

I. 

Operator

NASSAU RESOURCES, INC.

Well API No.

30-045-24938

Address

P. O. Box 809, Farmington, N.M. 87499

Reason(s) for Filing (Check proper box)

☐ New Well

☐ Recompletion

☒ Change in Operator

☐ Change in Transporter of:  
Oil ☐ Dry Gas ☐  
Casinghead Gas ☐ Condensate ☐

☐ Other (Please explain)

Effective 7/1/93

If change of operator give name and address of previous operator

Jerome P. McHugh, P.O. Box 809, Farmington, N.M. 87499

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Hardie	4E	Basin Dakota	State, Federal or Fee XX	SF078502A

Location

Unit Letter E : 1800 Feet From The North Line and 790 Feet From The West Line

Section 24 Township 29N Range 8W, NMPM, 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)
Giant Refining, Inc.	XX	P.O. Box 256, Farmington, N.M. 87499
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 Co.	XX	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 ?
	E	24	29N	8W	YES	

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

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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.)	Choke Size
			JUN 28 1993
Length of Test	Tubing Pressure	Casing Pressure	Gas-MCF
			OIL CON. DIST. 2
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	

GAS WELL

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

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

Regulatory Liaison

Printed Name

6/24/93

Date

Title

505 326 7793

Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUN 28 1993

By [Signature]

SUPERVISOR DISTRICT #3

Title