

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator NASSAU RESOURCES, INC.		Well API No. 30-039-23272
Address P O Box 809, Farmington, N.M. 87499		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/>	Pool Change from WC Fruitland
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 Arboles 29 A	Well No. 1	Pool Name, including Formation Basin Fruitland Coal	Kind of Lease State, Federal or Free	Lease No. NM 28277
Location Unit Letter K : 1525 Feet From The South Line and 1540 Feet From The West Line Section 29 Township 32N Range 4W, NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	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"/>	Address (Give address to which approved copy of this form is to be sent)	
Nassau Resources, Inc.		P O Box 809, Farmington, N.M. 87499
If well produces oil or liquids, give location of tanks. Water only	Unit K	Sec. 29
	Twp. 32N	Rge. 4W
Is gas actually connected? NO Yes		When? 9-12-89

If this production is commingling 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
		XX		XX			XX	
Date Spudded 9-19-83	Date Compl. Ready to Prod. 9-12-89 Recompletion		Total Depth 4150'		P.B.T.D. 4084'			
Elevations (DF, RKB, RT, GR, etc.) 7263' GL	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay 4010'		Tubing Depth 4048' KB			
Perforations 4010'-4036'					Depth Casing Shoe 4078'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	9-5/8"		175'		No Change			
7-7/8"	5-1/2"		3992'		No Change			
	4" Liner		3861' - 4078'		5 sx			
	2-3/8"		4048' KB					

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

GAS WELL

Actual Prod. Test - MCF/D 6 mcf/d	Length of Test 24 hrs.	Bbls. Condensate/MMCF ---	Gravity of Condensate ---
Testing Method (pilot, back pr.) Pumping	Tubing Pressure (Shut-in) 0 psi	Casing Pressure (Shut-in) 0 psi	Choke Size 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 Admin. Asst.
Printed Name
9/14/89 505 326-7793
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved 007 10 1989
By Original Signed by FRANK T. CHAVEZ
Title SUPERVISOR DISTRICT # 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.