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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

5 NMOCD 1 DE 1 File

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

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator <b>NASSAU RESOURCES, INC.</b>	Well API No. <b>30-039-20199</b>
Address <b>P. O. Box 809, Farmington, N.M. 87499</b>	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Effective 7/1/93 Other (Please explain) <input type="checkbox"/>	
If change of operator give name and address of previous operator <b>Jerome P. McHugh, P.O. Box 809, Farmington, N.M. 87499</b>	

### II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Apache</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Dakota</b>	Kind of Lease <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> See	Lease No. <b>JC 98</b>
Location Unit Letter <b>D</b> : <b>1190</b> Feet From The <b>North</b> Line and <b>1190</b> Feet From The <b>West</b> Line Section <b>18</b> Township <b>26N</b> Range <b>3W</b> , <b>NMPM</b> , <b>Rio Arriba</b> County				

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <b>Giant Refining, Inc.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 256, Farmington, N.M. 87499</b>			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>Williams Field Service Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 58900, Salt Lake City, Utah 84158-0900</b>			
If well produces oil or liquids, give location of tanks.	Unit <b>D</b>	Sec. <b>18</b>	Twp. <b>26N</b>	Rge. <b>3W</b>
Is gas actually connected?		When?		
<b>Yes</b>				

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)	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v	<input type="checkbox"/> Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Fay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

### 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 for full depth)			
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
		<b>RECEIVED</b> <b>JUL 1 1993</b> <b>OIL CON. DIV</b> <b>DIST. 3</b>	

### GAS WELL

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

### 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** Regulatory Liaison  
Printed Name Title  
**7/1/93** **505 326 7793**  
Date Telephone No.

### OIL CONSERVATION DIVISION

Date Approved **JUL 1 1993**  
By *[Signature]*  
Title **SUPERVISOR DISTRICT #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.