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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 DIVÍSION

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

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

OXX Rio Brazos Rd., Aztec, NM 87410	REQUES	T FOR ALLOWAB	LE AND AUTHORI	ZATION				
	TO TRANSPORT OIL AND NATURAL GAS				Well API No.			
Operator Giant Exploration &	Production	on Company		30-045-21287				
Address P.O. Box 2810, Farming	ton. New	Mexico 87499						
Reason(6) for Filing (Check proper box)			Other (Please expl	ain)				
New Well		ige in Transporter of:						
Recompletion	Oil	Dry Gas Condensate	Effecti	ve July	1. 1990			
Change in Operator XX						87499		
change of operator give name  Hixo  d address of previous operator	on Develor	oment Company,	P.O. Box 2810,	ratminge	011, 111111	0. 17.		
I. DESCRIPTION OF WELL A	ND LEASE			Kind of	Lease	Le	ise No.	
ease Name Well No. Pool Name, Includin Mudge 8 301 Basin Dak				deral or Fee NM 468006				
		Dasin bu			HELAL			
Location L	. 1730	Feet From The	South Line and 790	Fce	t From The	lest	Line	
Unit Letter							County	
Section 9 Township	25N	Range 11W	, NMPM,	San Jua	и		County	
III. DESIGNATION OF TRAN	SPORTER C	F OIL AND NATU	RAL GAS	<del> </del>				
Name of Authorized Transporter of Oil	Address (Give address to v	hich approved	copy of this form	1 17 10 DE SE.				
		or Dry Gas X	Address (Give address to v	vhich approved	copy of this form	is to be se	nt)	
Name of Authorized Transporter of Casing El Paso Natural Gas (			PO Box 4990					
If well produces oil or liquids,	Unit Sec	Twp. Rgc.	is gas actually connected?	When				
rive location of tanks.	<u> </u>		No No	i			· · · · · · · · · · · · · · · · · · ·	
f this production is commingled with that i	from any other le	ase or pool, give comming	ling order number:					
IV. COMPLETION DATA	lo	il Well Gas Well	New Well Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v	
Designate Type of Completion			ii	لـــــــــــــــــــــــــــــــــــــ			J	
Date Spudded	Date Compl. R	eady to Prod.	Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay	Top Oil/Gas Pay		Tubing Depth		
Perforations	.				Depth Casing	Shoe		
	N-1 1-	INC CASING AND	CEMENTING RECO	RD				
LOIT OUT		G & TUBING SIZE	DEPTH SE	T	SA	CKS CEM	ENT	
HOLE SIZE	UNSIN							
			ļ		ļ			
V. TEST DATA AND REQUES	T FOR ALI	OWABLE	1					
V. TEST DATA AND REQUES OIL WELL (Test must be after r	ecovery of Iolal	volume of load oil and mus	t be equal to or exceed top a	llowable for thi	s depth or be for	full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test		Producing Method (Flow,	pwnp, gas lift, e	tc.)			
	ļ		Casing Pressure	-	Shop Sin	ME	(6)	
Length of Test	Tubing Pressur	t	Water - Hole.		ecti	VE	1111	
Actual Bood During Test	Oil - Bbls.				Gas- MCF		(F)	
Actual Prod. During Test	J. 2010.				JUL 3	1990		
GAS WELL	_1				IL-GO!	1. 1717	/	
Actual Prod. Test - MCF/D	Length of Tes		Bbls. Condensate/MMCF	· O			r	
		70	Casing Pressure (Shut-in)		DIST, 3			
Tosting Method (pitot, back pr.)	Tubing Pressu	ic (Shul-in)	Casing a resource (Circustus)					
VI. OPERATOR CERTIFIC	TATE OF C	OMPLIANCE	011 00	MOEDY	ATION	יייים	∩NI	
I hereby certify that the rules and regu	II OIL CC	OIL CONSERVATION DIVISION						
Division have been complied with and	that the informs	ilion given above			JUL 0 3 1	990		
is true and complete to the best of my	knowledge and	belief.	Date Appro	ved				
$\lambda$ . ( $\lambda$	E)	een	D.	3.	50	/		
Signature	SUPERVISOR DISTRICT /3							
Aldrich L. Kuchera		President Tide	Title	BUPER	VISOR DIS	TRICT	13	
Printed Name JUN 2 2 1997		(505) 326-3325						
Date Of the Control o		Telephone No.	II.					

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 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.