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Capacitate District Office
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DISTRICT II FO. Drawer DD, Antesia, NM 88210

State of New Mexico Energy, Minerals and Natural Resources Department 1 Chevron 1 NWP _ Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

1 Amoco

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410	Santa re, New Mexico 87504-2088
	REQUEST FOR ALLOWABLE AND AUTHORIZATION
.	TO TRANSPORT OIL AND NATURAL GAS

1 DŁ

•	TO THANSPURED	IIL AND NATUHAL GAS			
Operator			Well API No.		
NASSAU RESOURCI	ES, INC.	30-039-24412			
	armington, N.M. 87499				
Reason(s) for Filing (Check proper box)	armington, N.M. 87499	Ob(8)			
New Well	Change in Transporter of:	Other (Please explain)			
Recompletion	Oil Dry Gas	1			
Change in Operator	Casinghead Gas Condensate				
f change of operator give name					
and address of previous operator					
II. DESCRIPTION OF WELL					
Lease Name	Well No. Pool Name, Inch		Kind of Lease Lease No.		
Carracas Unit 2	22 A 13 Basin Fr	cuitland Coal	State: Federal or Fee X NM 30351		
Location					
Unit Letter M	: 620 Feet From The _	South Line and 540	Feet From The West Line		
Section 22 Townsh	i= 200 P				
Section // Townsi	ip 32N Range 5W	, NMPM, Rio Ar	riba County		
II. DESIGNATION OF TRAI	NSPORTER OF OIL AND NAT	URAL GAS			
Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which a	pproved copy of this form is to be sent)		
Name of Authorized Transporter of Casinghead Gas or Dry Gas X		Address (Give address to which ap	Address (Give address to which approved copy of this form is to be sent)		
Nassau Resource If well produces oil or liquids,	Nassau Resources, Inc.		P O Box 809, Farmington, N.M. 87499		
ive location of tanks. Water only	Unit Sec. Twp. Rg	e. Is gas actually connected?	When ?		
Shis production is comminded with that	from any other lease or pool, give commin	l Yes	10/12/89		
V. COMPLETION DATA	montality other lease or poor, give commin	gling order number:			
	Oil Well Gas Well	New Well Workover De	l Di Di la D		
Designate Type of Completion	- (X) X	X MOLLOVEI DA	pepen Plug Back Same Res'v Diff Res'v		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
8-21-89	10/12/89	3950'	3908'		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
7022 GL	Fruitland Coal	3695'	3754' KB		
			Depth Casing Shoe		
3695' - 3752' K		CEMENTING RECORD	3946' KB		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	010/2051/51/5		
12-1/4"	9-5/8"	326' KB	SACKS CEMENT 178 cu.ft.		
8-3/4"	5-1/2"	3946' KB	1319 cu.ft.		
	2-7/8"	3754' KB	1317 Cu.ic.		
/. TEST DATA AND REQUE					
OIL WELL (Test must be after to Date First New Oil Run To Tank	recovery of total volume of load oil and mu	si be equal to or exceed top allowable	for this depth or be for full 24 hours.)		
Tale Lim New Oil Kind 10 13UK	Date of Test	Producing Method (Flow, pump, go	as lift, etc.)		
ength of Test	Tubing Pressure	Casing Pressure	Choke D E F		
	rooms tressure	Casing i tessuite	Cuore of a fact of the		
Actual Prod. During Test	Oil - Bbls.	Water - Bbis.	Gas-MCF OCT 0 1000		
			Gas-MCF OCT1 9 1989		
GAS WELL			OIL CON. DIV		
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Conden OST. 3		
23	24 hrs.				
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
Pumping	ll44_psi	l44 psi	0.375"		
VI. OPERATOR CERTIFIC		OII CONCE	DVATION DIVIDION		
I hereby certify that the rules and regulation have been complied with and	lations of the Oil Conservation		RVATION DIVISION		
is true and complete to the best of my	knowledge and belief.		OOT 9 5 1090		
1		Date Approved _	OCT 2 5 1989		
Fran Penin		_ Orininal Ci =	Original Signal L. TDASHAT CHARLES		
Signature		By Original Signed by FRANK T. CHAVEZ			
Fran Perrin Admin. Asst.		SUPERVISOR DISTRICT (# 2			
10/17/89	Title 505 326-7793	Title	The state of the s		
Data AVIALIMZ	Tital and	H			

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
- 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.