

Submit 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

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

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator NASSAU RESOURCES, INC.	Well API No. 30-039-24443
Address P O Box 809, Farmington, N.M. 87499	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> New Well <input 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"/> <input type="checkbox"/> Other (Please explain)	

If change of operator give name  
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Carracas Unit 26 B	Well No. #16	Pool Name, Including Formation Basin Fruitland Coal	Kind of Lease State, Federal or Fmwr	Lease No. NM 28812
Location Unit Letter P : 790 Feet From The South Line and 790 Feet From The East Line Section 26 Township 32 North Range 4 West, 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.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
					Yes	10/12/89

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 9/13/89	Date Compl. Ready to Prod. 10/12/89	Total Depth 4230'	P.B.T.D. 4154' KB					
Elevations (DF, RKB, RT, GR, etc.) 7035' GL	Name of Producing Formation Fruitland Coal	Top Oil/Gas Pay 3974'	Tubing Depth 4002'					
Perforations 3974' - 4035' KB, Fruitland Coal	Depth Casing Shoe 4232'							
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12-1/4"	CASING & TUBING SIZE 9-5/8"	DEPTH SET 338' KB		SACKS CEMENT 178 cu.ft. circ. to surf.				
8-3/4"	5-1/2"	4232' KB		653 cu.ft. circ. to surf.				
	2-7/8"	4002' 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

RECEIVED  
OCT 16 1989

GAS WELL

Actual Prod. Test - MCF/D 205	Length of Test 24 hrs.	Bbls. Condensate/MMCF ---	Gravity of Condensate ---
Testing Method (pilot, back pr.) Flowing	Tubing Pressure (Shut-in) 1450 psi	Casing Pressure (Shut-in) 1725 psi	Choke Size 1.500"

ON. DIV.  
DIST. 3

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.

Signature  
Fran Perrin  
Printed Name  
Fran Perrin  
Date  
10/13/89  
Admin. Asst.  
Title  
Telephone No.  
505-326-7793

OIL CONSERVATION DIVISION

Date Approved OCT 18 1989

By Original Signed by FRANK T. CHAVEZ

Title

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.