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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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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. 30-039-24346
Address P. O. Box 809, Farmington, NM 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 28 B	Well No. #5	Pool Name, Including Formation Fruitland Basin Coal	Kind of Lease 100% Federal or Teex	Lease No. NM 30014
Location Unit Letter <u>E</u> : <u>1850</u> Feet From The <u>N</u> Line and <u>790</u> Feet From The <u>W</u> Line Section <u>28</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.	800 P.O. Box, Farmington, NM 87499
If well produces oil or liquids, give location of tanks. Water <input type="checkbox"/> Unit <input type="checkbox"/> Sec. <input type="checkbox"/> Twp. <input type="checkbox"/> Rge. <input type="checkbox"/> Only <input type="checkbox"/> E <input type="checkbox"/> 28 <input type="checkbox"/> 32N <input type="checkbox"/> 4W	Is gas actually connected? <input type="checkbox"/> When ?

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					
Date Spudded 6/3/89	Date Compl. Ready to Prod. 7/25/89		Total Depth 4270' KB			P.B.T.D. 4202'		
Elevations (DF, RKB, RT, GR, etc.) 7320' GL	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay 4118' KB			Tubing Depth		
Perforations 4118' - 4135' KB						Depth Casing Shoe 4273' KB		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
12-1/4"	9-5/8"		344' KB			168 cu.ft.		
8-3/4"	5-1/2"		4273' KB			1361 cu.ft.		
	2-7/8"		4129' 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 less for 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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

GAS WELL

Actual Prod. Test - MCF/D 34	Length of Test 18 hrs.	Bbls. Condensate/MMCF -----	Gravity of Condensate -----
Testing Method (pilot, back pr.) Pumping	Tubing Pressure (Shut-in) 0	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
7/28/89 505 326-7793
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 31 1989
Original Signed by CHARLES GHOLSON
By FRANK Chavez
Title DEPUTY CH. & 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.