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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

1 DE  
State of New Mexico  
Energy, Minerals and Natural Resources Department  
OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

1 NWP  
1 File  
Form C-104  
Revised 11-87  
See Instructions  
at Bottom of Page  
MAR 1 6 1989  
OIL CON. DIV.,  
DIST. 3

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator NASSAU RESOURCES, INC.	Well API No. 30-039-24279
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 checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input 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 Carracas Unit 27 A	Well No. 14	Pool Name, Including Formation Basin Fruitland Coal	Kind of Lease State, Federal or Fee	Lease No. NM 29343
Location Unit Letter <u>N</u> : <u>970</u> Feet From The <u>South</u> Line and <u>1580</u> Feet From The <u>West</u> Line Section <u>27</u> Township <u>32N</u> Range <u>5W</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</u>	Unit <u>N</u> Sec. <u>27</u> Twp. <u>32N</u> Rge. <u>5W</u>	Is gas actually connected? <u>NO</u> When? <u>Approx. 3/20/89</u>

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 9/26/88	Date Compl. Ready to Prod. 3/2/89		Total Depth 3715'		P.B.T.D. 3664'			
Elevations (DF, RKB, RT, GR, etc.) 6841' GL	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay 3547'		Tubing Depth 3585'			
Perforations 3547-3588' KB					Depth Casing Shoe 3710'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	9-5/8"		3710' KB		224 cu.ft.			
8-3/4"	5-1/2"		369' KB		1260 cu.ft.			
	2-7/8"		3463' 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 68	Length of Test 24	Bbls. Condensate/MMCF 0	Gravity of Condensate NA
Testing Method (pilot, back pr.) Back Pr.	Tubing Pressure (Shut-in) 0	Casing Pressure (Shut-in) 30	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 Title  
3/15/89 505 326-7793  
Date Telephone No.

OIL CONSERVATION DIVISION

MAR 22 1989

Date Approved

Original Signed by CHARLES CHOLSON

By

Title

DEPUTY OIL & GAS INSPECTOR, DIST. #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.