

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator		Well API No.	
Giant Exploration & Production Company		30-045-05489	
Address			
P.O. Box 2810, Farmington, New Mexico 87499			
Reason(s) for Filing (Check proper box)		Other (please explain)	
New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/> Dry Gas
Change in Operator	<input type="checkbox"/>	Casinghead Gas	<input checked="" type="checkbox"/> Condensate
			Operator changed July 1, 1990

If change of operator give name
and address of previous operator

~~Hixon Development Company, P.O. Box 2810, Farmington, NM 87499~~

II. DESCRIPTION OF WELL AND LEASE

II. DESCRIPTION OF WELL AND LEASE										
Lease Name Central Bisti Unit		Well No. 64	Pool Name, Including Formation Bisti Lower Gallup			Kind of Lease State, Federal or Fee		Federal	Lease No. SF 078056	
Location										
Unit Letter	G	:	1980	Feet From The	North	Line and	1980	Feet From The	East	Line
Section	7	Township	25N	Ran	12W	,	NMPM,	San Juan		County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil or Condensate Giant Refining <input checked="" type="checkbox"/> <input type="checkbox"/>				Address (Give address to which approved copy of this form is to be sent) P.O. Box 256, Farmington, NM 87499		
Name of Authorized Transporter of Casinghead Gas or Dry Gas Giant Exploration & Production Co. <input checked="" type="checkbox"/> <input type="checkbox"/>				Address (Give address to which approved copy of this form is to be sent) P.O. Box 2810, Farmington, NM 87499		
If well produces oil or liquids, give location of tanks	Unit	Sec.	Twp.	Rge.	Is gas actually connected? Yes	When ?

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

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,RKB,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	
							NOV 17 1983	

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.)
		Restoring Method (Flow pump ga

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

GAS WELL

GAS WELL			
Actual Prod. Test – MCF/D	Length of Tes	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	

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.

Signature
Jeffrey R. Vaughan Vice President Operations

Printed Name	Title
SEP 24 1993	(505)326-3325

Date _____ Telephone No. _____

OIL CONSERVATION DIVISION

SEP 27 1993

Date Approved

By

Title

SUPERVISOR DISTRICT #3

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 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 test 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.