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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 DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brizos Rd., Azicc, NM 87410

I.

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator						Well	API No.			
Giant Exploration &	Giant Exploration & Production Company						30-045-28142			
Address	·									
PO Box 2810, Farming	ton, N.M. 87	499				آن آند	× 20 1		E is.	
Reason(s) for Filing (Check proper box)				Oth	er (Please expl	ain)) <u>(i) (b (</u>	5 8 XI	16	
New Well XX		n Transporter of: Dry Gas	; 							
Recompletion	Oil L			•	OCTX	1 1991				
Change in Operator	Casinghead Gas	Condensate						<u> </u>		
If change of operator give name and address of previous operator				OH. CC	N. D	IV.				
II. DESCRIPTION OF WELL		\DIST. 3								
Lease Name	ing Formation					case No.				
Bisti Coal 19	1			itland C	oal	State	Federal or Fee	NM 2		
Location						<u>1-16</u>	deral			
Unit Letter H	_ :1850	_ Feet From The	c	North Line	c and	0 F	eet From The	Eas	tLine	
Section 19 Townsh	ip 25N	Range 1	12W	, N?	мрм,	San Ju	an		County	
THE DESIGNATION OF TRANSPORTED OF CV. AND SAME TO SEE THE SECOND OF CV. AND SAME TO SECOND OF CV										
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)										
The of The Control of		Address (Give address to which approved copy of this form is to be sent)								
Name of Authorized Transporter of Casinghead Gas or Dry Gas XX Address (Give address to which approx							ved capy of this form is to be sent			
Giant Exploration & 1		P.O. Box 2810, Farmington, N.M. 87499								
If well produces oil or liquids, Unit Sec. Twp. Rgc.										
give location of tanks.		<u> </u>		N		<u>i_</u>				
If this production is commingled with that from any other lease or pool, give commingling order number:										
IV. COMPLETION DATA	10:: 11::			· · · · · · · · · · · · · · · · · · ·			-, ,		_ ,	
Designate Type of Completion	Oil Well - (X)	I Gas We	:11	New Well	Workover	Deepen	Plug Back S	ıme Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to			Total Depth	<u></u>	ــــــــــــــــــــــــــــــــــــــ	P.B.T.D.		J	
9-7-90	9-24-91			1400'			1348.44'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
6425' GLE	Basal Fruitland Coal			1250'			1245'			
Perforations							Depth Casing S	hoe		
1250' - 1268'										
	TUBING, CASING AND			CEMENTING RECORD						
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
8-3/4" 6-1/4"	7"			136'			60 sks.			
0-1/4	4-1/2"			1387.71'			155 sks.			
	1-1/2"			1245'						
V. TEST DATA AND REQUES	ST FOR ALLOW	ABLE					1			
	recovery of total volume		must h	be equal to or.	exceed top-allo	wable for thi	s denth or he for	full 24 hour	-r }	
Date First New Oil Run To Tank	Date of Test			Producing Me	thod (Flow) u	me ed lift	*c.1			
				IN GU						
Length of Test	Tubing Pressure			Casing Pressure			Choke Size			
					Į.	FEB 9	1000	IJ		
Actual Prod. During Test	Oil - Bbls.]	Water - Bbls.	OII	ea.	1993 _{MCF}			
	<u> </u>				611	COM	DIV			
GAS WELL		un.	DIST.	3	•					
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condens	alc/MMCP-		Gravity of Cond	and the second		
117	24 hrs			0	····		N/A			
Pools Department	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			· Choke Size			
Back Pressure	150 psi			150 psi			1/2"			
VI. OPERATOR CERTIFIC				ICEDV	ATIONID	VICIO	A.			
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above				OIL CONSERVATION DIVISION						
is true and complete to the best of my knowledge and belief.				Date Approved FEB 9 1993						
				Date	Approved	<u> </u>	D 3 1	273 <u> </u>		
CAIN				_		11 644	DIEC 2.00 A	A J		
Signature	Vice President,			By Original Signed by CHARLES GriULaON						
Jeffrey R. Vaughan	Operations & Engineeri									
Printed Name 0 1991	(505) 326-33	325		Title_	- TET GILL	WIL OF ON	14769 DUT 1974, 1	cama - Stan		
Date		phone No.	-							
				L						

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.