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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

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

DISTRICT III
1100 Rio Brazos Rd., Artec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator NASSAU RESOURCES, INC.	Well API No. 30-039-22691
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 type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Effective 7/1/93
If change of operator give name and address of previous operator Jerome P. McHugh, P.O. Box 809, Farmington, N.M. 87499	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Apache	Well No. 3E	Pool Name, Including Formation Wildhorse Gallup	Kind of Lease <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fee <input type="checkbox"/>	Lease No. JC 98
Location Unit Letter H : 1710 Feet From The North Line and 1120 Feet From The East Line Section 19 Township 26N Range 3W , 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 checked="" type="checkbox"/> Giant Refining, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 256, Farmington, N.M. 87499			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Williams Field Service Co.	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 58900, Salt Lake City, Utah 84158-0900			
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 19	Twp. 26N	Rge. 3W
	Is gas actually connected? Yes		When? 	

If this production is commingled with that from any other lease or pool, give commingling order number: _____

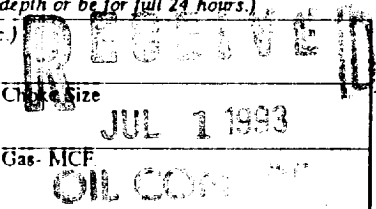
IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Fay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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

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

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
Printed Name
Regulatory Liaison
Title
7/1/93
Date
505 326 7793
Telephone No.

OIL CONSERVATION DIVISION

Date Approved **JUL 1 JUN 28 1993**

By *[Signature]*
Title **SUPERVISOR DISTRICT #3**

- INSTRUCTIONS:** This form is to be filed in compliance with Rule 1104
- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
 - All sections of this form must be filled out for allowable on new and recompleted wells.
 - Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 - Separate Form C-104 must be filed for each pool in multiply completed wells.