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State of New Mexico
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

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

## **OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I	TO TR/	ANSPORT OIL	AND NA	TURAL G					
Operator Nassau Resour		Well API No. 30-039-24719							
P O Box 809,	Farmington	NM 8749	9						
Reason(s) for Filing (Check proper box)	······································		Othe	er (Please expl	ain)				
New Well	Change is	Transporter of:	Co	ompleti	on of	a new	zone		
Recompletion	Oil	Dry Gas		. r			2022		
Change in Operator	Casinghead Gas	Condensate							
If change of operator give name and address of previous operator									
II. DESCRIPTION OF WELL		12					·· <del>·</del> ·································		
Carracas Unit	22 B Well No.	Pool Name, Includi Undesign	ng Formation lated P	ictured		of Lease FederaKoK Ped		59696	
Location G	1650		N	171	.5		E		
Unit Letter	_ :	Feet From The	Line	* * DC	re	et From The _		Line	
Section 22 Township	p )2.11	Range 477	, NN	ирм,	Rio Ar	riba		County	
III. DESIGNATION OF TRAN	SPORTER OF O	IL AND NATU	RAL GAS						
Name of Authorized Transporter of Oil	or Conde	nsate	Address (Give	e address to w	hich approved	copy of this fo	orm is to be se	nt)	
Name of Authorized Transporter of Casing Nassau Resour	ces, Inc.	or Dry Gas XXXX	Address (Give	e address to w	hich approved Farmi	copy of this for ngton,	vm is to be se NM 87	ns) 7499	
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rge. 32N 4W	Is gas actually connected? When			7/24/90			
If this production is commingled with that IV. COMPLETION DATA	from any other lease or	pool, give commingl	ing order numb	per:					
Designate Type of Completion	- (X) Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded 6-16-90	Date Compl. Ready to Recompl.	Total Depth 3830 KB			P.B.T.D. 3750 KB				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing F	Top Oil/Gas Pay			Tubing Depth				
6754 GL Undes PC				3722'			3682 * KB		
3722 ' 3738 '	,,,		.=			Depth Casing	_	(B	
	TUBING,	CASING AND	CEMENTIN	NG RECOR	D				
HOLE SIZE	CASING & T	DEPTH SET			SACKS CEMENT				
12-1/4"	9-5/8"		314' KB						
8-3/4"	5-1/2"								
	2-7/8'	1	3682	KB					
V. TEST DATA AND REQUES			l			1			
OIL WELL (Test must be after re Date First New Oil Run To Tank	ecovery of total volume Date of Test	of load oil and must		exceed top allow thod (Flow, pu	<del></del>		DI Thou	3.)	
	Date of Test			· · · · · · · · · · · · · · · · · · ·	ump, gas tyt, e			EIV	
Length of Test	Tubing Pressure		Casing Pressure			Choke Size AUG 07 1992			
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.			Gas-MCFOIL CON DI			
GAS WELL		· · · · · · · · · · · · · · · · · · ·	•				DIS	7 3	
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size				
VI ODEDATOD CEDTIEIO	ATE OF COLU	OF TARICE		850			* 81		
VI. OPERATOR CERTIFIC			(	OII CON	JSFRV.	I MOITA	OIRIVIC	N	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above				OIL CONSERVATION DIVISION					
is true and complete to the best of my knowledge and belief.				Date Approved AUG 0 7 1992					
				Date Approved					
Fran Perrin				ungin	กเ วเกิน <b>์อย ม</b> ี	y LITARLES			
Signature Fran Perrin Regulatory Liaison			DEPUPH-ONLE GAS INSPECTOR, DIST: 43						
Date 8/6/95		326-7793 ephone No.	Title	<del></del>	··· · · · · · · · · · · · · · · · · ·			<del></del>	
<b>₽</b> 849	161	epitote IW.	<u> </u>			· · · · · · · · · · · · · · · · · · ·		تسمع والمحادث	

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) Senarate Form C-104 must be filed for each nool in multiply completed wells