

Submit 5 Copies  
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

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 API No. 30-039-24519
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		

PHester@Bim.Gov  
✓ Aster 26-32N 04  
Rhonda 9221  
326-26 B13

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name Carracas Unit 26 B 8305	Well No. 13	Pool Name, Including Formation Basin Fruitland Coal 71629	Kind of Lease State, Federal or Foreign	Lease No. NM 28812
Location Unit Letter M : 1100 Feet From The south Line and 790 Feet From The west Line Section 26 Township 32N Range 4W, 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"/> Water pool # 2805872	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"/> Nassau Resources, Inc. 8805871	Address (Give address to which approved copy of this form is to be sent) P O BOX 809, Farmington, N.M. 87499	
If well produces oil or liquids, give location of tanks. WTR. ONLY	Unit M	Sec. 26
	Twp. 32N	Rge. 4W
Is gas actually connected?	When? 11-14-90	

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 5-8-90	Date Compl. Ready to Prod. 11-14-90		Total Depth 4210'		P.B.T.D. 4142' KB			
Elevations (DF, RKB, RT, GR, etc.) 7045' GL	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay 3970' KB		Tubing Depth 3974' KB			
Perforations 3970-3983' KB	Basin Fruitland Coal		Depth Casing Shoe 4210' KB					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	9-5/8"		352' KB		251 cu.ft.			
8-3/4"	5-1/2"		4210' KB		1614 cu.ft.			
	2-7/8"		3974' 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  
NOV 19 1990

**GAS WELL**

Actual Prod. Test - MCF/D 363	Length of Test 24 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Flowing	Tubing Pressure (Shut-in) 500 psi	Casing Pressure (Shut-in) 500 psi	Choke Size 1.250"

**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 Title  
11/16/90 505 326-7793  
Date Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved NOV 30 1990  
By [Signature]  
SUPERVISOR DISTRICT #3  
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.