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Appropriate District Office
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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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator NASSAU RESOURCES, INC.	Well AFI No. 30-039-24510
Address P O BOX 809, Farmington, N.M. 87499	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Transporter of: 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 27 B	Well No. 12	Pool Name, Including Formation Basin Fruitland Coal	Kind of Lease State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> XXX	Lease No. NM 66864
Location Unit Letter L : 1640' Feet From The South Line and 920 Feet From The West Line Section 27 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"/> XXX	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 L	Sec. 27
	Twp. 32N	Rge. 4W
	Is gas actually connected? Yes	When? 7/1/90

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 4-22-90	Date Compl. Ready to Prod. 6/25/90		Total Depth 4200'		P.B.T.D. 4098'			
Elevations (DF, RKB, RT, GR, etc.) 7165' GL:7178' KB	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay 4029' KB		Tubing Depth 4050' KB			
Perforations 4029-4045'					Depth Casing Shoe 4205' KB			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12-1/4" 8-3/4"	CASING & TUBING SIZE 9-5/8" 5-1/2" 2-7/8"		DEPTH SET 350' 4205' KB 4050' KB		SACKS CEMENT 222 cu.ft. circ. to surf. 1983 cu.ft.			

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 Formation	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Test - MCF/D 125	Length of Test 24 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Pumping	Tubing Pressure (Shut-in) 0	Casing Pressure (Shut-in) 0	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.

Signature
Fran Perrin
Printed Name
Fran Perrin
Date
7/3/90
Admin. Asst.
Title
505 326-7793
Telephone No.

OIL CONSERVATION DIVISION

Date Approved **SEP 04 1990**

By **[Signature]**
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 multiple completed wells.