

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator NASSAU RESOURCES, INC.		Well API No. 30-039-24415
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 35 B	Well No. 9	Pool Name, Including Formation Basin Fruitland Coal	Kind of Lease State, Federal or xxx	Lease No. NM28812
Location Unit Letter <u>I</u> : <u>1850</u> Feet From The <u>South</u> Line and <u>790</u> Feet From The <u>East</u> Line Section <u>35</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"/>		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)	
Nassau Resources, Inc.		P O Box 809, Farmington, N.M. 87499	
If well produces oil or liquids, give location of tanks. <u>water only</u>	Unit <u>I</u>	Sec. <u>35</u>	Twp. <u>32N</u> Rge. <u>4W</u>
Is gas actually connected? <u>Yes</u>		When ? <u>12/11/89</u>	

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
		XX	XX					
Date Spudded 10/24/89	Date Compl. Ready to Prod. 12/11/89		Total Depth 4200' KB		P.B.T.D. 4140' KB			
Elevations (DF, RKB, RT, GR, etc.) 6980' GL	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay 3887		Tubing Depth 3977' KB			
Perforations 3887 - 3964'					Depth Casing Shoe 4200' KB			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	9-5/8"	345' KB	159 cu.ft.circ. to surf.
8-3/4"	5-1/2"	4200' KB	1645 cu.ft.circ. to surf.
	2-7/8"	3977' 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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D 651	Length of Test 24 hrs.	Bbls. Condensate/MMCF ---	Gravity of Condensate ---
Testing Method (pilot, back pr.) flowing	Tubing Pressure (Shut-in) 625	Casing Pressure (Shut-in) 1325	Choke Size 1.250"

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.

Fran Perrin
Signature
Fran Perrin
Printed Name
12/15/89
Date

Admin. Asst.
Title
505 326-7793
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 11 1990

By Original Signed by FRANK T. CHAVEZ

Title SUPERVISOR DISTRICT 3