

Submit 5 Copies  
Appropriate District Office  
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

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------|
| Operator<br>Giant Exploration & Production Company 8987                                                                                                                                                                                                                                                                                                                                                                           |  | Well API No.<br>30-045-05542 |
| Address<br>P.O. Box 2810, Farmington, New Mexico 87499                                                                                                                                                                                                                                                                                                                                                                            |  |                              |
| Reason(s) for Filing (Check proper box)<br>New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Other (please explain)<br>Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/><br>Change in Operator <input type="checkbox"/> Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/> 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

|                                                                                                                                                     |                |                                                           |                                              |                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------------------------------------|----------------------------------------------|-----------------------------|
| Lease Name<br>Central Bisti Unit 4521                                                                                                               | Well No.<br>11 | Pool Name, Including Formation<br>Bisti Lower Gallup 5890 | Kind of Lease<br>State, Federal or Fe Indian | Lease No.<br>14-20-603-1424 |
| Location<br>Unit Letter I : 1980 Feet From The South Line and 810 Feet From The East Line<br>Section 4 Township 25N Ran 12W , NMPM, San Juan County |                |                                                           |                                              |                             |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|                                                                                                                                       |                                                                                                                 |      |      |      |                                   |        |
|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|------|------|------|-----------------------------------|--------|
| Name of Authorized Transporter of Oil or Condensate<br>Giant Refining <input checked="" type="checkbox"/>                             | Address (Give address to which approved copy of this form is to be sent)<br>P.O. Box 256, Farmington, NM 87499  |      |      |      |                                   |        |
| Name of Authorized Transporter of Casinghead Gas or Dry Gas<br>Giant Exploration & Production Co. <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent)<br>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?<br>Yes | 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,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       |           | SOCK CEMENT       |            |
|                                     |                             |                      |          |          |                 |           | SEP 29 1993       |            |
|                                     |                             |                      |          |          |                 |           | OIL CON. DIV.     |            |
|                                     |                             |                      |          |          |                 |           | DIST. 3           |            |

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.) |                 |                                               |            |
| 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

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| 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  
Diane G. Jaramillo Administrative Manager  
Printed Name Title  
SEP 28 1993 (505)326-3325  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved SEP 29 1993  
By [Signature]  
Title SUPERVISOR DISTRICT 13

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

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation test taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.