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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. 30-039-24719
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 22 B	Well No. 7	Pool Name, Including Formation Basin Fruitland Coal	Kind of Lease State Federal or Foreign	Lease No. NM 59696
Location Unit Letter G : 1650 Feet From The North Line and 1715 Feet From The East Line Section 22 Township 32N Range 4W, 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.	Unit G	Sec. 22	Twp. 32N	Rge. 4W	Is gas actually connected? Yes	When? 7/24/90

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
		X	X					
Date Spudded 6-16-90	Date Compl. Ready to Prod. 7-24-90		Total Depth 3830'		P.B.T.D. 3750' KB			
Elevations (DF, RKB, RT, GR, etc.) 6754' GL; 6767' KB	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay 3618' KB		Tubing Depth 3641' KB			
Perforations 3618-3632'					Depth Casing Shoe 3830' KB			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	9-5/8"		314' KB		222 cu.ft.			
8-3/4"	5-1/2"		3830' KB		1435 cu.ft.			
	2-7/8"		3641' 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 (Pilot pump, gas lift, etc.)
		RECEIVED
Length of Test	Tubing Pressure	Casing Pressure
		JUL 30 1990
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.
		OIL CON. DIV.
		DIST. 3
		Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 69	Length of Test 24 hours.	Bbls. Condensate/MMCF -----	Gravity of Condensate -----
Testing Method (pilot, back pr.) Flowing w/ comp.	Tubing Pressure (Shut-in) 350 psi	Casing Pressure (Shut-in) 600 psi	Choke Size .750"

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 Admin. Asst.
Printed Name
7-27-90 **505 326-7793** Title
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **AUG 06 1990**

By **Original Signed by CHARLES GHULSON**

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, etc.