

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

State of New Mexico
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 II
P.O. Drawer DD, Artesia, NM 88210

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator NASSAU RESOURCES, INC.	Well API No. 30-039-23562
Address P O Box 809, Farmington, N.M. 87499	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
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 20-A	Well No. 1Y	Pool Name, Including Formation Basin Fruitland Coal	Kind of Lease State Federal <input type="checkbox"/> Fee	Lease No. NM 28277
Location Unit Letter <u>L</u> ; <u>1525</u> Feet From The <u>South</u> Line and <u>750</u> Feet From The <u>West</u> Line Section <u>20</u> Township <u>32N</u> Range <u>4W</u> , 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: <u>Water Only</u>	Unit Sec. Twp. Rge. Is gas actually connected? When ? L 20 32N 4W NO

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
		X		X				
Date Spudded 8-28-84	Date Compl. Ready to Prod. Recompl. 10-20-88	Total Depth 4217'	P.B.T.D. 4210'					
Elevations (DF, RKB, RT, GR, etc.) 7402' GL	Name of Producing Formation Fruitland Coal	Top Oil/Gas Pay 4090'	Tubing Depth 4161' KB					
Perforations 4090-4108 & 4140-4160		Depth Casing Shoe						
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET			SACKS CEMENT			
13-3/4"	9-5/8"	202'			NO Change			
8-3/4"	7"	4078'			NO Change			
	5-1/2"	4008'-4211'			2.36 cu. ft.			
	2-7/8"	4161' 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 216	Length of Test 24 Hrs.	Bbls. Condensate/MMCF 0.500	Gravity of Condensate
Testing Method (pilot, back pr.) Pumping	Tubing Pressure (Shut-in) 384 psi	Casing Pressure (Shut-in) 1274 psi	Choke Size 0.500"

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
Date 4-25-89
Title
326-7793
Telephone No.

OIL CONSERVATION DIVISION

Date Approved APR 28 1989
By Original Signed by FRANK T. CHAVEZ
Title Supervisor District I

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.