

OIL CONSERVATION DIVISION

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator NASSAU RESOURCES, INC.	Well API No. 30-039-24419
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 Carracas Unit 25 B	Well No. 13	Pool Name, Including Formation Basin Fruitland Coal	Kind of Lease <input checked="" type="checkbox"/> State, Federal or Private	Lease No. NM 30585
Location *Surface Location Unit Letter : 1010 Feet From The South Line and 580 Feet From The West Line Section , 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 type="checkbox"/>	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"/>	Address (Give address to which approved copy of this form is to be sent)					
Nassau Resources, Inc.	P O Box 809, Farmington, N.M. 87499					
If well produces oil or liquids, give location of tanks. wtr. only	Unit M	Sec. 25	Twp. 32N	Rge. 4W	Is gas actually connected? Yes	When? 11-8-90

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
		XX	XX					
Date Spudded 9-21-90	Date Compl. Ready to Prod. 10-30-90	Total Depth 4850' KB	P.B.T.D. 4698' KB					
Elevations (DF, RKB, RT, GR, etc.) 7007' GL	Name of Producing Formation Fruitland Coal	Top Oil/Gas Pay 4578' KB	Tubing Depth 4616' KB					
Perforations 4578-4632' KB (MD)			Depth Casing Shoe 4847' KB					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	9-5/8"	305' KB	230 cu.ft. circ. to surf.					
8-3/4"	5-1/2"	4847' KB	1588 cu.ft. circ. to surf.					
	2-7/8"	4616' KB						

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	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 11-9-90 731	Length of Test 19 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Flowing	Tubing Pressure (Shut-in) 1150 psi	Casing Pressure (Shut-in) 1150 psi	Choke Size 1.500"

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.

*Bottom hole location:
1595' FSL - 2560' FWL

Signature Fran Perrin Admin. Asst.
Printed Name Fran Perrin Title
Date 11-12-90 Telephone No. 505 326-7793

OIL CONSERVATION DIVISION

Date Approved JAN 17 1991

By ORIGINAL SIGNED BY ERNIE BUSCH

Title DEPUTY OIL & GAS INSPECTOR, DIST. #3

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.