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 Appropriate District Office
 DISTRICT I
 P.O. Box 1980, Hobbs, NM 88240

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, Artesia, NM 88210

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
 TO TRANSPORT OIL AND NATURAL GAS**

*Notes
 GAL 66815*

I.

Operator NASSAU RESOURCES, INC.	Well API No. 30-039-25254
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-PC 26 B	Lease No. 3	Pool Name, Including Formation Undesignated Pictured Cliffs	Kind of Lease State, Federal or F ed XX	Lease No. NM 28812
Location Unit Letter <u>C</u> : <u>790</u> Feet From The <u>North</u> Line and <u>1800</u> Feet From The <u>West</u> Line Section <u>26</u> Township <u>32N</u> Range <u>4W</u> , 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"/> <u>Water Pool</u>	Address (Give address to which approved copy of this form is to be sent) <u>2805171</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> NASSAU RESOURCES, INC.	Address (Give address to which approved copy of this form is to be sent) P O BOX 809, Farmington, N.M. 87499
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When ? C 26 32N 4W No

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 8-24-93	Date Compl. Ready to Prod. 9-24-93		Total Depth 3835' KB		P.B.T.D. 3835'			
Elevations (DF, RKB, RT, GR, etc.) 6620' GL 6630	Name of Producing Formation Undesignated PC		Top Oil/Gas Pay 3629'		Tubing Depth 3644'			
Perforations 3629 - 3742' Pictured Cliffs					Depth Casing Shoe 3833'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	9-5/8"		330' KB		201 cu.ft. circ. to surf.			
8-3/4"	5-1/2"		3833' KB		1766 cu.ft. circ. to surf.			
	2-7/8"		3644' 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.)	RECEIVED SEP 29 1993 OIL CON. DIV DIST. 3
Length of Test	Tubing Pressure	Casing Pressure	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	

GAS WELL

Actual Prod. Test - MCF/D 552	Length of Test 24 hrs.	Bbls. Condensate/MMCF ---	Gravity of Condensate ---
Testing Method (pilot, back pr.) Flowing	Tubing Pressure (Shut-in) 730	Casing Pressure (Shut-in) 750	Choke Size .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.

Murphy Brasuel
 Signature
 Printed Name
 Title
 Date
 Telephone No.

OIL CONSERVATION DIVISION

Date Approved SEP 30 1993

By Original Signed by CHARLES GHOLSON

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.