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Submit 5 Copies
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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	TO	TRAN	SPORT OIL	AND NA	TURAL G	AS					
Operator						Well API No.					
NASSAU RESOURCES,		30-039-20781									
· · ·	mbon N.M	0740	١٥								
P. O. Box 809, Farmin Reason(s) for Filing (Check proper box	gton, N.M.	8749		- N	her (Please expl	lain)					
New Well	•	ige in Tr	ansporter of:		ici (i iease expi	oin)					
Recompletion	Oil		ry Gas								
Change in Operator XX	Casinghead Gas	_		Effecti	ve 7/1/93	3					
f change of operator give name	T								<u>_</u>		
and address of previous operator	Jerome P. Mo	cHugh	ı, P.O. Bo	x 809.	<u>Farmingto</u>	on, N.M.	87499				
<b>U. DESCRIPTION OF WEL</b>	L AND LEASE										
Lease Name Well No. Pool Name, Including								of Lease No.			
Cougar	<del></del>					ictured Cliffs			6447		
Location											
Unit LetterM	:790	0 Fe	et From The	South Lin	e and 8	90 Fe	et From The _	West	Line		
<b>A</b> rad a m	••	_									
Section 19 Towns	ship 25N	Rı	ange 1W	, <u>N</u>	MPM,	<u>Rio Ar</u>	riba		County		
II. DESIGNATION OF TRA	NCPODTED OF	r OII	AND NATE	DAI CAC							
Name of Authorized Transporter of Oil	or C	ondensati			ve address to w	hick approved	come of this for	rm is to be se			
,	السا		لــا		100 10 W	approved	COPY OF THIS JOI	> 10 06 361	/		
Name of Authorized Transporter of Cas	inghead Gas	7 or	Dry Gas [XX]	Address (Gir	ve address to w	hich annumed	come of this for	rm is to he se	nt)		
El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4990, Farmington, N.M. 87499										
f well produces oil or liquids, Unit Sec. Twp. Rge				is gas actually connected? When ?							
ive location of tanks.	м 10	i	5N 111		•	1	•				
f this production is commingled with the				ing order num	ber:		·				
V. COMPLETION DATA	·	•	· ·	•		24 5.7					
	Oil	Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completio	n - (X)		1	İ	j	i i	i i		]		
Date Spudded	Date Compl. Rea	dy to Pr	od.	Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation  Perforations				Top Oil/Gas Pay			Tubing Depth				
										CITOTALIOLIS	
							<u> </u>				
			ASING AND CEMENTING RECORD			<u>D</u>					
HOLE SIZE	CASING	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
			<del></del>								
								<del> </del>	·······		
. TEST DATA AND REQUI	EST FOR ALLC	WAR	ī.Ē	l			<u> </u>		<del></del>		
	recovery of total vol			he equal to or	exceed top all	owable for this	denth or he fo	e full 24 hour	- 1		
Date First New Oil Run To Tank	Date of Test			<del>,</del>	ethod (Flow, pu			10 6	9. N. A.		
		Jac of Yea			, , , , , , , , , , , , , , , , , , , ,						
ength of Test	Tubing Pressure		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Casing Press	ure		Choles Size				
	_						JUN 2 8 1993				
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbls.						
								L CON	ė. S		
GAS WELL	· · · · · · · · · · · · · · · · · · ·							DIST.			
Actual Prod. Test - MCF/D	Length of Test			Bbls. Conder	sate/MMCF	<del></del>	Gravity of Co		-		
						i de de la seminação La compansión de la comp	Charles of Condensate				
esting Method (pitot, back pr.) Tubing Pressure (Shut				Casing Pressure (Shut-in)			Choke Size				
		·			,						
I. OPERATOR CERTIFIC	CATE OF CO	MDI I	ANCE				L				
I hereby certify that the rules and reg				(	DIL CON	ISERVA	ATION F	IVISIO	N		
Division have been complied with an	d that the information	given a	bove		= <del>-</del> • ·				- •		
is true and complete to the best of my	knowledge and belie	ef.		Date	Annrovo	۸ ,	JUN 281	1993			
				Dale	Approve	<b>u</b>		-			
Fran Penin					By						
Signature				By_				4			
Fran Perrin Printed Name	Regulator	ry Li Tit				SUPER	ISOR DIS	TRICT	<b>1</b> 2		
6/24/92	FOE 222		ie i	Title	•				- J		
Date	505 326	<u>7793                                   </u>	ne 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.