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DISTRICTII

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

DISTRICTIII 1000 Rio Brazos Rd., Aztec, NM 87410

P.O. Drawer DD, Artesia, NM 88210

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| Operator Giant Exploration & Production Company  |   |                    |                              |                                       |                       |                                 | Well API No.<br>30-045-25342   |                    |                    |                        |                   |             |  |
|--|---|--------------------|------------------------------|---------------------------------------|-----------------------|---------------------------------|--|--------------------|--------------------|------------------------|-------------------|-------------|--|
| Adress   |   |                    |                              |                                       |                       |                                 |  |                    |                    | 0 043 233              |                   |             |  |
|  | 10, Farmingto                           | n, Nev             | w Mexico                     | 874                                   | 499                   |                                 |  | Other (pl          | ance ex            | nlain)                 |                   |             |  |
| Reason(s) for Filing (Check proper<br>New Weil   |   |                    |                              | Change in Transporter of:             |                       |                                 |  | Other (p           | icase ca           | .piatii)               |                   |             |  |
| Recompletion   | Oil<br>Casingl                          | and G              |                              |                                       | Dry Gas<br>Condensate |                                 | -  |                    |                    | Operator change        | ed July 1, 1998   |             |  |
| Change in Operator  f change of operator give name   | Casing                                  |                    |                              |                                       |                       |                                 | <u> </u>   |                    |                    | ·                      |                   |             |  |
| and address of previous operator   | CII AND I                               |                    |                              | ment                                  | Company,              | P.O. Box 28                     | <del>10, F</del>   | armington, ?       | ¥M-87              | <del>199</del> .       |                   |             |  |
| II. DESCRIPTION OF W   | Well I                                  | No. Po             | ol Name, Ir                  | ncludi                                | ing Formati           | on                              | Kin  | nd of Lease        |                    |                        | Lease N           | э.          |  |
| Central Bisti Unit   | 79 Bisti Low                            |                    |                              |                                       | _                     | State, Federal o                |  |                    | r Fee              | Federal                | SF 0780           | 56          |  |
| Location   | 1000                                    | an.                | North                        | T :                                   | and.                  | 2100                            |  | Feet From 7        | The                | West                   | Line              |             |  |
| Unit Letter F: Section 5 Tow   |   |                    | The North Line and lan 12W , |                                       | NMPM,                 |                                 |  |                    | County             |                        |                   |             |  |
| Section 5 Tow  | nship 25N                               | Kar                | 1 12 **                      | •                                     |                       | 141411 141,                     |  |                    |                    |                        |                   |             |  |
| III. DESIGNATION OF  | TRANSPOR                                | TER                | OF OIL                       | . AN                                  | D NAT                 | URAL C                          | AS   |                    |                    |                        |                   |             |  |
| Name of Authorized Transporter of  |   |                    |                              |                                       |                       | Address                         | (Give  | address to which   |                    | d copy of this form is | s to be sent)     |             |  |
| Giant Refining X   |   |                    |                              |                                       |                       |                                 | P.O. Box 256, Farmington, NM 87499  Address (Give address to which approved copy of this form is to be sent) |                    |                    |                        |                   |             |  |
| Name of Authorized Transporter of Casinghead Gas<br>Giant Exploration & Production Co.   |   |                    | or Dry Gas                   |                                       |                       | P.O. Box 2810, Farmington,      |  |                    |                    | , NM 87499             |                   |             |  |
| If well produces oil or liquids, give location of tanks  | liquids, Unit Sec.                      |                    | Twp. Rg                      |                                       | ·-                    | Is gas actually connected? Ves  |  |                    | When               | en?                    |                   |             |  |
| If this production is commingled wit   | h that from any o                       | ther lea           | ase or pool,                 | give (                                | comminglin            | g order nun                     | ber:   |                    |                    |                        |                   |             |  |
| IV. COMPLETION DAT   |   |                    |                              |                                       |                       |                                 |  |                    |                    |                        |                   |             |  |
| Designate Type of Completion - (X)   | Oil Well Gas V                          | Vell               | New Wel                      | il                                    | Workover              | Deepen                          |  | Plug Back          |                    | Same Res'v             | Diff Re           | :s'v        |  |
| Date Spudded   | Date Compl. Re                          |                    | 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 CEME                 |                    |                              |                                       |                       | NTING RECORD                    |  |                    | D.S.A.K.S.C.B.WENT |                        |                   |             |  |
| HOLE SIZE  | CASING & TUBING SIZE                    |                    |                              |                                       | DEPTH SET             |                                 |  | - 1                | S/AGNS CENTER 1    |                        |                   |             |  |
|  |   |                    |                              |                                       |                       |                                 |  |                    |                    | SFP2 9 1993            |                   |             |  |
|  |   |                    |                              |                                       |                       |                                 |  |                    |                    |                        |                   |             |  |
| V. TEST DATA AND R   | EOUEST FO                               | R AI               | LOWA                         | BLI                                   | 3                     | J                               |  |                    |                    |                        | DIV. DIV          | 1.)         |  |
|  | recovery of total volum                 |                    |                              |                                       |                       | p allowable for                 | this de  | pth or be for full | 24 hours           |                        | <u>ST. 3</u>      |             |  |
| Date First New Oil Run To Tank   | Date of Test                            |                    |                              |                                       |                       | Producing Method (Flow, pump, g |  |                    |                    | as lift, etc.)         |                   |             |  |
| Length of Test   | Tubing Pressure                         |                    |                              |                                       |                       | Casing Pressure                 |  |                    |                    | Choke Size             |                   |             |  |
| Actual Prod. During Test   | Oil - Bbls.                             |                    | Water - Bbis.                |                                       |                       |                                 | Gas - MCF  |                    |                    |                        |                   |             |  |
| GAS WELL   | <u> </u>                                |                    |                              |                                       |                       |                                 |  |                    |                    |                        |                   | <del></del> |  |
| Actual Prod. Test - MCF/D  | Length of Tes                           |                    |                              |                                       |                       | Bbis. Condensate/MMCF           |  |                    |                    | Gravity of Condensate  |                   |             |  |
| Testing Method (pitot, back pr.)   | Tubing Pressure (Shut-in)               |                    |                              |                                       |                       | Casing Pressure (Shut-in)       |  |                    |                    |                        |                   |             |  |
| VI. OPERATOR CERTI   | FICATE OF                               | CON                | MPLIAN                       | ICE                                   |                       |                                 | OI   | I. CONSI           | ERVA               | TION DIV               | ISION             |             |  |
| I hereby certify that the rules a  | nd regulations of<br>ith and that the i | ine Oii<br>iformat | ion given a                  | bove                                  |                       |                                 | <b>.</b>   | E 001.01           |                    |                        |                   |             |  |
| Division have been complied with and that the information given above is true and compelte to the best of my knowlegde and belief. |   |                    |                              |                                       |                       |                                 | Date Approved  |                    |                    |                        | SEP 2 9 1993      |             |  |
| Dave Durumilla   |   |                    |                              |                                       |                       | _                               |  |                    | _                  | 1) chant               |                   |             |  |
| Signature  Piane G. Jaramillo Administrative Manager   |   |                    |                              |                                       |                       | 1                               | Title SUPERVISOR DISTRICT #3   |                    |                    |                        |                   | <i>8</i> 3  |  |
| Printed Name   | Title                                   | )326-              | 3325                         |                                       |                       | Title                           | ,  |                    |                    |                        |                   | <u> </u>    |  |
| SEP 2 8 1993   |   | hone N             |                              | · · · · · · · · · · · · · · · · · · · | -                     |                                 |  |                    |                    |                        |                   | <u> </u>    |  |
| Date . INCTUICIONS: Thi  | is form is to be file                   | فبسوري واسترب      |                              | vith D                                | ule 1104              | el-                             |  |                    |                    | <del></del>            |                   |             |  |

- 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.