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Appropriate District Office
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DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

| | | |
|---|--|------------------------------|
| I. Operator Giant Exploration & Production Company | | Well API No. 30-043-20761 |
| Address P.O. Box 2810, Farmington, New Mexico 87499 | | |
| Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> | | |
| If change of operator give name and address of previous operator | | Effective July 1, 1990 |
| Hixon Development Company, P.O. Box 2810, Farmington, N.M. 87499 | | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|---------------|---|---|-----------------------|
| Lease Name Hugh K. Foster | Well No. 1 | Pool Name, Including Formation Wildcat <i>6411/16P</i> | Kind of Lease State, Federal or Fee Federal | Lease No. NM 25601 |
| Location Unit Letter <u>C</u> : 660 Feet From The <u>North</u> Line and 1980 Feet From The <u>West</u> Line Section <u>28</u> Township <u>20N</u> Range <u>2W</u> NMPM, <u>Sandoval</u> County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | |
|--|--|--|
| Name of Authorized Transporter of Oil Giant Refining | <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) PO Box 256, Farmington, NM 87499 |
| 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. |
| | Is gas actually connected? | When? |

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 |
| Date Spudded | Date Compl. Ready to Prod. | | Total Depth | | P.B.T.D. | | | |
| Elevations (DF, KKB, RT, GR, etc.) | Name of Producing Formation | | Top Oil/Gas Pay | | Tubing Depth | | | |
| Perforations | | | | Depth Casing Shoe | | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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.) | | Producing Method (Flow, pump, gas lift, etc.) | |
| Date First New Oil Run To Tank | Date of Test | Casing Pressure | Choke Size |
| Length of Test | Tubing Pressure | Water - Bbls. | Gravity of Condensate |
| Actual Prod. During Test | Oil - Bbls. | Casing Pressure (Shut-in) | Choke Size |

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 |

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.

Aldrich L. Kuchera
Signature
Aldrich L. Kuchera President
Printed Name JUN 2 2 1990 (505) 326-3325
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **DEC 14 1990**

By *[Signature]*
Title **SUPERVISOR DISTRICT #3**

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 with Rule 111.
- 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.