Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

a THICKING

State of New Mexico En. of, Minerals and Natural Resources Departmen.

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

1 NWI

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TIEGOEST TOTTALEOWABLE AND AUTHORIZATION
TO TO ANCHORT ON AND MATURAL CAR

1,	1011								
Operator				<u></u>			API No.		
NASSAU RESOURCES, INC.				30-039-24555					
Address						1,			
P O BOX 80	9, Farmingto	on, N.M.	874	99					
Reason(s) for Filing (Check proper box) New Well				Oth	er (Please exp	lain)			
F		e in Transporter	of:						
Recompletion	Oil	Dry Gas							
Change in Operator	Casinghead Gas	Condensate	<u> </u>						
If change of operator give name and address of previous operator									
• •	ANIDIEROS								
II. DESCRIPTION OF WELL Lease Name		<u> </u>							
•	Well	No. Pool Name					d of Lease		ease No.
CARRACAS UNIT 14 A Location	l_ <u>l</u> _	<u> Basin</u>	<u>Frui</u>	<u>itland C</u>	oal	30	e, Federal or Tee	NM 5	9704
	1000								
Unit LetterA	_:	Feet From	The N	lorth Lin	e and <u>68</u>	0	Feet From The _	East	Line
Section 14 Townsh	nin 32N	_	5W		D.4	a A			
Section Towns	пр	Range		, N	MPM, R1	o Arrib	oa		County
III. DESIGNATION OF TRAI	NSPORTED OF	OH AND I	AJ A TE EI	DAT CLC					
Name of Authorized Transporter of Oil	OF CON	idensale	VATU		4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	P. 2. 1			
,			ل	Accuress (OW	e acceress 10 M	nich approvi	ed copy of this fo	orm is to be se	nt)
Name of Authorized Transporter of Casin	nghead Gas	or Dry Gas	ΓXX	Address (Ci.	e add are to	Lisk			
NASSAU RESOURCES, IN		or Dig Gas	L	P O RO	. auuress 10 w ₹ 800	nic n approv e	ed copy of this fo		nt)
If well produces oil or liquids	Unit Sec.	Twp.	Rge.	ls gas actuall		Whe		87499	
give location of tanks water only	A 114	32N	5W	Yes	y connected?	•			
f this production is commingled with that	from any other lease						2/5/89	· · · · · · · · · · · · · · · · · · ·	
IV. COMPLETION DATA	•	and Bring and		ing order name					
	Oil W	Vell Gas	Well	New Well	Workover	Danner	Dive Beet	Company Design	bim n i
Designate Type of Completion	⊧- (X)	XX		XX	WORDVE	Deepen	Plug Back	Same Kes v	Diff Res'v
Date Spudded	Date Compl. Ready			Total Depth	L		P.B.T.D.		J
10/12/89				4228' KB			i	001 170	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing	Formation		Top Oil/Gas	ay			98' KB	····
7380' GL; 7393' KB					Tubing Depth 3960' 3985' KB				
Perforations							Depth Casing		
3960' - 398	3' KB						1		
		G. CASING	AND	CEMENTI	AC RECOR	<u></u>	1 42	28' KB	
HOLE SIZE		TUBING SIZE		CEMENTING RECORD			010//0 05//5/		
12-1/4"	9-5/			DEPTH SET 345' KB			SACKS CEMENT 159 cu.ft.		
8-3/4"	5-1/				KB				
					KB		1493 cu	·IC.	
	2-7	/8"			KD				
	2-7/								
V. TEST DATA AND REQUES	1			·	*				
	ST FOR ALLOV	VABLE	ıd must l	be equal to or		owable for th	is depth or base	ก็รับเ ย ี่24 คั้งใช้	. B RA PP
	1	VABLE	rd must l	be equal to or Producing Me		owable for th	is depth or be for	т <u>Г</u> ив 24 ной	
OIL WELL (Test must be after to Date First New Oil Run To Tank	ST FOR ALLOV recovery of total volum	VABLE	ıd must l	be equal to or Producing Me	exceed top allo	owable for th rmp, gas lift,	is depth or be for		4VE
OIL WELL (Test must be after t	ST FOR ALLOV recovery of total volum	VABLE		be equal to or Producing Me Casing Pressu	exceed top allo thod (Flow, pu	owable for th rnp, gas lift,	is depth or be for	w V Jg	
OIL WELL (Test must be after to Date First New Oil Run To Tank Length of Test	ST FOR ALLOV recovery of total volum Date of Test	VABLE		Producing Me	exceed top allo thod (Flow, pu	owable for th Imp, gas lift,	Choke Size	DECQ8	
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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.