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DISTRICT III
1000 Pita 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 AFI No. 30-039-25234
Address P O BOX 809, Farmington, N.M. 87499		
Person(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/> XX	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 13695 Carracas Unit-PC 23B	Well No. 13	Pool Name, Including Formation 96154 Undesignated Pictured Cliffs	Kind of Lease State, Federal or Other	Lease No. NM 28812
Location Unit Letter M M : 790 Feet From The South Line and 790 Feet From The West Line Section 23 Township 32N Range 4W , NMFM, 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"/> Water Pad# 2806084	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"/> XX Nassau Resources, Inc. 2806083	Address (Give address to which approved copy of this form is to be sent) P. O. Box 809, Farmington, N.M. 87499					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	1wp.	Rge.	Is gas actually connected? NO	When?

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
		XX	XX					
Date Spudded 6/9/93	Date Compl. Ready to Prod. 6/28/93	Total Depth 3800'	F.B.I.D. 3775'					
Elevations (DF, RKB, RT, GR, etc.) 6610' GR; 6623' KB	Name of Producing Formation Undes. Pictured Cliffs	Top Oil/Gas Pay 3613'	Tubing Depth 3582'					
Perforations 3613' - 3660'		Depth Casing Shoe 3800'						
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	9-5/8"	355' KB	224 cu.ft. circ. to surf.					
8-3/4"	5-1/2"	3800' KB	821 cu.ft. circ. to surf.					
	2-7/8"	3582' KB	2022					

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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

GAS WELL

Initial Prod. Test - MCF/D 366	Length of Test 24 hrs.	Bbls. Condensate/MCF/D ---	Gravity of Condensate ---
Flowing Method (pilot, back pr.) Flowing	Tubing Pressure (Shut-in) 700 psi	Casing Pressure (Shut-in) 700 psi	Choke Size 1.500"

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.

Fran Perrin
Signature
Fran Perrin Regulatory Liaison
Printed Name Title
7/2/93 505 326-7793
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **JUL 23 1993**

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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.