

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

WELL API NO.

30-045-05445

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

E-6297-2

7. Lease Name or Unit Agreement Name

Central Bisti Unit

8. Well No.

40

9. Pool name or Wildcat

Bisti Lower Gallup

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well

OIL
WELL



GAS
WELL



OTHER:

2. Name of Operator

Giant Exploration & Production Company

3. Address of Operator

P.O. Box 2810, Farmington, New Mexico 87499

4. Well Location

Unit Letter C : 330 Feet from the North Line and 2310 Feet from The West Line

Section 16 Township 25N Range 12W NMPM San Juan County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

6200' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO :

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF :

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOE ☐

OTHER: Fracture Stimulation ☒

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

The subject well was fracture stimulated with a cross-linked gel carrying 88,000# 20/40 mesh sand. The well was put back on pump 09/14/95.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

Paul R. Williams

TITLE

Area Engineer

DATE

SEP 21 1995

TYPE OR PRINT NAME

Paul R. Williams

TELEPHONE NO.

(505)326-3325

(This space for State Use)

APPROVED BY

Johnny Robinson

TITLE

DEPUTY ASST. COM. INSPECTOR DIST. III

DATE

CONDITIONS OF APPROVAL, IF ANY: