lease NAVAJO State, Federal or Lea. 14-20-0603-217		
Location Unit Letter L , 1550 Feet From The S Line and 940 Feet From The W Line Section 12 Township 26N Range 12W NMIM. SAN JUAN County		

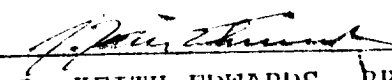
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil ☐ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)		Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Address (Give address to which approved copy of this form is to be sent)				
EL PASO NATURAL GAS		PO BOX 4990 FARMINGTON NM 87499				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Trp.	Rge.	Is gas actually connected?	When?
					YES	1/25/94

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 ☐ Xlt Res'v		Total Depth		P.D.T.D.	
Date Spudded	Date Compl. Ready to Prod.	Top Oil/Gas Pay		Tubing Depth	
Elevations (IDF, RKB, RI, GR, etc.)	Name of Producing Formation	Depth Casing Shoe			
PERFORATIONS					
TUBING, CASING AND CEMENTING RECORD					
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET	

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 DIST. 3 24 hours.)			
Date First New Oil Run To Tank	Date of Test	Producing Method (if low, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL		Bbls. Condensate/MMCF		Gravity of Condensate	
Actual Prod. Test - MMCF/D	Length of Test	Casing Pressure (Shut In)		Choke Size	
Testing Method (prior, back pr.)	Tubing Pressure (Shut In)				

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 	Title 303/298-1400
Printed Name J. KEITH EDWARDS, PRESIDENT	Telephone No. 303/298-1400
Date 2/22/94	

OIL CONSERVATION DIVISION MAR 01 1994	
Date Approved	
By 	
SUPERVISOR DISTRICT #3	
Title	

INSTRUCTIONS: This form is to be filed in compliance with Rule 1101

- 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-101 must be filed for each pool in multiply completed wells.