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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 <b>NASSAU RESOURCES, INC.</b>	Well API No. 30-039-24650
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 <b>Carracas Unit 14 B</b>	Well No. 10	Pool Name, Including Formation Basin Fruitland Coal	Kind of Lease <del>State</del> <sup>XXX</sup> Federal or Fee	Lease No. NM 28812
Location Unit Letter <b>J</b> : <b>1810'</b> Feet From The <b>South</b> Line and <b>2310'</b> Feet From The <b>East</b> Line Section <b>14</b> Township <b>32N</b> Range <b>4W</b> , <b>NMPM</b> , <b>Rio Arriba</b> 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)	
<b>Nassau Resources, Inc.</b>	<b>P O BOX 809, Farmington, N.M. 87499</b>	
If well produces oil or liquids, give location of tanks. <b>wtr. only</b>	Unit <b>J</b> Sec. <b>11</b> Twp. <b>32N</b> Rge. <b>4W</b>	Is gas actually connected? <b>Yes</b> When? <b>8-10-90</b>

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
		<b>X</b>	<b>X</b>					
Date Spudded <b>6-8-90</b>	Date Compl. Ready to Prod. <b>8-10-90</b>		Total Depth <b>3648'</b>		P.B.T.D. <b>3566'</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>6996' GL; 6703'</b>	Name of Producing Formation <b>Fruitland Coal</b>		Top Oil/Gas Pay <b>3400'</b>		Tubing Depth <b>3493' KB</b>			
Perforations <b>3400' - 3484'</b>					Depth Casing Shoe <b>3648'</b>			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>12-1/4"</b>	<b>9-5/8"</b>	<b>307' KB</b>	<b>201 cu.ft. circ. to surf.</b>
<b>8-3/4"</b>	<b>5-1/2"</b>	<b>3648' KB</b>	<b>247 cu.ft.</b>
	<b>2-7/8"</b>	<b>3493' KB</b>	

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, Pumpjack, Lift, etc.)	
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 <b>145</b>	Length of Test <b>22 hrs.</b>	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) <b>flowing w/ compressor</b>	Tubing Pressure (Shut-in) <b>755 psi</b>	Casing Pressure (Shut-in) <b>1020 psi</b>	Choke Size <b>1.000"</b>

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 **8/13/90** Title **505 326-7793**  
Date Telephone No.

OIL CONSERVATION DIVISION

**OCT 18 1990**

Date Approved

By *Burt J. Shoup*

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.

Submit to Appropriate  
District Office  
State Lease - 4 copies  
Fee Lease - 3 copies

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-102  
Revised 1-1-89

OIL CONSERVATION DIVISION

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WELL LOCATION AND ACREAGE DEDICATION PLAT  
All Distances must be from the outer boundaries of the section

Operator Nassau Resources, Inc.			Lease Carracas Unit 14 B		Well No. 10
Unit Letter J	Section 14	Township 32 North	Range 4 West	County Rio Arriba	
Actual Footage Location of Well: 1810 feet from the South line and 2310 feet from the East line					
Ground level Elev. 6696	Producing Formation Fruitland Coal		Pool Basin Fruitland Coal	Dedicated Acreage: 320.0 Acres	

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.

2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).

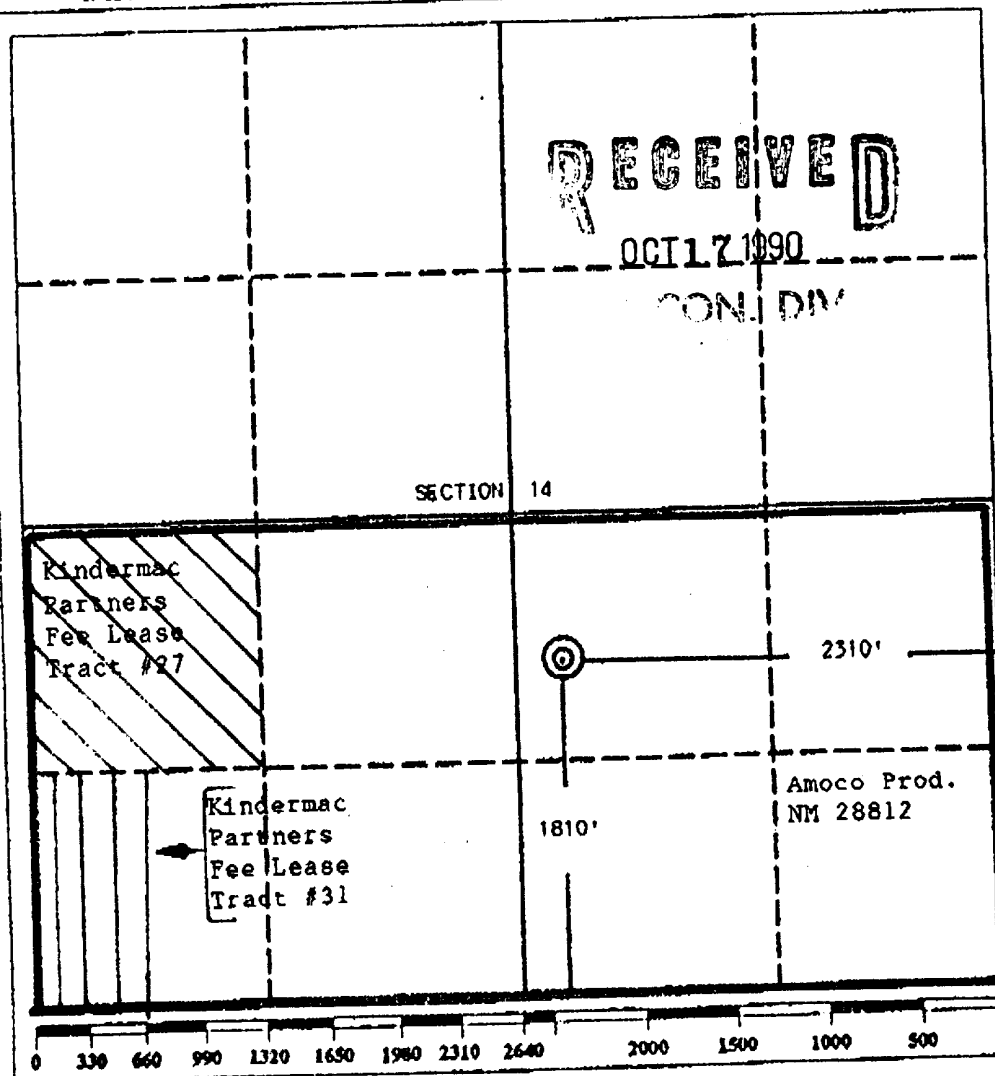
3. If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.?

☒ Yes ☐ No

If answer is "yes" type of consolidation Carracas Unit - unitization

If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.)

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.



OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Signature  
Fran Perrin  
Printed Name  
Fran Perrin  
Position  
Admin. Asst.  
Company  
Nassau Resources, Inc.  
Date  
10/17/90

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed  
July 26, 1989

Signature & Seal  
Professional Surveyor  
EDGAR L. RISENHOOVER  
NEW MEXICO  
5979  
Edgar L. Risenhoover