

I.

Operator
Giant Exploration & Production Company

Well API No.
30-045-25099

Address
P.O. Box 2810, Farmington, New Mexico 87499

Reason(s) for Filing (Check proper box)
New Well ☐ Change in Transporter of: ☐ Other (please explain)
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Operator ☐ Casinghead Gas ☒ Condensate ☐ Operator changed July 1, 1999

If change of operator give name and address of previous operator
Hixon Development Company, P.O. Box 2810, Farmington, NM 87499

II. DESCRIPTION OF WELL AND LEASE

Lease Name Central Bisti Unit	Well No. 74	Pool Name, Including Formation Bisti Lower Gallup	Kind of Lease State, Federal or Fee Indian	Lease No. 14-20-603-321
Location Unit Letter N : 710 Feet From The South Line and 1930 Feet From The West Line Section 4 Township 25N Ran 12W , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate Giant Refining ☒	Address (Give address to which approved copy of this form is to be sent) P.O. Box 256, Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas or Dry Gas Giant Exploration & Production Co. ☒	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2810, Farmington, NM 87499
If well produces oil or liquids, give location of tanks	Unit Sec. Twp. Rge. Is gas actually connected? When ? Yes

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

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		P.B.T.D.	
Elevations (DF,RKB,RT,GR,etc.)	Name of Producing Formation				Top Oil/Gas Pay		Tubing Depth	
Perforations							Depth Casing Shoe	

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	BACKS CEMENT

RECEIVED
SEP 29 1993
OIL CON. DIV.
DIST. 3

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Tes	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and compelte to the best of my knowlegde and belief.

Signature
Diane G. Jaramillo Administrative Manager
Printed Name Title
SEP 28 1993 (505)326-3325
Date Telephone No.

OIL CONSERVATION DIVISION
SEP 29 1993
Date Approved
By [Signature]
Title SUPERVISOR DISTRICT #3

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 test 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, trasporter, or other such changes.

4) Separate Form C-104 must be filed for each pool in multiply completed wells.