Submit 5 Coples
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

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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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		TO TRA	ANSP	ORT OIL	AND	NATURAL	GAS	1011						
perator							Well A	AFI No.						
	NASSAU RESOURCES, INC. OGRID #015515										039-25149			
Address														
P O BOX 809, Farming Reason(s) for Filing (Check proper box)	ton, N.M.	87499) 											
New Well		Channa la	. T		لدا	Other (Flease	•							
Recompletion	Change in Transporter of: Pool name change Oil Dry Cas													
Change in Operator	Casinghea	•	Conde											
If change of operator give name									·					
and address of previous operator														
U. DESCRIPTION OF WELL	AND LE	ASE												
Lease Mame	Well No. Pool Name, Includ								of Lease No.					
Carracas Unit-PC 36B	3 11 Wildcat:Carr				acas-Pictured Cliffs			State,	Federal or Feex NM 30585					
Location														
Unit LetterK	_ :1	780	_ Feet Fi	on The	South_	Line and	1590	Fe	et From The <u>W</u>	lest	Line			
Section 36 Township	b 32N		Dance	414		ATI em e	5							
Joseph Towns	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Range	4W		, NMPM,	Rio Ari	riba		·	County			
UI. DESIGNATION OF TRAN	SPORTE	R OF O	IL AN	D NATU	RAL G	AS								
Name of Authorized Transporter of Oil		or Conde					to which of	y* oved	copy of this form	is to be ser	nt)			
					<u> </u>									
Name of Authorized Transporter of Casinghead Gas or Dry Gas XX						Address (Give address to which approved co				is to be ser	nt)			
Nassau Resources, Inc. U well produces oil or liquids, Unit Sec. 11x				· · · · · · ·	P O Box 809, Farmington, N									
rive location of tanks.	Unit K	Sec.	Twp.	•	Is gas a	ctually connecte	ed?	When	7					
f this production is commingled with that i		er lease or	32N	4W	line order	YES	l		^					
V. COMPLETION DATA	rom any ou		keon's Riv	e comming.	ing older	munoer:			· · · · · · · · · · · · · · · · · · ·					
		Oil Wel		Jas Well	New 1	Well Workov	er De	epen	Flug Back Sa	me Dee v	Diff Reg'v			
Designate Type of Completion		İ	İ		i			·	I log back Sa	ille Kes v	l Kera			
Date Spudded	Date Com	pl. Ready to	o Frod.		Total D	epth	X		P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	- ÷		:		7 >01	71 R								
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Fay				Tubing Depth					
Perforations					<u></u>				Depth Casing S	h				
									Deput Casing 5	noe				
	7	UBING,	CASI	NG AND	CEME	NIING REC	ORD							
HOLE SIZE	SING & TI			DEPTH SET				SACKS CEMENT						
	ļ													
V. TEST DATA AND REQUEST FOR ALLOWABLE						<u> </u>								
-														
)IL WELL (Test must be after re Date First New Oil Run To Tank	Date of Te	nai voiume	oj 10aa e	ou ana musi	Drochicie	to or exceed top	p allowable	for this	depth or be for j	full 24 how.	<u>s.)</u>			
	01 10	oa.			- Todacii	ig intention (1 10)	∾, <i>բա</i> ուր, go	13 iyi, ei	c. <i>)</i>					
Length of Test	Tubing Pressure				Casing Pressure				Choke Size					
						•								
Actual Prod. During Test	d. Dwing Test Oil - Bbis.				Water - Bbls.				Gas- MCF					
	<u> </u>				<u> </u>									
GAS WELL														
Actual Frod. Test - MCF/D	Length of	esi			Выв. Со	ndenmie/MMC	F		Gravity of Cond	Sensate				
	THE STATE OF THE S													
ting Method (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size						
II Open Aron Centuria	<u> </u>				<u>ار</u>									
I. OPERATOR CERTIFICA				ICE			UNGE	DVA	TION DI	VICIO	N.I			
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION									
is true and complete to the best of my k	nowledge år	d belief.	=001 C			ala A		ΔP	R-5	NOP				
4,)	•				٥ اا	are Appro	ssea —	-71		1/7				
Fran Perrin					Original Signed by CHARLES GHOLSON									
Signature					B	y	igniui Sig	HOU DY	CHARLES OF		······································			
Fran Perrin Printed Name	— Regų Li	atory Li	aison Tida			••								
3/4/94	505 304		,		Ti	ille <u>De</u> l	PUTY OIL	& GAS	INSPECTOR,	DIST. #3				

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

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.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.

Telephone No.