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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. 30-039-24651
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 23 B	Well No. 8	Pool Name, Including Formation Basin Fruitland Coal	Kind of Lease <del>State</del> Federal or Fee <input checked="" type="checkbox"/>	Lease No. NM 28812
Location Unit Letter <u>H</u> : <u>1650</u> Feet From The <u>North</u> Line and <u>810</u> Feet From The <u>East</u> Line Section <u>23</u> Township <u>32 North</u> Range <u>4 West</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. Water only	Unit 0	Sec. 11
	Twp. 32N	Rge. 4W
Is gas actually connected? Yes		When? 10/3/90

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	X					
Date Spudded 6/28/90	Date Compl. Ready to Prod. 9/25/90		Total Depth 3880'		P.B.T.D. 38204' KB			
Elevations (DF, RKB, RT, GR, etc.) 6775' GL: 6788' KB	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay 3643'		Tubing Depth 3680' KB			
Perforations 3643' - 3680'					Depth Casing Shoe 3879' KB			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	9-5/8"		329' KB		222 cu.ft. circ. to surf.			
8-3/4"	5-1/2"		3879' KB		1255 cu.ft. circ. to surf.			
	2-7/8"		3680' 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

**GAS WELL**

Actual Prod. Test - MCF/D 862	Length of Test 24 hrs.	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.) Flowing	Tubing Pressure (Shut-in) 0 psi	Casing Pressure (Shut-in) 110 psi	Choke Size 1.375"

**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  
10/5/90  
Admin. Asst.  
Title  
505 326-7793  
Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved OCT 24 1990

By [Signature]  
Title  
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