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

DISTRICT II

OIL CONSERVATION DIVISION

P.O. Drawer DD, Artesia, NM 88210			. =		ox 2088						
DISTRICT III		Sai	nta 1·6	e, New M	lexico 8750)4-2088					
1000 Rio Brazos Rd., Aztec, NM 87410	REQU	EST FO	OR A	LLOWA	BLE AND	AUTHOR	IZATION				
Ī.					L AND NA						
Operator								IPI No.	'l No.		
NASSAU RESOURCES; INC.						30-039-24725					
Address P. O. POV. 200			14	07/00							
P O BOX 809, I Reason(s) for Filing (Check proper box)	arming	ton, N	· F1 ·	87499	— <u> </u>	er (Please exp					
New Well		Change in	Transp	orter of:	பு ம	er (riease exp	чаіл)				
Recompletion	Oil		Dry G	1-7							
Change in Operator	Casinghead	d Gas	Conde								
If change of operator give name and address of previous operator				7				 			
•										•	
II. DESCRIPTION OF WELL A	AND LEASE Well No. Pool Name, Including				! P				····		
Carracas Unit 22							of Lease No. Federal or Bek				
Location	D J Dasin Hui			CTABLE COAT			NM 59696				
Unit Letter I	: 183	Λ :	East E	Th.a.	south Lin						
Om Deuts	_ •	<u> </u>	rea r	rom ine	SOULIL LIB	e andOOO	Fo	et From The .	east	Line	
Section 22 Township	, 1000	State of the	Range	4W	, NI	м <mark>рм,</mark> Ri	o Arriba			County	
III DECIONATION OF TRAN	anonari.								-		
III. DESIGNATION OF TRANS Name of Authorized Transporter of Oil	SPORTE	or Conden		DNATU		a address to	vhich approved	ann of this f	is es Es		
	L_J	0. 00.002			Nomes (O)	e com 523 10 k	vліс н арря оче а	copy of this j	vm 13 10 04 34	nı j	
Name of Authorized Transporter of Casinghead Gas or Dry Gas XX						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,	Unit				le gas actuali		When				
give location of tanks.	<u> </u>	22	32N		Yes			7/24/	90		
If this production is commingled with that f	rom any other	er lease or p	pool, gi	ve comming	ling order num	ber:	·				
IV. COMPLETION DATA		lou w u									
Designate Type of Completion -	- (X)	Oil Well	!	Gas Well X	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	l. Ready to			Total Depth		_l	P.B.T.D.	<u></u>	_1	
6-22-90	7-24-90				· ·	3820' KB			3743' KB		
Elevations (DF, RKB, RT, GR, etc.)	KB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth		
6715' GL; 6728' KB Fruitland Coal					3610'	KB		3630' KB			
								Depth Casing Shoe			
3610 - 3623'	CEMENTI	NG BECO	<u> </u>	3826' KB							
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
12-1/4"	9-5/8"				324'	DET TIT DE	<u> </u>	222 cu.ft.			
8-3/4"	•			3826' KB			1213 cu.ft.				
	5-1/2" 2-7/8"			3630' KB							
V. TEST DATA AND REQUES OIL WELL (Test must be after re											
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Tes		oj 100a	ou ana mus					or full 24 hou	<i>'</i> 5.)	
	Date of 1cs	-			2	j is wi	ample addition	51111			
Length of Test	Tubing Pres	ssire			Casing Person			Charle Size			
					<u> </u>		1 1990				
Actual Prod. During Test Oil - Bbls.					OIL CON. DIV			Gas- MCF			
	L							1.	· · · · · · · · · · · · · · · · · · ·		
GAS WELL							ST. 3				
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity-of Condensate			
750 Testing Method (pitot, back pr.)	24 hours Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
flowing	940 psi				1300 ps			2.00	\O.!!		
VI. OPERATOR CERTIFICATE OF COMPLIANCE											
				ICL		DIL COI	NSERV	ATION	DIVISIO	N	
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.					Date	Date ApprovedAUG 1 6 1990					
1. P.						ll ''					
Fran Penin					By_ Bul) Chang						
Signature Fran Perrin	A	dmin.	Asst	·	-, -	٠.			ISTRICT	4.5	
					16			· · · ·		r o	

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

7/26/90 Date

> 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title.

- 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.

505 326-7793 Telephone No.