Submit 5 Copies
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 DIVISION DISTRICT II P.O. Drawer DD, Anesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

_	Ţ	O TRA	NSPO	ORT OIL	AND NAT	FURAL GA	S			,	
perator Giant Exploration & Production Company						Well API No. 30-045-23260					
Address	ton No	w May	rico	87499							
P.O. Box 2810, Farming Reason(s) for Filing (Check proper box) New Well		change in			Otho	r (Please expla	in)				
Recompletion Change in Operator	e in Operator Casinghead Gas Condensate Effective July 1, 1990										
change of operator give name nd address of previous operator Hixo	on Devel	Lopmer	ıt Co	mpany,	P.O. Bo	x 2810, 1	Farmingt	on, N.M	87499		
I. DESCRIPTION OF WELL A		SE Well No.	thee! N	ame, Includir	a Formation		Kind o	Lease	Lc	asc No.	
Lease Name Black Hill Mesa	ver Gallup State, Federal or Fee Federal MM 25445										
Unit LetterG	:1650		Feet Fr	om The _N	orth Lin	and <u>165</u>	<u>0</u> Fcc	t From The _	East	Line	
Section 17 Township	25N		Range	12	W , NI	мрм,	San Jua	n		County	
II. DESIGNATION OF TRANS				D NATU	RAL GAS	e address to wh	ich approved	copy of this fe	orm is to be se	ni)	
Name of Authorized Transporter of Oil Giant Refining Name of Authorized Transporter of Casing	لما لما					Address (Give address to which approved copy of this form is to be sent) 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 El Paso Natural Gas C	Gas Company				PO Box 4990, Farmington, NM 87499						
If well produces oil or liquids, give location of tanks.	Unit	Unit Sec. Twp. Rgc.			ls gas actuali Yes		When	7			
this production is commingled with that f V. COMPLETION DATA	rom any other	r lease or	pool, giv	ve commingl	ing order num	ber:					
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	1	L	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casir	ng Shoe		
TUBING, CASING AND						CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT		
V. TEST DATA AND REQUES OIL WELL (Test must be after re	T FOR A	LLOW al volume	ABLÉ of load	oil and must	be equal to or	exceed top alle	owable for this	depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test				be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lýt, etc.)						
Length of Test	Tubing Pressure				Casing Pressure DE			E, E, I A E W			
Actual Prod. During Test	Oil - Bbls.				Water - Bols.			Gas-MCF	l) 0991	<i></i>	
GAS WELL	11 52 ct 52 7	Fact			Hbls, Conde	nsatc/MMCF	Oll	GON	Con DED		
Actual Prod. Test - MCF/D	Length of Test							DIST. 3			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		<u></u>	
VI. OPERATOR CERTIFIC Thereby certify that the rules and regul	lations of the	Oil Conso	rvation			OIL CO	VSERV			NC	
Division have been complied with and that the information given above ja true and complete to the best of my knowledge and belief.					Dat	Date Approved JUL 0 3 1990					
Cordinal tenency					By_	2.00					
Aldrich L. Kuchera President Printed Name 2 2 1990 (505) 326-3325					Title	3	SUPE	RVISOR	DISTRICT	13.	
Printed Starpe 2 2 1990		(505 Te) 320			·					
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.