Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

TO TRANSPORT OIL AND NATURAL GAS   Operator   NASSAU RESOURCES, INC.   30-039-21391   30-039-2	DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	REQUE		•		LE AND		ZATION				
NASSAU RESOURCES, INC.  Address  P. O. Box 809, Farmington, N.M. 87499  Reson(s) for Filing (Check proper box)  New Well  Change in Transporter of:  Change in Operator  Change in Transporter of:  Change in Operator  Change in Change captain  Change in Change captain  Change in Change captain  Change in Change captain  Change	I.							AS				
Reson(s) for Filing (Check proper box)    New Well	Operator											
Change in Transporter of:   Change in Transporter of:   Change in Operator IX		INC.					<del>.</del>	30	-039-21	391		
New Well   Change in Transporter of:   Change in Transporter of:   Change in Oti		mington,	<u>N.M.</u>	874	499	CVI CVI ha	r (Planea avol.	oin)				
Recompletion		a	hange in Tr	ansport	er of:	C) Out	i ii iewe expi	oury				
If change of operator give name and address of previous operator   Jerome P. McHugh, P.O. Box 809, Farmington, N.M. 87499												
Lease Name   Lease No.   State, Federal or Fee   Lease No.   JC 90	l '	Casinghead C	Gas 🔲 C	ondens	ate 📗	Effect	ive $7/1$	/93				
Lease Name Chris   Well No.   3   Blanco Mesaverde   State, Federal or Fee   JC 90	If change of operator give name and address of previous operator	rome P.	McHugl	h, P	.O. Bo	x 809, F	'armingto	on, N.M.	87499			
Chris   3   Blanco Mesaverde   State, Federal or Fee   JC 90								l Pin A	-61		an No	
Unit Letter H : 1640 Feet From The North Line and 1000 Feet From The East Line  Section 21 Township 27N Range 3W ,NMPM, Rio Arriba County  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)  Name of Authorized Transporter of Casinghead Gas or Dry Gas XX Address (Give address to which approved copy of this form is to be sent)  Williams Field Service Full Sec. Twp. Rge. Is gas actually connected? When 7 yes  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)  Date Compl. Ready to Prod.  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.  Top Oil/Gas Pay Tubing Depth  Perforations  TUBING, CASING AND CEMENTING RECORD	Chris		<b>1</b>					State,	Federal or Fe			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil	,,	. ;	1640 F	eet From	m TheN	orth Line	and10	00 Fe	et From The	East	Line	
Name of Authorized Transporter of Oil	Section 21 Township	27N	R	ange	3W	, NN	ирм,	Rio Arri	ba		County	
Name of Authorized Transporter of Oil	III DESIGNATION OF TRANS	SPORTER	OF OIL	AND	NATIII	RAL GAS						
Williams Field Service  If well produces oil or liquids, pive location of tanks.    H   21   27N   3W   Yes							e address to w	hich approved	copy of this j	form is to be se	nt)	
If well produces oil or liquids, jive location of tanks.    H   21   27N   3W   Yes	<u> </u>		o	r Dry C	Sas XX			0.1. 1				
give location of tanks.  H 21 27N 3W Yes  If this production is commingled with that from any other lease or pool, give commingling order number:  IV. COMPLETION DATA    Oil Well   Gas Well   New Well   Workover   Deepen   Plug Back   Same Res'v   Diff Res'v			iec. T	wp.	Rge.					y, ocan	_84158=0 <b>9</b> 0	
IV. COMPLETION DATA    Oil Well   Gas Well   New Well   Workover   Deepen   Plug Back   Same Res'v   Diff Res'v								i				
Designate Type of Completion - (X)  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 Pay Tubing Depth  Perforations  TUBING, CASING AND CEMENTING RECORD	•	rom any other	lease or po	ol, give	commingl	ing order numb	er:					
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 Pay  Tubing Depth  Perforations  TUBING, CASING AND CEMENTING RECORD	Designate Type of Completion -		Oil Well	G	ns Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Perforations Depth Casing Shoe  TUBING, CASING AND CEMENTING RECORD	L		Ready to P	rod.	•	Total Depth		_1	P.B.T.D.	J	· ;	
TUBING, CASING AND CEMENTING RECORD	Elevations (DF, RKB, RT, GR, etc.)	Name of Prod	ducing Form	nation	:	Top Oil/Gas I	Pay		Tubing Dep	<b>xth</b>		
	Perforations								Depth Casing Shoe			
		77.1	IDING C	'A CIN	C AND	CEMENTO	VC PECOE	)D	<u> </u>			
TIGHT OFFICE STORY						CEMENTI			SACKS CEMENT			
	TIOLE OILL	07.0										
								· · · · · · · · · · · · · · · · · · ·	<b>.</b>			
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.)						h	averal top all	lowable for th	is death or be	for full 24 hour		
Description Method (Flow mining age lift atc.) (Flow mining Method (Flow mining age lift atc.)		<del>,</del>	a votavne oj	1000 01	4 474 77451				alc I seed	CD 154 + 0 1	: .	
Length of Test Tubing Pressure Casing Pressure	Length of Test	Tubing Press	ure			Casing Pressu	ire					
UN2 8 1993		Oit - Bbls.			Water - Bbls.							
CIL CON.	Actual Flor. During Fox	Oil - Bois.								IL CON		
GAS WELL DIOT. 3											. O	
Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate	Actual Prod. Test - MCF/D	Length of Tes	st			Bbls. Conden	sate/MMCF	e e e e e e e e e e e e e e e e e e e	Gravity of	Condensate		
Testing Method (pitot, back pr.)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFICATE OF COMPLIANCE	VI OPEDATOD CEDTIEIC	ATE OF C	COMDI	IAN	CF	<u>                                     </u>			1			
I hereby certify that the rules and regulations of the Oil Conservation  OIL CONSERVATION DIVISION					CL	(	DIL CON	<b>NSERV</b>	ATION	DIVISIO	N	
Division have been complied with and that the information given above	, ,					Date Approved JUN 2 8 1993						
Jan Para		-					whhlove	·U	\ ~\	) /		
Signature By By	Signature	Cionalure					By By Clhony					
Fran Perrin Regulatory Liaison Printed Name (c) 24/93 505 326-7793 Title  Title  SUPERVISOR DISTRICT #3	Printed Name				<u> </u>	Title		SUPER	VISOR DI	STRICT	#3	
Date Telephone No.	<del></del>				).							

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.