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Submit 5 Copies
Appropriate District Office
DISTRICT 1
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 P.O. Drawer DD, Anesia, NM 88210

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICEM				
1000 Rio Brazos	Rd.	Aztec,	NM.	87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator	····		10 111/	11101	<u> </u>	L AND IN	TOTAL G	73	Well A	PI No.		· · · · · · · · · · · · · · · · · · ·	
NASSAIL RESOURCES, INC.						30-039-25332							
P.O. BOX Reason(s) for Filing (C	( 809 Far	mington,	N.M.	874	99	П 0 <sub>1</sub>	het (l'lease expl	lain)	,		· · · · · · · · · · · · · · · · · · ·	*****	
New Well	XX.		Change is	n Transpo	rter of:	<u> </u>		,					
Recompletion		Oil		Dry Ga									
Change in Operator	ī	Casinghead	·	Conden			•						
If change of operator gi	ve name			, 002000		<del>-                                    </del>					· · · · · · · · · · · · · · · · · · ·	······································	
and address of previous	operator	ANDIE		-				·					
J. DESCRIPTIO	N OF WELL	AND LEA	Well No.	Pool N	ma Inched	ing Formation		<sub>1</sub>	17:- 4 ·	· ( 1	<del></del>	Lease No.	<del></del> 1
	as Unit-PC	35B	8							d of Lease Lease No. NM 28812			
Location				Ullu	esign.	TICCUI	eu ollite	J			Net	20012	
Unit Letter	Н	_ :13	340	_ Feet Fr	om The	North L	ne and <u>108</u>	35	Fe	et From The	East	Li	ne
Section	35 Townsh	ip 321	Ŋ	Range	4W	,1	мрм,	Ri	o Ar	riba		County	
II. DESIGNATI		NSPORTE	R OF O	IL AN	D NATU	RAL GAS	}						
Name of Authorized To	ransporter of Oil		or Conde	nsate		Address (G	ive address to w	hich ap	proved	copy of this f	form is to be	e sent)	
Name of Authorized Tr	•	-		or Dry	Gas XX		ive address to w		•				
Massau If well produces oil or			Sec.	Twp.	Rge.	1	lly connected?	L al III	When		. 5743		
rive location of tanks.	nquius,	•	35	1 32N			No	1	W DE II		0/29/9	3	
f this production is con	mningled with that	L				-J	<del></del>	i	· · · · · · · · · · · · · · · · · · ·		0/25/5		
V. COMPLETIC			· <del>,</del>	γ									
Designate Type	of Completion	- (X)	Oil Wel		as Well	New Well	Workover	De	epen	Plug Back	Same Res	v Diff Res'	<b>"</b>
Date Spudded		Date Comp	l Ready t	o Prod	X	X Total Depth				P.B.T.D.	<u> 1</u>		
•			10/26				7' KB			4167	•		
10/12/93 Elevations (DF, RKB, I	RT. GR. etc.)			<del></del>		Top Oil/Gai				Tubing Dep			
	11, 011, 010.,	Name of Producing Formation										- 1	
7010' GL: Pictured Cliffs Ferforations					4012'			4007 KB Depth Casing Shoe					
4012 -	4111'							•		4226			1
		7	UBING	. CASII	NG AND	CEMENT	ING RECOR	SD					
HOLE S	SIZE	TUBING, CASING AND CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT					
12-1/4			-5/8"			318' KB				201 cu.ft. circ. to sur			Surf.
							4226' KB		1258 cu.ft. circ. to				
<del>8-3/4</del>			-1/2" -7/8"			4007'				1230 6	u.ic.	CIIC. C	, 3011
v. <b>Test data</b> i	AND DECUE		, -										
	AND KEQUE Test must be after				nil and mus	t he equal to	or exceed ton all	laumhle	for this	denth or he	for full 24 l	ours 1	6.50
Date First New Oil Rui		Date of Tes		oj ioua i	u ana mis		Method (Flow, p				jor juli 24 r	iours.)	) ì
Date I in the On Kui	u 10 140A	Date of Tes	×			Trocal Care I	1100100 (1 104), p		23 191, t	,	÷ .		
Length of Test		Tubing Pres	Tubing Pressure		Casing Pressure				Choke Stze				
Actual Prod. During Te	est	Oil - Bbls.		Water - Bbls.			Gas- MCF						
GAS WELL		<del></del>				.1				1	<del>D</del>	<del>137. 3</del>	
Actual Prod. Test - MC	F/D	Length of	est			Bbls. Conde	nsate/MMCF			Gravity of G	Condensate		
750		12 hrs.			-0-				NA				
esting Method (pitot, I	back pr.)	Tubing Pre	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)				Choke Size			
Flowing	•	760 psi			790 psi			0.250"					
VI. OPERATOI	CEDTIEIC	ATE OF		·	ICE	1	20		·	<u> </u>			'
I hereby certify that Division have been is true and complete	the rules and regu complied with and	dations of the I that the infor	Oil Conse mation giv	rvation			OIL CON			ATION T 29		ION	
Inan Perrir				Date Approved									
Signature Fran Perr Frinted Name	in	Regulatory Liaison			CENTER OF THE SECTION					<del></del>			
10/27/93		505 3	26-77			Title Caron Oa a a sa that College, State of							

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.