5 NHOCD Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240 1 DE

1 Chevron l File State of New Mexico

1 NWPL 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, Antesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Dperator								Well API No.			
NASSAU RESOURCES, INC.								30-039-24371			
Address	•										
P O BOX 809, Farm	nington,	N.M.	874	99			 				
Reason(s) for Filing (Check proper box) New Well Change in Transporter of:						Other (Please explain)					
New Well						i					
Recompletion U Oil U Dry Gas U Change in Operator Casinghead Gas Condensate											
Change in Operator	Campnes	a Cas	Conde	isate [_]							
and address of previous operator				 				· <u> </u>		 	
II. DESCRIPTION OF WELL AND LEASE											
Lease Name		Well No.	Pool N	lame, Includi	ng Formation					ease No.	
Carracas Unit 27 A	8	Ba	sin Fru	itland (Coal	XXXX	See Federal or Beac X USA NM 30016				
Location											
Unit Letter H	_ :148	0	Feet F	rom The	N Lin	and 990	Fe	et From The _	Е	Line	
Section 27 Townsh	7 Township 32N Range 51			5W	,NMPM, Rio Arriba			County			
Section - 10wman	<u> </u>		Kange	<u> </u>	, 111	WIN, KIO	AIIIUA			Codin	
III. DESIGNATION OF TRAI	NSPORTE			D NATU						•	
Name of Authorized Transporter of Oil		or Conden	sale		Address (Give address to which approved copy of this form is to be sent)					int)	
			- · · · · · · · · · · · · · · · · · · ·			····					
Name of Authorized Transporter of Casis Nassau Resources,			or Dry	Gas XX			• •	copy of this form is to be sent)			
<u>`</u>						K 809, Fá					
If well produces oit or liquids, Water give location of tanks.		Sec.	Twp.	•	• •			Then 7			
CILLY	<u> </u>	27	32N	_1.5W	NO		L				
If this production is commingled with that IV. COMPLETION DATA	t from any our	er lease or	pool, ga	ve commingi	ing order num	Der:					
IV. COMILETION DATA		Oil Well	\neg	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	ı - (X)	1	i	v	l v	1	I		Jeille 1100 /		
Date Spudded	Date Com	pl. Ready to	Prod.		Total Depth	!	.1	P.B.T.D.		_1	
5/17/89	6/89			4025'			3964' KB				
Elevations (DF, RKB, RT, GR, etc.)	roducing Fo	ormation	1	Top Oil/Gas Pay			Tubing Depth				
7175' KB	land C			3868'			3951 KB				
Perforations					I.,,	**************************************		Depth Casing	Shoe		
3868' KB to 3894'	KB							4023	' KM		
	1	TUBING,	CASI	NG AND	CEMENTI	NG RECOF	D				
HOLE SIZE	CA	SING & TU	JBING	SIZE	DEPTH SET			SACKS CEMENT			
12-1/4"	9-5	/8"			341' KB			234 cf, circ, to surface			
8-3/4"	5-1	/2"			4023' KB			1245 cf. circ. to surface			
	/8"			3951' KB			1384				
V. TEST DATA AND REQUE											
OIL WELL (Test must be after			of load	oil and must							
Date First New Oil Run To Tank	Date of Te	st			Producing M	ethod (Flow, p	ump, gas lyt,	eic.) D	ECE	YE	
				Casing Press			Choke Sic				
Length of Test	Tubing Pro	essure			Casing Pressure			WING GARAGE			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls			Gas- MCF	JUNS !	3 1989 - T	
Actual Flod. During Test	•			**************************************			OIL CON BUY				
L				 	1			<u> </u>		A. DIA.	
GAS WELL		Bo .			150: 7	A D 405		10	DIST	.3	
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensale			
53 MCF/D		24 hrs.			Casing Pressure (Shut-in)			Choke Size			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				O			NONE		Ì	
Pumping					-						
VI. OPERATOR CERTIFIC	CATE OF	F COMI	PLIA.	NCE	11 4		ISERV	ΙΜΟΙΤΔ	NISIVIC	NC	
I hereby certify that the rules and regulations of the Oil Conservation						OIL CONSERVATION DIVISION					
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.											
to the and confined to the ocal to the knowledge and belief.						Date Approved JUN 2 8 1989					
1 44						fi .					
Signature of J						By Original Signed by FRANK T. CHAVEZ					
Signature Japanes S. Hazen Field Supt.						SUPERVISOR A COLLAR OF S					
Pringed Name Title					Title						
6/27/89	505	326-77									
Date		Tel	ephone	No.	-						

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.