

IV. COMPLETION DATA

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Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res
		X		X					
Date Spudded 4-18-86		Date Compl. Ready to Prod. 5-5-86			Total Depth 5761		P.B.T.D. 5718		
Elevations (DF, RKB, RT, GR, etc.) 7120 GL		Name of Producing Formation Gallup			Top Oil/Gas Pay 5145'		Tubing Depth 5642		
Perforations 5145-5702							Depth Casing Shoe 5761		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8	220	159 cuft to circulate
7 7/8	4 1/2	5761	1956 cuft to circulate
	2 3/8	5642	

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 Tanks 5-5-86	Date of Test 5-5-86	Producing Method (Flow, pump, gas lift, etc.) Swab	
Length of Test 24 Hrs.	Tubing Pressure	Casing Pressure 700	Choke Size
Actual Prod. During Test	Oil - Bbls. 16	Water - Bbls. 10	Gas - MCF

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

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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	GAS	
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Revised 10-8-83
Format 00-1-83
Page 1

RECEIVED
MAY 23 1986
OIL CON. DIV.
DIST. 3

I. Operator Four Corners Exploration 326-3371

Address P.O. Box 1067 Farmington, New Mexico 87499

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	
<input type="checkbox"/> Recompletion	<input checked="" type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

Other (Please explain)

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Lybrook</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Lybrook Gallup</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No.
Location				
Unit Letter <u>D</u>	: <u>990</u>	Feet From The <u>South</u>	Line and <u>1680</u>	Feet From The <u>East</u>
Line of Section <u>4</u>	Township <u>23N</u>	Range <u>7W</u>	NMPM, <u>Rio Arriba</u>	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Giant Refining Inc.</u>	<u>P.O. Box 256 Farmington, New Mexico 87499</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.
	4 23 7
Is gas actually connected?	When waiting on pipeline connection
No	

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

James W Andes
(Signature)

James Andes (Title)
Drilling Engineer

(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 23 1986
BY Original Signed by FRANK T. CHAVEZ
TITLE SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.