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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

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. 30-039-24402
Address P O BOX 809, Farmington, N.M. 87499		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <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 26 A	Well No. 2	Pool Name, including Formation Basin Fruitland Coal	Kind of Lease State, Federal or BLM	Lease No. NM 59704
Location Unit Letter B : 790 Feet From The North Line and 1450 Feet From The East Line Section 26 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, N.M. 87499	
If well produces oil or liquids, give location of tanks. water only	Unit B	Sec. 26
	Twp. 32N	Rge. 5W
	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
		X	X					
Date Spudded 5/25/89	Date Compl. Ready to Prod. 7/14/89		Total Depth 4028'		F.B.T.D. 3976' KB			
Elevations (DF, RKB, RT, GR, etc.) 7202' GL	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay 3872' KB		Tubing Depth 3916' KB			
Perforations 3872' - 3896' KB					Depth Casing Shoe 4025' KB			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	9-5/8"		242' KB		234 cu. ft.			
8-3/4"	5-1/2"		4025' KB		1255 cu. ft.			
	2-7/8"		3916' 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.)	
		RECEIVED	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
		JUL 9 1989	

OIL CON. DIV**DIST. 3****GAS WELL**

Actual Prod. Test - MCF/D 280	Length of Test 24 hrs.	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.) Pumping	Tubing Pressure (Shut-in) 0	Casing Pressure (Shut-in) 800 psi	Choke Size 0.750"

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 _____

7/18/89 **505 326-7793**

Date _____ Telephone No. _____

OIL CONSERVATION DIVISION

Date Approved **JUL 24 1989**

By **Original Signed by CHARLES CHOLSON**

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.