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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240
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DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Giant Exploration & Production Company		Well API No. 30-045-25494
Address P.O. Box 2810, Farmington, New Mexico 87499		
Reason(s) for Filing (Check proper box)		
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Other (please explain)	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of operator give name
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name Carson Unit	Well No. 206	Pool Name, Including Formation WAW Fruitland Sand - Pictured Cliffs	Kind of Lease State, Federal or FeFederal	Lease No. SF 078067
Location				
Unit Letter E	:	1850 Feet From The North Line and	790 Feet From The West Line	
Section 11	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		Address (Give address to which approved copy of this form is to be sent)		
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		02-24-84		

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	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL

(Test must be after recovery of total volume of load oil and must be continuous for 24 hours or 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 - Bbbs.	Gas - Bbbs.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbbs. 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 complete to the best of my knowledge and belief.

Signature
Jeffrey R. Vaughan Vice President Operations
Printed Name
Date
August 20 1993
Telephone No.
(505)326-3325

OIL CONSERVATION DIVISION

Date Approved
By Original Signed by FRANK T. CHAVEZ
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, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.