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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	Well API No.
NASSAU RESOURCES, INC.	30-045-24939

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

Reason(s) for Filing *(Check proper box)*

New Well [ ]
Recompletion [ ]
Change in Operator [X]

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 State, Federal or Fee	Lease No.
Hardie	2E	Basin Dakota	~~State~~, Federal or ~~Fee~~	SF078049A

Location

Unit Letter M : 1100 Feet From The south Line and 800 Feet From The west Line

Section 28 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 [XX]	Address *(Give address to which approved copy of this form is to be sent)*
Giant Refining, Inc.	P.O. Box 256, Farmington, N.M. 87499
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [XX]	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 ?
	M	28	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.)*	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
Actual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas- MCF**

RECEIVED
JUN 28 1993
OIL CON. DIV.
DIST. 3

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method *(pitot, 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.

OIL CONSERVATION DIVISION

JUN 28 1993