

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

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OCT 08 1988

OIL CON. DIV.  
DIST. 3

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
NASSAU RESOURCES, INC.

Address  
P.O. BOX 809, Farmington, N.M. 87499

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas
	<input type="checkbox"/> Dry Gas
	<input type="checkbox"/> Condensate

Other (Please explain)

If change of ownership give name and address of previous owner Jerome P. McHugh, P O Box 809, Farmington, NM 87499

II. DESCRIPTION OF WELL AND LEASE

Lease Name Carracas Unit 34 A	Well No. #5	Pool Name, including Formation WG Fruitland Coal	Kind of Lease State, Federal or Fee Fed	Lease No. NM-30016
Location Unit Letter E : 1850 Feet From The North Line and 1190 Feet From The West				
Line of Section 34 Township 32N Range 5W, 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, NM 87499
If well produces oil or liquids, give location of tanks. WATER ONLY	Is gas actually connected? When
Unit E Sec. 34 Twp. 32N Rge. 5W	No

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

James S. Kazer (Signature)  
Field Supt.  
(Title)  
9-30-88  
(Date)

OIL CONSERVATION DIVISION

APPROVED

BY

TITLE

SUPERVISOR DISTRICT 3

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

#### 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 9-30-87	Date Compl. Ready to Prod.		Total Depth 8160'			P.B.T.D. 3207'			
Elevations (DF, RKB, RT, GR, etc.) 6357; GL	Name of Producing Formation WC Fruitland		Top Oil/Gas Pay 3080			Tubing Depth 3150'			
Perforations 3080' to 3137'						Depth Casing Shoe			
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
12-1/4"	9-5/8"		359'			190 cu.ft.			
7-7/8"	5-1/2"		8155'			3147 cu.ft.			
						in 3 stages.			
	2-7/8"		3150'						

#### V. TEST DATA AND REQUEST FOR ALLOWABLE (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 Tanks	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 65	Length of Test 24 hrs.	Bbls. Condensate/MMCF -0-	Gravity of Condensate --
Testing Method (pitot, back pr.) back pressure	Tubing Pressure (shut-in) 870 psi	Casing Pressure (shut-in) 1310 psi	Choke Size 0.500"