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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. 30-039-24649
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. 11	Pool Name, including Formation Basin Fruitland Coal	Kind of Lease State, Federal or P&G	Lease No. NM 30854
Location Unit Letter K : 1830 Feet From The South Line and 1730 Feet From The West Line Section 13 Township 32N Range 4W, NMFM, 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. wtr. only	Unit Sec. Twp. Rge. Is gas actually connected? When ?
C 11 32N R4W	Yes 12-3-90

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	XX					
Date Spudded 10-4-90	Date Compl. Ready to Prod. 11-30-90	Total Depth 3170' KB	P.B.T.D. 3007' KB					
Elevations (DF, RKB, RT, GR, etc.) 6805' GL; 6818' KB	Name of Producing Formation Fruitland Coal	Top Oil/Gas Pay 2928' KB	Tubing Depth 2969' KB					
Perforations 2928-2965' KB	Fruitland Coal	Depth Casing Shoe 3167' KB						
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	9-5/8"	304' KB	224 cu.ft. circ. to surf.					
8-3/4"	5-1/2"	3167' KB	1357 cu.ft. circ. to surf.					
	2-7/8"	2969' 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
		DECO 6 1990	

GAS WELL

Actual Prod. Test - MCF/D 67 mcf	Length of Test 22 hrs.	Bbls. Condensate/MMCF ---	Gravity of Condensate
Testing Method (pilot, back pr.) Flowing	Tubing Pressure (Shut-in) 180 psi	Casing Pressure (Shut-in) 625 psi	Choke Size .625"

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
12/5/90
Admin. Asst.
Title
505 326-7793
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 10 1991
By Original Signed by CHARLES GHULSON
Title DEPUTY OIL & GAS INSPECTOR, DIST. #3

INSTRUCTIONS:

- 1) Request for all wells drilled or reopened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of the well must be filled to the allowable on new and recompleted wells.
- 3) Fill out only Section VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form must be filed in multiply completed wells.