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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. 30-039-24786
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 11 B	Well No. 15	Pool Name, Including Formation Basin Fruitland Coal	Kind of Lease State Federal or Fee	Lease No. NM 28812
Location Unit Letter 0 : 600' Feet From The south Line and 1590 Feet From The east Line Section 11 Township 32N Range 4W, 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. wtr. only	Unit 0	Sec. 11	Twp. 32N	Rge. 4W	Is gas actually connected? Yes	When? 11-8-90

If this production is commingling 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 7/31/90	Date Compl. Ready to Prod. 10-30-90		Total Depth 2530' KB		P.B.T.D. 2461' KB			
Elevations (DF, RKB, RT, GR, etc.) 6398' GL: 6411' KB	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay 2280' KB		Tubing Depth 2334' KB			
Perforations 2280 - 2322'					Depth Casing Shoe 2529' KB			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12-1/4"	CASING & TUBING SIZE 9-5/8"		DEPTH SET 211' KB		SACKS CEMENT 228 cu.ft. circ. to surf.			
	8-3/4"		5-1/2"		2529' KB		8181 cu.ft.	
	2-7/8"		2334' 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 58	Length of Test 24 hrs.	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.) Pumping	Tubing Pressure (Shut-in) 50 psi	Casing Pressure (Shut-in) 150 psi	Choke Size 500"

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
11/14/90
Admin. Asst.
Title
505 326-7793
Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 30 1990

By
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.