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, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator 30-045-05431 & Production Company Giant Exploration Address P.O. Box 2810, Farmington, New Mexico 87499 Other (Please explain) Reason(s) for Filing (Check proper box) Change in Transporter of: New Well Dry Gas Recompletion Effective July 1, 1990 Casinghead Gas Condensate Change in Operator 87499 Hixon Development Company, P.O. Box 2810, Farmington, N.M. If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Lease No. Kind of Lease Well No. Pool Name, Including Formation Lease Name State, Federal or Fee SF 078064 31-13 Bisti Lower Gallup Carson Unit Location Feet From The North Line and 1980 Feet From The 660 Unit Letter County San Juan 12W , NMPM, 13 Township 25N Range III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate Giant Refining PO Box 256, Farmington, NM 87499 Address (Give address to which approved copy of this form is to be sent) or Dry Gas Name of Authorized Transporter of Casinghead Gas XEl Paso Natural Gas Company PO Box 4990, Farmington, When? Twp. Is gas actually connected? Rgc. Unit Sec. If well produces oil or liquids, give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Plug Back Same Res'v New Well | Workover Deepen Gas Well Oil Well Designate Type of Completion - (X) Total Depth P.B.T.D. Date Compl. Ready to Prod. Date Spudded Top Oil/Gas Pay Tubing Depth Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE 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 hows.) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test 1 Choke Size Canad Pressure Tubing Pressure Length of Test Oil - Bbls. Actual Prod. During Test 9 1990 GAS WELL Cravity of Condensate Length of Test 7. 3/ Actual Prod. Test - MCF/D Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above JUL 0 6 1990 is true and complete to the best of my knowledge and belief. Date Approved By_ SUPERVISOR DISTRICT /3 Aldrich L. Kuchera President Printed Name 2 1990 (505) 326-3325 Title. Telephone No.

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.
- 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.