Submit 5 Copies
Appropriate District Office
DISTRICT I
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 III

DISTRICT.II P.O. Drawer DD, Artesia, NM 88210

OOO Rio Brazos Rd., Aziec, NM 87410	REQUEST FOR ALLOWABLE AND AUTHORIZATION										
	TO TRANSPORT OIL AND NATURAL						Well API No.				
Operator Giant Exploration &	Produc	tion (Compa	ıny			1	30-045-05480			
Address P.O. Box 2810, Farming	tan N	lew Mex	ten	87499							
P.O. BOX 2810, Fathillie Reason(s) for Filing (Check proper box)	30011, 1				Othe	(Please expla	in)				
Reason(6) for Filling (Check proper 60%) New Well		Change in	Franspo	rter of:	-						
Recompletion	Oil		Dry Ga								
Channella Operator XX	Casinghead Gas Condensate Effe xon Development Company, P.O. Box 2810, Farming								ective July 1, 1990		
change of operator give name Hive	on Deve	elopmen	t Co	mpany,	P.O. Box	x 2810,	Farmingt	on, N.M	87499		
nd andress of previous operator											
I. DESCRIPTION OF WELL A	T		Kind o	Lease	Le	ise No.					
Lease Name		Well No.		ame, Includin				ederal or Fee	14-20-	603-1228	
Central Bisti Unit		26	Bis	sti Lowe	er Gallu	р	lndi	an			
Location				no	u + 11	. 660)	t From The _	east	Line	
Unit LetterI	:198	0	Feet Fr	om The	uth Line	and	rec	t Prom the _			
	2.5	M	Range	12W	. NN	ирм, Sar	Juan			County	
Section 9 Township	25	114	Kange								
III. DESIGNATION OF TRAN	CDADTE	D OF O	IL AN	D NATUI	RAL GAS					-,	
Name of Authorized Transporter of Oil		or Conden	sale			e address to w	hich approved	copy of this fo	rm is to be sei	¹¹⁾	
Name of Authorized Hansporter of On X						PO Box 256, Farmington, NM 87499					
Name of Authorized Transporter of Casinghead Gas XX or Dry Gas						Address (Give address to which approved copy of this form is to be sent)					
El Base Natural Gas Company						x 4990,			M 87499		
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	ls gas actuall		When	(
pive location of lanks.	İ	l	<u> </u>	_l	Yes						
If this production is commingled with that	from any of	her lease or	pool, gi	ve comming!	ing order num	ber:					
IV. COMPLETION DATA							Deepen	Plug Back	Same Res'v	Diff Res'v	
	an	Oil Well	. <u>l</u>	Gas Well	New Well	Workover	Deeben	I ting pack	1	i l	
Designate Type of Completion	- (X)				Total Depth	J	_L	P.B.T.D.	1		
Date Spudded	Date Con	npl. Ready to	o Prod.		10000						
	ļ <u>-</u>	Destruire D			Top Oil/Gas	Pay		Tubing Dep	th		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation											
					1			Depth Casir	ig Shoe	į	
Perforations											
		THRING	CAS	ING AND	CEMENT	ING RECO	RD				
1101 5 0175		CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
HOLE SIZE	- 	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
								_l			
V. TEST DATA AND REQUE	ST FOR	ALLOW	ABLI	3		- amound come	llaumble for th	is depth or be	for full 24 hor	vs.)	
V. TEST DATA AND REQUE OIL WELL (Test must be after	recovery of	total volum	of load	d oil and mus	Description 1	Method (Flow,)	oumo, pas lift.	esc.)			
Date First New Oil Run To Tank Date of Test						nearon (1 10%) [•			
					Casing Pres	an E	PETT	diska m			
Length of Test	Tubing Pressure						יוניתע	7 E !!!			
					Water - Bbl			G25-			
Actual Prod. During Test	Oil - Bb	15.				JU	L 6 199	30			
						~ 11 .					
GAS WELL		***			Bbis. Cond	ensate MAICF	PON.	DIX.iiy of	Condensate		
Actual Prod. Test - MCI/D	Length	of lest			Dois. Conta		DIST. 3				
	The Design (Chur in)				Casing Pres	sure (Shut-in)		Choke Siz	2		
Testing Method (pitot, back pr.)	sting Method (pitot, back pr.) Tubing Pressure (Shut-in)										
					-\					ON.	
VI. OPERATOR CERTIFIC	CATE	OF COM	IPLI/	INCE		OIL CC	NSER\	/ATION	DIVISI	ON.	
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.						UUL 0 6 1990					
						Date Approved					
is true and complete to the best of m	A PHOMICAR	, and outed	•		∥ Da	re wbbro	/eu		1 1	. –	
						1 - Sin Chang					
Sidn Juliera						By Street 3:					
Signature Aldrich L. Kuchera President						SUMCONSON DICTRIOT AS					
Printed Name (505) 226-2225						le					
JIJN 2 2 1990											
Date			clepho	IC 170.				المراجع المراجع			

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 Kulle 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.