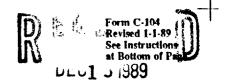
Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico /
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088



OIL CON. DIV. DIST. 3

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

Daniel Dy 11011 111011100 0150 1 2000	
REQUEST FOR ALLOWABLE AND AUTHORIZATI	ON
TO TRANSPORT OIL AND NATURAL GAS	***

Operator							W	II API No.			
NASSAU RESOURCES	NASSAU RESOURCES, INC.						3	30-039-24415			
Address											
P O Box 809, Far	mington	, N.M.	8	7499							
Reason(s) for Filing (Check proper box)			_	_	∐ Oth	et (Please expl	lain)				
New Well Ly		Change in		. —		•					
Recompletion \square	Oil		Dry (
Change in Operator	Casinghead	d Gas	Cond	lensate							
f change of operator give name and address of previous operator											
I. DESCRIPTION OF WELL	ANDIE	CE									
Lease Name	AND LEA		Pool	Name Includi	- Comption			nd of Lease No.			
Carracas Unit 35	1								lete Coderel es Con		
Location			1 .D.	asın rio	ilcianu (Juar	^^	X	* NM288	12	
		1050			1		00	_			
Unit LetterI	- :	1820	_ Feet	From The _S	outh Lin	e and/	90	Feet From The	ast	Line	
Section 3.5 Townshi	- 221		Dane	. /11	A.TI	umu n		.,			
Section 35 Townshi	p 32N		Rang	se 4W	, N	MPM, R	<u>io Arr</u>	1ba		County	
II. DESIGNATION OF TRAN	SPORTE	ROFO	11 . A	ND NATII	DAL GAS						
Name of Authorized Transporter of Oil	DI OKIE	or Conde		C		e address to w	vhich appro	wed copy of this for	m is to be su	ent]	
•	لــا				, , , , , , , , , , , , , , , , , , , ,					,	
Name of Authorized Transporter of Casin	ghead Gas		or D	ry Gas [XX]	Address (Giv	e address to w	vhich anne	ved copy of this for	m is to he e	ent]	
Nassau Resources				I .				• • • •			
If well produces oil or liquids,	soil or liquids, Unit Sec. Twp. Rge. is gas actually connected? When?										
ive location of tanks. water only	iı i	35	32		Yes	,	i "	12/11/89			
this production is commingled with that					1	ber:					
V. COMPLETION DATA	•			.							
		Oil Wel		Gas Well	New Well	Workover	Deepe	n Plug Back S	ame Res'v	Diff Res'v	
Designate Type of Completion	- (X)	i	i	XX	XX		i Barpa		anic Res v	I Res	
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.				
10/24/89	12	12/11/89			4200' KB			4140'	KB		
Elevations (DF, RKB, RT, GR, etc.)		f Producing Formation			Top Oil/Gas Pay				Tubing Depth		
	6980' GL Fruitland Coal					3887			3977' KB		
riorations					300,				Depth Casing Shoe		
3887 - 3964'								4200			
	Т	TUBING, CASING AND			CEMENTING RECORD			1 1200		······	
HOLE SIZE	T	CASING & TUBING SIZE			DEPTH SET			SA	SACKS CEMENT		
12-1/4"	9	9-5/8"			345' KB				159 cu.ft.circ. to su		
8-3/4"		-1/2"			4200' KB				1645 cu.ft.circ. to su		
		-7/8"				7' KB		10,3 00	1045 ca.re.cire. to su		
	1					, <u>, , , , , , , , , , , , , , , , , , </u>					
V. TEST DATA AND REQUE	ST FOR A	LLOW	ABL	E	<u> </u>				· · · · · · · · · · · · · · · · ·		
OIL WELL (Test must be after t	ecovery of to	tal volume	of load	d oil and must	be equal to or	exceed top all	lowable for	this depth or be for	full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Tes					ethod (Flow, p					
	1										
Length of Test	Tubing Pres	estre			Casing Press	ıre		Choke Size			
					Ì						
Actual Prod. During Test	Oil - Bbls.	,			Water - Bbls.	Water - Bbls.		Gas- MCF			
]						
GAS WELL											
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conder	sate/MMCF		Gravity of Con	idensate		
651		24 hrs.									
esting Method (pitot, back pr.)	Tubing Pre	Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
flowing		625			1325			1.250"			
I. OPERATOR CERTIFIC	ATE OF	COM	DI IA	NCE	lr					·	
					(OIL CON	NSER	VATION D	IVISIO)N	
I hereby certify that the rules and regule Division have been complied with and											
is true and complete to the best of my			~13 KU()			A	1	1.1	AN 1	1 1990	
	_				Date	Approve	ea		T III	I IJJU	
Fran Pos	1 .						Orini- 1	.			
Signature	<u> </u>				By_		~:yina!	Signed by FRAN	K T CHA	VF7	
Fran Perrin		Admi	n. A	sst.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				* ***	
Printed Name			Title		Title	31	REWAISOR	DISTRICT 3 &			
12/15/89		505	326-	7793	11 ,,,,,						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 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.

Telephone No.

- 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.