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 Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

DOO RIO BILLON RU., MACC, I'M GATTO	REQU	ESTFO)H A	LLO	L OIL 1	L AND A	URAL GA	S				
TO TRANSPORT OIL AND NATURA								Well Milito.				
iant Exploration & Production Company							30-039-24506					
Addrage		L. Mou	100	Q.	7499							
P.O. Box 2810, Farming	ton, N	iew riex	100			Other	(Please explai	n)				
Reason(s) for Filing (Check proper box) New Well		Change in	Transp	porter (of:							
Recompletion	Oil		Dry C					Effect	ive July	1. 199	10	
Change in Operator	Casinghea	d Gas	Cond	ensate		D 0 D	2010 1					
nd address or previous operator			it C	Comp	any,	P.O. Box	2010, 1	allillige	on, N.M.			
	DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including						g Formation Kind of			Lease No.		
Lease Name Beth Geiger	1 Lybrook							deral or Fee NM 58877				
Beth Geiger Location												
Unit LetterA	:93	5	Feel	From	The <u>No</u>	orth Line	and905	Fee	et From The	East	Line	
Section 17 Township	23	N	Rang	ge	7W	, NN	IPM, Rio	Arriba			County	
	SPORTE	R OF O	IL A	ND I	NATUF	RAL GAS			7.11.2	m is to he se	n()	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATUR Name of Authorized Transporter of Oil XX or Condensate												
Giant Refining						PO Box 256, Farmington, NM 87499 Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Casinghead Gas or Dry Gas												
If well produces oil or liquids, give location of tanks.	Unit	Soc.	Twp	p.	Rgc.	Is gas actuali	y connected?	When	7 			
If this production is commingled with that	from any of	her lease or	pool,	give c	commingl	ing order num	ber:					
IV. COMPLETION DATA							Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	Oil Wel	 	Gas	Well	New Well	1	1			J	
Date Spadded	Date Compl. Ready to Prod.					Total Depth	Total Depth			P.B.T.D.		
						Top Oil/Gas Pay			Tubing Dept	Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation							Depth Casing Shoe					
Perforations	J								Depth Casin	g Shoe		
				CINIC	2 AND	CEMENTI	NG RECOI	RD				
	TUBING, CASING AND CASING & TUBING SIZE					DEPTH SET				SACKS CEMENT		
HOLE SIZE	CASING & YOUNG											
									_			
V. TEST DATA AND REQUE	 ST FOR	ALLOV	VABI	ĪĒ_						Cor GJI 2d ha	urt)	
V. TEST DATA AND REQUE OIL WELL (Test must be after	recovery of	total volum	e of la	oad oil	and mus	be equal to o	r exceed top at iethod (Flow, j	llowable for th	eic)	- Jul 24 110		
Date First New Oil Run To Tank	Date of Test					Producing N	icthod (<i>Frow.</i> J			EM	1	
	- 1	D-secure				Casing Pres	surc	(D) (E	Coler 12d	1 m	}	
Length of Test	Tubing Pressure						<u> </u>	Gas-ch-1000	<u> </u>	<u>/</u>		
Actual Prod. During Test	Oil - Bbls.				Water - Bbl	& .	ال	JI Cas 31999	4			
								OII	CON.	DIA		
GAS WELL						Hbls Cond	ensate/MMCF	UIL	DIST	Condensale		
Actual Prod. Test - MCF/D	Length	of Test				23,5, 00						
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pre-	ssure (Shut-in)		Choke Size	· ····			
	CATT	OE CON	ADI	IAN	CE	-\[011 00	MOCE	VATION	טווופ	ON	
VI. OPERATOR CERTIFI	unations of	the Oil Cor	isciva	uon			OIL CC	אסבע	VALION	ادادار		
I hereby certify that the rules and rep Division have been complied with an is true and complete to the best of m	nd that the I	monument	grich	above	:	Da	te Appro	ved	JUL 3	1990		
1	V						· (F)		UUL "	•		
(July	(سر	بر	<u>_</u>	-	Ву			156	Proment	<u></u>	
Signature Aldrich L. Kuchera		Pre	sid					b	→ × /. ``		~ 44	
Printed Name JUN 2 2 1000		(50)5)	Title 326	-3325	Tit	le	SUP	ERVISOR	HIST HIC	1 - F - F	
Date JUN 4 h 1445				hone l		·						

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.
- 7. 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.