

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

# OIL CONSERVATION DIVISION

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. OGRID #015515		Well API No. 30-039-25254	
Address		P O BOX 809, Farmington, N.M. 87499			
Reason(s) for Filing (Check proper box)		<input checked="" type="checkbox"/> Other (Please explain)			
New Well	<input 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"/>	Change in pool name
If change of operator give name					

## II. DESCRIPTION OF WELL AND LEASE

Lease Name CARRACAS UNIT-PC 26B	Well No. 3	Pool Name, including Formation Wildcat:Carracas-Pictured Cliffs	Kind of Lease State, Federal or Private	Lease No. NM 28812
Location Unit Letter <u>C</u> : <u>790</u> Feet From The <u>North</u> Line and <u>1800</u> Feet From The <u>West</u> Line Section <u>26</u> Township <u>32N</u> Range <u>4W</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.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
	C	26	32N	4W		
If this production is commingled with that from any other lease or pool, give commingling order number:						

#### IV. COMPLETION DATA

[illegible]

#### V. TEST DATA AND REQUEST FOR ALLOWABLE

**OIL WELL**

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
WELL OPERATOR SIGNATURE			

## 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 Regulatory Liaison Title  
Date 3/4/94 505 326-7793 Telephone No.

## OIL CONSERVATION DIVISION

Date Approved APR - 5 1994

By Original Signed by CHARLES CHOLSON

Title **DEPUTY OIL & GAS INSPECTOR, DIST. #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 well in compliance with Rule 111.