

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

## OIL CONSERVATION DIVISION

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

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

Operator NASSAU RESOURCES, INC.		Well API No. 30-039-24559
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 13 B	Well No. 7	Pool Name, Including Formation Basin Fruitland Coal	Kind of Lease SMA; Federal or NY	Lease No. NM 30584
Location Unit Letter <u>G</u> : <u>1650</u> Feet From The <u>North</u> Line and <u>1800</u> Feet From The <u>East</u> Line Section <u>13</u> Township <u>22N</u> Range <u>4W</u> , 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. <u>water only</u>	Unit <u>C</u> Sec. <u>13</u> Twp. <u>32N</u> Rge. <u>4W</u>	Is gas actually connected? <u>Yes</u> When? <u>8/15/90</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
		XX	XX					
Date Spudded 10-18-90	Date Compl. Ready to Prod.		Total Depth 3300' KB		P.B.T.D. 2552'			
Elevations (DF, RKB, RT, GR, etc.) 6660' GL; 6673' KB	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay 2069'		Tubing Depth 2092' KB			
Perforations 2069' - 2100'					Depth Casing Shoe 3300' KB			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	9-5/8"		316' KB		195 cu.ft. circ. to surf.			
8-3/4"	5-1/2"		3300' KB		1124 cu.ft. circ. to surf.			
	2-7/8"		2092' 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	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

## GAS WELL

Actual Prod. Test - MCF/D 113	Length of Test 18 hrs.	Bbls. Condensate/MMCF ----	Gravity of Condensate ----
Testing Method (pilot, back pr.) Flowing	Tubing Pressure (Shut-in) 475 psi	Casing Pressure (Shut-in) 680 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.

Signature Fran Perrin  
Printed Name Fran Perrin Admin. Asst.  
Date 8/27/90 Telephone No. 505 326-7793

## OIL CONSERVATION DIVISION

Date Approved SEP 14 1990By Barry ChungTitle 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 multiply completed wells.