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Appropriate District Office
DISTRICT 1
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.Ø. Box 2088 Santa Fe, New Mexico 87504-2088

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

ISTRICT III XXX Rio Brazos Rd., Aziec, NM 87410	REQUEST FO	OR ALLOWAB	LE AND AUTHORIZA	TION			
	TO TRA	NSPORT OIL	AND NATURAL GAS		NTX-	<del></del> 1	
Operator  Giant Exploration &	Production Company			Weil API No. 30-045-22945			
Address				<u>-</u>			
P.O. Box 2810, Farming	ton, New Mex	xico 87499	C) (h) (h)				
leason(s) for Filing (Check proper box)	<b>~</b> !-	T	Other (Please explain)				
lew Well		Transporter of:				1	
tecompletion L	Oil L Casinghead Gas	Dry Gas	Effect	ive Ju	ıly 1, 1990		
			P.O. Box 2810, Fa				
id address of previous operator		it company,	1.0. Box 2010, 14	LINILING		<del> </del>	
I. DESCRIPTION OF WELL A	ND LEASE	Pool Name, Includir	ne Compalion	Kind of	Lease Leas	e No.	
ease Name		Bisti Lowe				03-1228	
Central Bisti Un:	11 /2	DISCI LOW	ourrap		11411		
Unit Letter	: 1980	Feet From The _Sc	outh Line and 2080	Fee	t From The <u>East</u>	Line	
Section 9 Township	25N	Range 12W	, NMPM, San	Juan		County	
II. DESIGNATION OF TRANS	SPORTER OF O	IL AND NATU	RAL GAS				
Name of Authorized Transporter of Oil	Address (Give adaress to which	Address (Give address to which approved copy of this form is to be sent)					
Giant Refining	Circle Defining			PO Box 256, Farmington, NM 87499 Address (Give address to which approved copy of this form is to be sent)			
Name of Authorized Transporter of Casing		or Dry Gas				,	
El Paso Natural Gas		ITum   Pre	PO Box 4990, Fa	When			
If well produces oil or liquids, ive location of tanks.	Unit  S∞. I	Twp.   Rge.	Yes				
this production is commingled with that f	rom any other lease or	pool, give commingl					
V. COMPLETION DATA						nice n. d.	
	Oil Well	Gas Well	New Well   Workover	Deepen 1	Plug Back   Same Res'v	Diff Res'v	
Designate Type of Completion -			Total Depth		P.B.T.D.		
Date Spudded	Date Compl. Ready to	o Prod.	Total Dipai		7.5.1.5.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing F	formation	Top Oil/Gas Pay		Tubing Depth		
Perforations					Depth Casing Shoe		
			CENTENIC DECORD		1		
			CEMENTING RECORD DEPTH SET		SACKS CEME	NT	
HOLE SIZE	CASING & T	UBING SIZE	DEFINOLI				
V. TEST DATA AND REQUES	T FOR ALLOW	ABLE		Ida for this	denth or he for full 24 hows	:J	
OIL WELL (Test must be after re	covery of total volume	of load oil and must	be equal to or exceed top allows Producing Method (Flow, pump	eas lift. e	tc.)	<del>"</del>	
Date First New Oil Run To Tank	Date of Test			10			
Length of Test	Tubing Pressure		Casing Pressure		Choke Size		
Deligation 10.2			101		Gas- MCF		
Actual Prod. During Test	Oil - Bbls.		Water - Bbla	6 1990			
O CONTROL I	1		Oil CO	ND	IV		
GAS WELL Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF	7 7	Gravity of Condensate		
Actual Flor. Test - Metro			(1313)	, , , , , , , , , , , , , , , , , , ,			
Testing Method (pilot, back pr.)	Tubing Pressure (Shi	ut-in)	Casing Pressure (Shut-in)		Choke Size		
VI. OPERATOR CERTIFIC	ATE OF COM	DITANCE			ATION DIVIDIO	K1	
I hereby certify that the rules and regul	ations of the Oil Cons	ervation	OIL CONS	SEHV.	ATION DIVISIO	IN	
Division have been complied with and	that the information gr	iven above					
is true and complete to the best of my	knowledge and belief.		Date Approved		JUL 0 6 1990		
	4		, ,		- A		
Cilled Celling			By	By			
Signature Aldrich L. Kuchera President			Bank! Ching				
Printed Name	(505	Tjule 326-3325	Title	SUPE	RVISOR DISTRICT	<del>_12</del>	
JI)N 2 2 1990		elephone No.					
Date	• •						

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.