

Submit 5 C
Appropriate
DISTRICT I
P.O. Box 100
Tobbs, NM 88240

El Minerals
Mexico
Resources
ment

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

OIL CONSERVATION DIVISION

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

Santa Fe, Mexico 87504-2

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator NASSAU RESOURCES, INC.		Well API No. 30-039-24348
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:	
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 34 B	Well No. 9	Pool Name, Including Formation Basin Fruitland Coal	Kind of Lease <input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input checked="" type="checkbox"/> Private	Lease No. NM 5 9696
Location Unit Letter I : 1800 Feet From The South Line and 970 Feet From The East Line Section 34 Township 32N Range 4W, 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 wtr. only	Unit I	Sec. 34	Twp. 32N	Rge. 4W	Is gas actually connected? Yes	When? 10/22/90

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 9/7/90	Date Compl. Ready to Prod. 10/17/90		Total Depth 4905' KB & 4281' KB, TVD			P.B.T.D. 4830' KB MD		
Elevations (DF, RKB, RT, GR, etc.) 7195' GL	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay 4607' KB MD			Tubing Depth 4694' KB		
Perforations 4607 - 4689' KB MD			Depth Casing Shoe 4905' KB MD					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	9-5/8"		309' KB		230 cu.ft. circ. to surf.			
8-3/4"	5-1/2"		4905' KB		2391 cu.ft.			
	2-7/8"		4694' 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.	Gravity of Condensate
		OCT 26 1990	

GAS WELL

Actual Prod. Test - MCF/D 989	Length of Test 24	Bbls. Condensate/MMCF ---	Gravity of Condensate ---
Testing Method (pilot, back pr.) Flowing	Tubing Pressure (Shut-in) 1350 psi	Casing Pressure (Shut-in) 1350 psi	Choke Size 2.000"

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.

*Location at top producing interval

1228' FSL & 2492' FWL

Location at TD 1215' FSL & 2333' FWL

Signature Fran Perrin Admin. Asst.
Printed Name Fran Perrin Title
Date 10/25/90 Telephone No. 505 326-7793

OIL CONSERVATION DIVISION

DEC 20 1990

Date Approved

By

SUPERVISOR DISTRICT #3

Title

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 TRIPLICATE*
(Other instructions on re-
verse side)

Form approved,
Budget Bureau No. 1004-0135
Expires August 31, 1985

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME CARRACAS UNIT
2. NAME OF OPERATOR NASSAU RESOURCES, INC.	8. FARM OR LEASE NAME CARRACAS UNIT 34 B
3. ADDRESS OF OPERATOR P O Box 809, Farmington, N.M. 87499	9. WELL NO. #9
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1800' FSL - 970' FEL Surface Location 1220' FSL - 2400' FWL Bottom Location	10. FIELD AND POOL, OR WILDCAT Basin Fruitland Coal
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 34, T32N, R4W, NMPM
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7195' GL; 7207' KB	12. COUNTY OR PARISH Rio Arriba
	13. STATE 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"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Spud, 9-5/8" csg., cement <input checked="" type="checkbox"/>	

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.) *

Spudded at 12:15 pm on 9/7/90 with Four Corners Rig #9.
Ran 7 jts. of 36#, 9-5/8", LT&C casing.
Set at 309' KB.
Cemented as follows:
10 bbls. mud flush
195 sk of Class "B" with 2% CaCl (230.1 cu.ft.)
Full returns throughout job.
Circulated 6 bbls. of cement to surface.
Plug down at 10:00 pm on 9/7/90. WOC for 8 hours.
Maximum rate 3 bpm. Maximum pressure 300 psi.
Bumped plug with 500 psi.
Centralizers on jts. #1, #3, #5.
Pressure tested to 600 psi for 30 minutes. Held okay.

RECEIVED
OCT 1 1990
OIL CON. DIV.
DIST. 3

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

SIGNED James S. Hazen TITLE Field Supt.
James S. Hazen
(This space for Federal or State office use)

DATE 9-10-90

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

ACCEPTED FOR RECORD

DATE SEP 27 1990

FARMINGTON RESOURCE AREA

BY MA

*See Instructions on Reverse Side