

Sub. at 5 Copies  
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

### OIL CONSERVATION DIVISION

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

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

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

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

Operator <b>NASSAU RESOURCES, INC.</b>		Well API No. 30-039-24404
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 23 A	Well No. 12	Pool Name, including Formation Basin Fruitland Coal	Kind of Lease State, Federal or Free	Lease No. NM 59704
Location Unit Letter <u>L</u> : <u>1650</u> Feet From The <u>South</u> Line and <u>1190</u> Feet From The <u>West</u> Line Section <u>23</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 only</u>	Unit <u>L</u>   Sec. <u>23</u>   Twp. <u>32N</u>   Rge. <u>5W</u>	Is gas actually connected? <u>Yes</u>   When? <u>8/12/89</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 6/11/89	Date Compl. Ready to Prod. 8/12/89		Total Depth 3940' KB			P.B.T.D. 3891' KB		
Elevations (DF, RKB, RT, GR, etc.) 7185' GL	Name of Producing Formation Basin Fruitland Coal		Top Oil/Gas Pay 3812'			Tubing Depth 3857'		
Perforations 3812-3831' KB & 3840-3842' KB						Depth Casing Shoe 3941'		
<b>TUBING, CASING AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
12-1/4"	9-5/8"		277' KB			174 cu.ft. circ. to surf.		
8-3/4"	5-1/2"		3941' KB			1264 cu.ft. circ. to surf.		
	2-7/8"		3857' 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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

**RECEIVED**  
**AUG 16 1989**  
**OIL CON. DIV.**  
**DIST. 3**

### GAS WELL

Actual Prod. Test - MCF/D 8	Length of Test 24 hrs.	Bbls. Condensate/MMCF NA	Gravity of Condensate NA
Testing Method (pilot, back pr.) Pumping	Tubing Pressure (Shut-in) 0	Casing Pressure (Shut-in) 0	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.

Fran Perrin  
Signature  
Fran Perrin Admin. Asst.  
Printed Name Title  
August 15, 1989 505 326-7793  
Date Telephone No.

### OIL CONSERVATION DIVISION

**AUG 21 1989**

Date Approved \_\_\_\_\_  
By \_\_\_\_\_ Original Signed by **FRANK T. CHAVEZ**  
Title \_\_\_\_\_ SUPERVISOR DISTRICT 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.