

Submit 5 Copies
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

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

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

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

Operator NASSAU RESOURCES, INC.	Well API No.
Address P O BOX 809, Farmington, N.H. 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 20 B	Well No. 3	Pool Name, Including Formation Basin Fruitland Coal	Kind of Lease State, Federal or Other	Lease No. NM 28277
Location Unit Letter C : 1170 Feet From The North Line and 1480' Feet From The West Line Section 20 Township 32N Range 4 W , 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 C Sec. 20 Twp. 32N Rge. 4W	Is gas actually connected? NO When ?
If this production is commingled with that from any other lease or pool, give commingling order number:		

IV. COMPLETION DATA

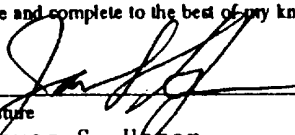
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		XX	XX					
Date Spudded 10/27/88	Date Compl. Ready to Prod. 4-18-89		Total Depth 7292'		P.B.T.D. 4248'			
Elevations (DF, RKB, RT, GR, etc.) 7388' GL	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay 4164'		Tubing Depth 4172'			
Perforations 4164' - 4186'				Depth Casing Shoe 4292'				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	9-5/8"		380' KB		230 cu. ft.			
8-3/4"	5-1/2"		4292' KB		1623 cu. ft.			
	2-7/8"		4172' 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	Length of Test	Bbls. Condensate/MNCF	Gravity of Condensate
90	16 HRS.		
Testing Method (pilot, back pr.) Pumping	Tubing Pressure (Shut-in) 0 psi	Casing Pressure (Shut-in) 0 psi	Choke Size 0.250"

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.

Signature 
James S. Hozen Field Supt.
Printed Name Title
4-25-89 326-7793
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **APR 24 1989**

By **Original Signed by FRANK T. CHAVEZ**

Title **Regional Manager**

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.

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP
(Other instructions
reverse side)

Expires August 31, 1985
5. LEASE DESIGNATION AND SERIAL
NM 28277
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT" for such proposals.)

1. ☐ OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR
NASSAU RESOURCES, INC. OGRID #015515

3. ADDRESS OF OPERATOR
P.O. Box 809, Farmington, N.M. 87499

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
1170' FNL 1480' FWL

14. PERMIT NO. API# 30-039-24323

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
7388' GL

7. UNIT AGREEMENT NAME
Carracas Unit

8. FIELD OR LEASE NAME
Carracas Unit 20 B

9. WELL NO.
#3

10. FIELD AND FOOT OR WILDCAT
Basin Fruitland Coal

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 20, T32N, R4W

12. COUNTY OR PARISH 13. STATE
Rio Arriba NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT OFF	<input type="checkbox"/>	WATER SHUT OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other) conversion	<input checked="" type="checkbox"/>
(Other)	<input type="checkbox"/>	(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

This well was shut in 9/90 due to low gas prices and high operating costs. Nassau Resources, Inc. is converting wells from rod pump to plunger lift or gas lift to reduce operating costs. This well is scheduled for conversion and return to production in 6/96.

THIS APPROVAL EXPIRES JUL 01 1995

RECEIVED
BLM
JUN 15 PM 1:25
070 FARMINGTON, NM

18. I hereby certify that the foregoing is true and correct

SIGNED Fran Perrin TITLE Regulatory Liaison DATE 6/14/94

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

APPROVED
DISTRICT MANAGER