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

State of New Mexigo Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

DISTRICT_II P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

0		IO IHAN	15PU	HI OIL	AND NA	I UHAL G		A DE ALC				
Operator NASSAU RESOURCES, INC.						Well API No. 30-045- 13008 20/3						
Address		the factor										
P.O. Box 809, Farmin	 	1 87499)			- (D1	tain)					
Reason(s) for Filing (Check proper box New Well		Change in T	ransport	er of:		er (Please exp	lovi)					
Recompletion	Oil	_ 	Ory Gas			Fffoo	tivo 7/	1 /03				
Change in Operator XX	Casinghead	d Gas 🔲 C	Condensa	nte 🗌		Ellec	tive 7/	1/93				
f change of operator give name address of previous operator	Jerome P	. McHug	gh, P	.O. Bo	ox 809,	Farmingt	on, NM	87499				
I. DESCRIPTION OF WEL	L AND LEA			1 1 1		·	r					
Lease Name Bolin Hardie Well No. Pool Name, Include 1 Basin Da					- 1 .			ind of Lease Lease No. tate, Federal or Fee SF078049A				
Location		l						deral	10107	30 4 311		
Unit LetterD	:88	<u>30 </u>	Feet From	n The	North Lin	and	.170 F	eet From The	West	Line		
Section 34 Towns	ship 29N		Range	8W	, N	мрм,	San Jua	n		County		
III. DESIGNATION OF TRA	NSPORTE	R OF OIL	. AND	NATU	RAL GAS							
Name of Authorized Transporter of Oil		or Condensa	ite [XX	Address (Giv	e address to w	hich approve	d copy of this j	form is to be se	int)		
Giant Refining, Inc	P.O. Box 256, Farmington, NM 87499 Address (Give address to which approved copy of this form is to be sent)											
Name of Authorized Transporter of Cas El Paso Natural Gas	-	۰ لــا	or Dry Gas XX		1 '			mington, NM 87499				
If well produces oil or liquids,	Unit	Sec. 1	ſwp.	Rge.			Whe		07477			
give location of tanks.	D	34	29N	8W	Yes							
f this production is commingled with th IV. COMPLETION DATA	at from any oth	er lease or po	ool, give	commingl	ing order num	<u></u>						
1		Oil Well	Ga	s Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion		1	<u> </u>		 	<u> </u>	<u> </u>		<u> </u>			
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					I			Depth Casing Shoe				
	т	UBING, C	CASIN	G AND	CEMENTI	NG RECO	RD	1				
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
								<u> </u>				
V. TEST DATA AND REQU												
OIL WELL (Test must be afte Date First New Oil Run To Tank			load oil	and must		exceed top all thod (Flow, p			for full 24 hau	rel 📅 🖺		
te First New Oil Run To Tank Date of Test					Tromeing ivi	edica (Fiow, p	·w·ψ, gas iyi,					
Length of Test	Tubing Pre	Tubing Pressure				Casing Pressure			Chinasize			
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.				Water - Bbis.			Gas- MCF			
v								Oll	Ol Co			
GAS WELL										ij.		
Actual Prod. Test - NICF/D	d. Test - MCF/D Length of Test					sate/MMCF		Gravity of	Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Pre	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
					l			<u> </u>				
VI. OPERATOR CERTIFI				Ŀ	\parallel		VSERV	ATION	DIVISIO	N		
I hereby certify that the rules and reg Division have been complied with an	•]	501						
is true and complete to the best of m		_			Date	Approve	ed	UN 281	JJJ			
Fran Pen								\ _1				
Signature 7/lan / 6/la	~ ~~				∥ By_		3). Sh	~~{			
Fran Perrin			n. As	st.			SUPERV	ISOR DIS	TRICT #	3		
Printed Name 6/34/93		326-	Title 7793		Title							
Date		7-1L	none Nic		11							

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.