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Appropriate District Office
DISTRICT 1
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

1.	1	TO TRA	NSP	ORT OIL	AND NA	TURAL C	SAE						
()perator							Well AFI No.						
NASSAU RESOURCES, INC.								30-0)39-2164	7	· · · · · · · · · · · · · · · · · · ·		
P. O. Box 809, Farm	ington,	N.M.	874	99									
Reason(R) for Filing (Check proper box)					Oth	et (l'lease ex	plain)						
Recompletion		Change in	Transpo										
Change in Operator XX	Oil Casinghead		-		Effe	ective 7	7/1/9	93			-		
If change of operator give name					ox 809, I				87499				
• •			gu,	1.0. DC	JX 005, 1	arminge	,	11.11.		· · · · · · · · · · · · · · · · · · ·			
JJ. DESCRIPTION OF WELL.	AND LEA	Well No.	Pool N	lama lachul	ing Formation			12:1					
Valencia Canyon					~~ 1 01 · CC · · ·				of Lease Lease No. Federal or Pee NM 14914				
Location			·					-l		1			
Unit Letter M	: 87	0	Feet Fr	rom The	South Lin	e and	70	Fe	t From The	West	Line		
Section 14 Township 28N Range 4W				4W	,NMPM, Rio Arrib				a County				
Name of Authorized Transporter of Oil or Condensale VV Address (Give address to which approved copy of this form is to be sent)													
Name of Authorized Transporter of Oil		or Conden	sale	XX	I .				• • • •				
Giant Refining, Inc. Name of Authorized Transporter of Casinghead Gas or Dry Gas [XX]						P.O. Box 256, Farmington, N.M. Address (Give address to which approved copy of this form					199		
El Paso Natural Gas	•	L	0. 2.1	O., C.	P.O. Box 4990, Fa					7499			
Well produces oil or liquids, Unit Sec. T give location of tanks.				Rge.						nen ?			
[M		28N	4W		yes		1					
If this production is commingled with that I IV. COMPLETION DATA	rom any othe	er lease or	peot, gr	ve comming	ling order num	ber:							
	(TE)	Oil Well	1	Cas Well	New Well	Workover	1	еереп	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion Date Spudded		 			122 522	l	_İ	j	,	<u> </u>	_i		
Date 3 whee	Date Comp	t. Keady to	PTOG.		Total Depth				P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay				Tubing Depth				
Perforations					<u> </u>				Depth Casing Shoe				
										Depart Casing Since			
		UBING,	CASI	NG AND	CEMENTI	NG RECO	RD		<u> </u>				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT				
·					<u> </u>								
V. TEST DATA AND REQUES OIL WELL Test must be after re													
OII. WELL (Test must be after re	Date of Test		oj ioaa	ou and musi	Producing Me					or full 24 hou	75.)		
Length of Test	T.M D.								- IN				
Length of reac	Tubing Pressure			Casing Pressure				Choke	'JUN2	8 1993			
Actual Frod. During Test	Oil - Bbls.			Water - Bbis.				Gas-MCFOIL CON.					
/140 PPPM P	<u> </u>									DIS	ST. 3		
GAS WELL Actual Frod. Test - MCF/D	II 1				1 50: 2::::		•			_,			
ration real - Well D	Length of Test			Bbls. Condensate/MMCF			4.4	Gravity of Condensate					
lesting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size				
VI. OPERATOR CERTIFICA	ATE OF	СОМР	1141	JCE	1				L				
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION								
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					JUN 2 8 1993								
A See the complete to the coat of the Antownedge and belief.					Date Approved								
Fran Porus						By 3.11 change							
Signature Populatory Ligicon					∥ _R A —	Dy							
Fran Perrin Regulatory Liaison Frinted Name					Title		SU	PERVI	SOR DIS	TRICT #	3		
(4/24/93	505_32				l une						· · · · · · · · · · · · · · · · · · ·		
Date /	. <u> </u>	Telej	nhone N	o.									

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.