Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

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

Habbel, mateu

State of New Mexico Energy, Minerals and Natural Resources Department

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

1 NWP

OIL CONSERVATION DIVISION

P.O. Box 2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

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

Santa Fe, New Mexico 87504-2088

•	TO TRA	NSPORT OIL	AND NATURAL GAS		
) perator			Well API No.		
NASSAU RESOURCES,	INC.			30-039-24406	
Address DOROV SOO Form	ington N M	97400			
P O BOX 809, Farm Reason(s) for Filing (Check proper box)	ington, N.M.	87499	Other (Please explain)		
New Well	Change in	Transporter of:	U Oulei (1 tease explain)		
Recompletion		Dry Gas			
Change in Operator	Casinghead Gas	Condensate			
change of operator give name					
nd address of previous operator					
I. DESCRIPTION OF WELL	AND LEASE				
ease Name	Well No.	Pool Name, Includi	ng Formation	Kind of Lease Lease No.	
Carracas Unit '30	B 16	Basin Frui	tland Coal	States: Federal or FEXX NM 30015	
ocstion					
Unit Letter P	:1100	Feet From The _S	outh Line and 790	Feet From TheEastLine	
Section 30 Townshi	p 2	Range 4W	, NMPM, Rio Ari	riba <u>County</u>	
II. DECICALATION OF TO A	ICHARTER AF A		DAT GAG		
II. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	OF Conde		• • • • • • • • • • • • • • • • • • • •	approved copy of this form is to be sent)	
value of Audionzeo Transporter of Off	OI COLLOCI	Isate	Address (Olve data ess to which a	ipproved copy of this form is to be sent)	
Name of Authorized Transporter of Casin	phead Gas	or Dry Gas [XX]	Address (Give address to which -	approved copy of this form is to be sent)	
Nassau Resources,	•	OI DIJ COS (XX)	·	nington, N.M. 87499	
f well produces oil or liquids,	Unit Sec.	Twp. Rge.	Is gas actually connected?	When?	
ve location of tanks.	P 30	32N 4W	Yes	1 6-27-90	
this production is commingled with that	 	1.951, 1	ing order number:		
V. COMPLETION DATA	•	. 70			
	Oil Well	Gas Well	New Well Workover D	Deepen Plug Back Same Res'v Diff Res'v	
Designate Type of Completion	- (X)	i xx	i xx i		
Date Spudded	Date Compl. Ready to		Total Depth	P.B.T.D.	
4-29-90	6-27-90		4200'	4129'	
levations (DF, RKB, RT, GR, etc.)	Name of Producing F	ormation	Top Oil/Gas Pay	Tubing Depth	
7240' GL; 7252' K	Fruitland	l Coal	3971' KB	4040' KB	
Perforations				Depth Casing Shoe	
3971-3991', 4029-403				4180' KB	
	TUBING,	CASING AND	CEMENTING RECORD		
HOLE SIZE	CASING & TI	JBING SIZE	DEPTH SET	SACKS CEMENT	
12-1/4"	9-5/8"		360' KB	222 cu.ft. circ. to su	
8-3/4"	5-1/2"		4180' KB	1580 cu.ft. circ. to s	
	2-7/8"	· · · · · · · · · · · · · · · · · · ·	4040' KB		
. TEST DATA AND REQUE	ST FOR ALLOW	ADIE			
_			he sound to an amount to all sounds	le for this depth or be for full 24 hours.)	
Date First New Oil Run To Tank	Date of Test	oj toda ou ana must			
ARE FINA NEW OIL RUII TO TANK	Date of Test		Producing Meuro FIE pump.	rry e in	
ength of Test	Tubing Pressure		Casing Pressure	Choke Size	
zingur or zon	I doing I leasure		JUL	5 1990	
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.	Gas- MCF	
	Oil Dois.		OIL CO	N. DW	
AAC SUEL I			l	DIST. 3	
GAS WELL Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF	Gravity of Condensate	
			DOIS. CONOCHESIC/MINICP	Gravity of Condensate	
24 MCFD esting Method (pitot, back pr.)	26 Hrs. Tubing Pressure (Shu	t-in)	Casing Pressure (Shut-in)	Choke Size	
. , ,	0	· /	200 psi	.625"	
Pumping		NI LABICE	200 por	1 .023	
I. OPERATOR CERTIFICATE OF COMPLIANCE			OIL CONSERVATION DIVISION		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above			1		
is true and complete to the best of my knowledge and belief.			JUL 2 5 1990		
	- B- ma celleli		Date Approved		
Fran Perun			_		
Signature			By But Chang		
Fran Perrin Admin. Asst.					
Printed Name		Title	Title	SUPERVISOR DISTRICT 13	
	326-7793				
Date	Tele	phone No.			
H. A. M.h.					

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
- 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.