District I PO Box 1980, Hobbs, NM 88241-1980

District II PO Drawer DD, Artesia, NM 88211-0719

District III

1000 Rio Brazos Rd., Aztec, NM 87410

Form C-104 Revised February 21, 1994 Instructions on back Submit to Appropriate District Office 5 Copies

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OIL CONSERVATION DIVISION PO Box 2088 Santa Fe, NM 87504-2088

State of New Mexico Energy, Minerals & Natural Resources Department

District IV				Santa	re, M	M 8/3U4	4-2088			☐ AM	MENDED REPOR	
PO Box 2088, S I.			FOR A	LLOWA	BLE A	ND AL	JTHOR	IZAT.	ION TO TI			
I. REQUEST FOR ALLOWABLE AND AUTHORIZA'I Operator name and Address									² OGRID Number			
Giant Exploration & Production Company									008987			
P.O. Box 2810 Farmington, New Mexico 87499									3 Reason for Filing Code			
API Number S Pool Name									Well Name Change			
30 - 0 45	-22495		WAW Fruitland Sand-Pictured Clif									
' Ps	roperty Cod	c	* Property Name						* Well Number			
	4630		Mandana State Com						· · · · · · · · · · · · · · · · · · ·		2	
II. 10 ;	Surface	Location	Range	Lot.Idn	Feet fro	ım the	I North/Sa	uh I inn	Feet from the	T 2 . 4987 . 4 12		
В	2	25N	12W		990'		North/South Line North		1680'	East/West line	County San Juan	
11 Bottom Hole I			ocation					1200		Lase Sall Stall		
UL or lot no.	Section	Township	Range Lot Idn		Feet fr	Feet from the		oth line	Feet from the	East/West line	County	
12 Lse Code 13 Prod		ing Method Co	Code 14 Gas Connection Date		ite 15	C-129 Perm	-129 Permit Number		C-129 Effective	Date "C	2-129 Expiration Date	
		Transport										
" Transporter OGRID			Name 85	ne		* POD a C		22 POD ULSTR Location and Description				
008987 Giant Ex			xploration & Prod.			1011130 G				······································	· · · · · · · · · · · · · · · · · · ·	
	5003980000000000000000000000000000000000	P.O. Box Parmingto		97400								
		-Aimiring Li	HI . INCL.	67499								
		D.E	900	T 11 # F3 F1					·			
		[D] [E	EGE!	IVE	<i>)</i>							
	****	- 183 -	APR 2	6 1994	9							
		011	L CON	l DIV	7.							
	rod Wa	ater	DIST	. 3								
1011						¹⁴ POD UL	STR Locatio	on and D	escription			
V. Well (ion Data	cycle top di cii tilbunti e	·								
25 Spud Date 26 Ready Date 27 TD 27 PBTD										Perforations		
M												
™ Hole Size			31 Casing & Tubing Size			31 Depth Set			33 Sacks Cement			
	···									·		
T 												
· · · · · · · · · · · · · · · · · · ·			·									
/I. Well	Test Da	ıta		·	·							
34 Date New Oil		35 Gas Delivery Date		34 Test Date			37 Test Length		^м Tbg. Pre	asure	3º Csg. Pressure	
46 Choke Size		⁴¹ Oil		42 Water			40 Gas		4 AOF		45 Test Method	
" I hereby certif with and that the knowledge and b	information	les of the Oil Co given above is	onservation Di true and comp	ivision have been blete to the best	n complied of my		OII	CON	NSERVATI	ON DIVIS	ION	
Signature:	KNO) X1 20	$\lim_{n\to\infty} \int_{\mathbb{R}^n} \int$	(,		Approved	by: Origi	nal Sign	ned by CHARLE	S GHOLSON		
Printed name: Diane G. Varamillo							DEPILITY OIL & GAS INSPECTOR, DIST. #3					
Title: Production/Regulatory Manager							Approval Date: APR 2 6 1994					
Date: APP	9 5 19			y manage 05-326-33				<u>~11</u>	·, r o ,			
⁴⁷ If this is a ch	ange of ope	rator fill in the	OGRID num	ber and name	of the prev	/->	or o	<u>'</u>	(7)			
	Davidson O	perator Signatu	<u> </u>	ge- }	20126			tent-t	> Tal			
	rrevious O	perator Signatu	ire	g .		Printed	Name			Title	Date	

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABLED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15.025 PSIA at 60°. Report all oil volumes to the nearest whole barrel.

A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.

All sections of this form must be filled out for allowable requests on new and recompleted wells.

Fill out only sections I, II, III, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes.

A separate C-104 must be filed for each pool in a multiple completion.

Improperly filled out or incomplete forms may be returned to operators unapproved. $\,$

- 1. Operator's name and address
- Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office. 2.
- 3.

Reason for filing code from the following table:

NW New Well

RC Recompletion

CH Change of Operator

AO Add oil/condensate transporter

CO Change oil/condensate transporter

AG Add gas transporter

CG Change gas transporter

RT Request for test allowable (Include volume requested)

If for any other reason write that reason in this box.

- 4. The API number of this well
- 5. The name of the pool for this completion
- 6. The pool code for this pool
- The property code for this completion
- 8. The property name (well name) for this completion
- 9. The well number for this completion
- The surface location of this completion NOTE: If the United States government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit letter. 10.
- 11. The bottom hole location of this completion
- Lease code from the following table:

Federal State SP

Fee Jicarilla

Navajo Ute Mountain Ute Other Indian Tribe

13. The producing method code from the following table:

- Flowing Pumping or other artificial lift
- $\ensuremath{\mathsf{MO/DA/YR}}$ that this completion was first connected to a gas transporter 14.
- The permit number from the District approved C-129 for this completion 15.
- 16. MO/DA/YR of the C-129 approval for this completion
- MO/DA/YR of the expiration of C-129 approval for this 17.
- The gas or oil transporter's OGRID number 18.
- 19. Name and address of the transporter of the product
- The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 20.
- Product code from the following table:
 O Oil
 G Gas 21.

- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD",etc.) 22.
- The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 23.
- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.) 24.
- MO/DA/YR drilling commenced 25.
- 26. MO/DA/YR this completion was ready to produce
- 27. Total vertical depth of the well
- Plugback vertical depth 28.
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29
- 30. Inside diameter of the well bore
- 31. Outside diameter of the casing and tubing
- 32. Depth of casing and tubing. If a casing liner show top and

bottom.

33. Number of sacks of cement used per casing string

The following test data is for an oil well it must be from a test conducted only after the total volume of load oil is recovered.

- MO/DA/YR that new oil was first produced
- MO/DA/YR that gas was first produced into a pipeline
- 36. MO/DA/YR that the following test was completed
- 37. Length in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 38.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 39.
- 40. Diameter of the choke used in the test
- 41. Barrels of oil produced during the test
- 42. Barrels of water produced during the test
- 43. MCF of gas produced during the test
- 44. Gas well calculated absolute open flow in MCF/D
- 45. The method used to test the well:

Flowing Pumping Swabbing

If other method please write it in.

- The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions 46. about this report
- The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person 47.