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 Appropriate District Office
 DISTRICT I
 P.O. Box 1980, Hobbs, NM 88240
 DISTRICT II
 P.O. Drawer DD, Artesia, NM 88210
 DISTRICT III
 1000 Rio 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**

I.

Operator NASSAU RESOURCES, INC.	Well API No. 30-045-27696
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 checked="" 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"/>
If change of operator give name and address of previous operator _____	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Gowsaround 16	Well No. 1	Pool Name, Including Formation Basin Fruitland Coal	Kind of Lease State, Federal or Bex	Lease No. VA-235
Location Unit Letter A : 980 Feet From The North Line and 980 Feet From The East Line Section 16 Township 26 North Range 12 West , NMPM , San Juan 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 2867267	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"/> El Paso Natural Gas Co. 2867266	Address (Give address to which approved copy of this form is to be sent) P O Box 4990, Farmington, N.M. 87499
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When?
Unit Sec. Twp. Rge.	Yes 11/30/90
If this production is commingling 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
		X	X					
Date Spudded 6-18-90	Date Compl. Ready to Prod. 11/30/90	Total Depth 1372' GL	P.B.T.D. 1291' GL					
Elevations (DF, RKB, RT, GR, etc.) 6058' GL	Name of Producing Formation Fruitland Coal	Top Oil/Gas Pay 968' GL	Tubing Depth 1244' GL					
Perforations 968' to 1248' GL	Depth Casing Shoe 1338' GL							

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
9-1/2"	7"	120' GL	65 cu.ft. circ. to surf.
6-1/4"	4-1/2"	1338' GL	414 cu.ft. circ. to surf.
	2-3/8"	1244' GL	

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.
		RECEIVED DEC 4 1990
		Choke Size Gas-MCF

GAS WELL

Actual Prod. Test - MCF/D 21	Length of Test 8 hrs.	Bbls. Condensate/MMCF DIST. 3	Gravity of Condensate
Testing Method (pilot, back pr.) Swabbing	Tubing Pressure (Shut-in) 20 psi	Casing Pressure (Shut-in) 250 psi	Choke Size 0.250"

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
12/3/90
 Date

Admin. Asst.
 Title
505 326-7793
 Telephone No.

OIL CONSERVATION DIVISION

Date Approved **DEC 04 1990**

By *[Signature]*
SUPERVISOR DISTRICT #3
 Title

INSTRUCTIONS:

- 1) Request for allowable on 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 Section I for change of operator, well name or number, transporter, or other such changes.

Form C-104
 for each multiply completed wells