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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.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	T	CHART	SPORT OIL	AND NAT	URAL GA	S	mx:			
Operator		Well API No. 30-045-25346								
Giant Exploration &	Product	10n CC	ompany	<del></del>			043 233	,40		
P.O. Box 2810, Farming	ton, Ne	w Mexic	co 87499	( ) ( ) ( ) ( ) ( )	- (P) ernle:	(-)				
ason(s) for Filing (Check proper box)  w Well Change in Transporter of:  completion Oil Dry Gas Effective July 1, 1990										
change of operator give name Hixo	on Devel	Lopment	Company,	P.O. Box	x 2810, I	Farmingt	on, N.M	. 87499	<del></del>	
nd address of previous operator	NDIFAS	SE.								
I. DESCRIPTION OF WELL A Lease Name Central Bisti Uni	Well No. Pool Name, incliding in				Formation Kind of State, ower Gallup			Lease Lease No. ederal or Fee SF 078056 deral		
Location Unit Letter P	:660	) Fe	et From The	South Line	and <u>660</u>	Fee	et From The	East	Line	
Section 6 Township	251	I R	ange 12V	IN, I	ирм, Sar	n Juan			County	
III. DESIGNATION OF TRANS	EDADTED	OF OIL	AND NATU	RAL GAS						
Name of Authorized Transporter of Oil	[X]	or Condensal	4 [-]	Address (Giv.	e address so wh				u)	
Giant Refining  PO Box 256 Farmington, NM 87499  Note: A styleogied Transporter of Casinghead Gas. [V] or Dry Gas. Address (Give address to which approved copy of this form is to be sent)									nt)	
Name of Authorized Transporter of Casing	head Gas	[X] 01	Dry Gas							
<u>F1 Paso Natural Gas</u>	Company   Twp.   Rge.			PO Rox 4990, Farmington, NM 87499  Is gas actually connected? When?						
If well produces oil or liquids, give location of tanks.	i i	ĺ	· 1	Yes		l				
If this production is commingled with that f	rom any othe	r lease or po	ol, give comming	ling order num	ber:	<u></u>				
IV. COMPLETION DATA			Gas Well		Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	Oil Well	( Car well	I Hew Hell	i monkoven		i	İ	1	
Date Spudded		. Ready to P	rod.	Total Depth			P.B.T.D.			
Elections (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Dep	Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Depth Casing Sho				0.5	
Perforations							Depar Casii	ig onoc		
	т	HBING C	ASING AND	CEMENTI	NG RECOR	RD				
HOLE SIZE		ING & TUB			DEPTH SET			SACKS CEMENT		
1.022							<del> </del>			
				<del> </del>						
	\									
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE			t. L t	in donth on he	for full 24 hay	rs.)	
OIL WELL (Test must be after r	ecovery of 10	ial volume of	load oil and mus	t be equal to o	r exceed top all lethod (Flow, p	umn, eas lift.	elc.)	<i>July</i> 2 + 114		
Date First New Oil Run To Tank	Date of Tes	1		Froducing IV.			Choke Size			
Length of Test	Tubing Pressure			Casing Pressure						
Actual Prod. During Test	Oil - Bbls.			Water - Bbb	<b>]\\</b> JU!_	<u>e 1990</u>	Gas- MCF			
GAS WELL	-1 <del></del>				Ollie	<del>\[\frac{1}{2}\]\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</del>	1Covera	Condensate		
Actual Prod. Test - MCF/D	Length of Test			Bbls. Conden MGF			Gravity of Condensate			
lesting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pres	sure (Shut-in)	1, 334	Choke Size	:		
VI. OPERATOR CERTIFIC	CATE OF	COMP	LIANCE		OIL CO	NSERV	/ATION	DIVISION	NC	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					JUL 0 6 1990					
is true and complete to the best of my knowledge and belief.				Dat	Date Approved					
() ( )						一了.	1) 6	2/	•	
Simples				By.	SUPERVISOR DISTRICT /3					
Aldrich L. Kuchera President  Printed Name (505) 326-3325				Tial	0	SUPE	HOSIVA	DISTRICT	13	
Printed Name				Titl	<del></del>					
Date		Tele	phone No.				-			

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.