

4 OCD, Aztec
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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

1 DE 1 CNG 1 File 1 NWP
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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator NASSAU RESOURCES, INC.		Well API No. 30-039-24408
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 32 B	Well No. 5	Pool Name, including Formation Basin Fruitland Coal	Kind of Lease State , Federal or Foreign <input checked="" type="checkbox"/>	Lease No. NM 28277
Location Unit Letter <u>E</u> : <u>1630</u> Feet From The <u>N</u> Line and <u>790</u> Feet From The <u>W</u> Line Section <u>32</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.		P.O. Box 809, Farmington, NM 87499	
If well produces oil or liquids, give location of tanks. <u>WATER ONLY</u>	Unit <u>E</u>	Sec. <u>32</u>	Twp. <u>32N</u>
	Rge. <u>4W</u>	Is gas actually connected? <u>yes</u>	When? <u>9/12/89</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
		XX	XX					
Date Spudded 6/29/89	Date Compl. Ready to Prod. 9/12/89		Total Depth 4125' KB		P.B.T.D. 4031' KB			
Elevations (DF, RKB, RT, GR, etc.) 7190' GL	Name of Producing Formation Basin Fruitland Coal		Top Oil/Gas Pay 3950' KB		Tubing Depth 4024' KB			
Perforations 3950 - 4016' KB					Depth Casing Shoe 4129' KB			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	9-5/8"		311' KB		184 cu.ft.			
8-3/4"	5-1/2"		4129' KB		1358.5 cu.ft.			
	2-7/8"		4024' 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.	Gas - MCF

OIL CON. DIV
DIST. 3

GAS WELL			
Actual Prod. Test - MCF/D 111 mcf/d	Length of Test 24 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size