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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 NASSAU RESOURCES, INC.	Well API No. 30-039-24416
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 33 B	Well No. 4	Pool Name, Including Formation Basin Fruitland Coal	Kind of Lease State Federal or Fee	Lease No. NM 30014
Location Unit Letter <u>D</u> : <u>1160</u> Feet From The <u>North</u> Line and <u>1060</u> Feet From The <u>West</u> Line Section <u>33</u> Township <u>32N</u> Range <u>4W</u> , <u>NMPM</u> , <u>Rio Arriba</u> 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>wtr. only</u>	Unit <u>D</u> Sec. <u>33</u> Twp. <u>32N</u> Rge. <u>4W</u>	Is gas actually connected? <u>Yes</u> When? <u>12/5/90</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 8-25-90	Date Compl. Ready to Prod. <u>10-25-90</u>		Total Depth 4381' KB		P.B.T.D. 4294' KB			
Elevations (DF, RKB, RT, GR, etc.) 7295' GL	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay 4072' KB		Tubing Depth 4179' KB			
Perforations 4072 - 4168'					Depth Casing Shoe 4381' KB			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	9-5/8"		308' KB		227 cu.ft. circ. to surf.			
8-3/4"	5-1/2"		4381' KB		1475 cu.ft. circ. to surf.			
	2-7/8"		4179' 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 (Shut-in) <u>1375 psi</u>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls. <u>---</u>

DEC 07 1990

GAS WELL

Actual Prod. Test - MCF/D 627	Length of Test 24 hrs.	Bbls. Condensate/MCF ---	Gravity of Condensate ---
Testing Method (pilot, back pr.) Flowing	Tubing Pressure (Shut-in) 1325 psi	Casing Pressure (Shut-in) 1375 psi	Choke Size 1.000"

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.

Fran Perrin
Signature
Fran Perrin Admin. Asst.
Printed Name
12/6/90 Date
505 326-7793 Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 10 1991

By Original Signed by CHARLES GRULLON

Title DEPUTY OIL & GAS INSPECTOR, DIST. #3

INSTRUCTIONS

- 1) Request for all newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of Form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form must be filed for each pool in multiply completed wells.