Submit 5 Copies
Appropriate District Office
DISTRICT!
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

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

OOO Rio Brazos Rd., Aziec, NM 87410	REQUEST FOR ALL	OWABL	E AND A	UTHORIZA	ATION					
TO TRANSPORT OIL AND NATURAL GAS					S	Well API No.				
peator Giant Exploration & Production Company						30-045-25746				
Address										
P.O. Box 2810, Farming	ton, New Mexico	87499	Other	(Please explain						
Reason(s) for Filing (Check proper box)	Change in Transport	ter of:		(1.10-00-0-7-11-11	•					
New Well Recompletion	Oil Dry Gas				Eff	ective	July 1,	1990		
Change in Operator XX	Casinghead Gas Condens	ale 📗								
change of operator give name Hixo	on Development Com	mpany,	P.O. Box	2810, F	armingto	on, N.M	. 87499			
I. DESCRIPTION OF WELL A	ND LEASE		_							
Lease Name	, Well No. Pool Nat	me, Including	Formation		Kind of	Lease deral or Fee	NOO-C-	ise No.		
Irene Whitney (om 1 Bi	lsti Lov	ver Gall	up	N.	vajo	μ4-20-	3243		
Location		G		. 1650	East	From The _	West	Line		
Unit Letter K	:1850 Feet Fro	om The SOL	1TI Line	and <u>1650</u>	reci	. Plom ine	11.000			
Section 21 Township	25N Range	111	NM, NM	IPM,	San Juan	1		County		
		o stancilo	AT CAS							
III. DESIGNATION OF TRANS		NATUR	Address (Give	address to whi	ch approved o	opy of this fo	em is to be set	u)		
Name of Authorized Transporter of Oil Giant Refining	X W. Constitution	ا ليا	PO Box 256, Farmington, NM 87499 Address (Give address to which approved copy of this form is to be seru)							
Name of Authorized Transporter of Casing	head Gas XX or Dry	Gas 🗀	Address (Give	address to whi	ch approved o	opy of this f	orm is to be see	nt)		
El Paso Natural Gas (Company	7 - 7	PO Bo	x 4990.	Farming When		M 87499			
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp.		Yes	Comicaco.		/11/83				
If this production is commingled with that				er:						
IV. COMPLETION DATA						Diag Dagk	Same Res'v	Diff Res'v		
	1011 11 011	Gas Well	New Well	Workover	Decpen	Plug Dack	Jame Res	[
Designate Type of Completion	Date Compl. Ready to Prod.		Total Depth		L	P.B.T.D.				
Date Spudded	Date Compile Manage									
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth					
						Depth Casing Shoe				
Perforations						<u> </u>				
	TUBING, CASI	NG AND	CEMENTI	NG RECOR	D	т	SACKS CEM	ENT		
HOLE SIZE	CASING & TUBING S			DEPTH SET			SACKS OLIV			
										
	 									
						l				
V. TEST DATA AND REQUE	ST FOR ALLOWABLE recovery of total volume of load	ail and must	he equal to or	exceed top allo	mable for this	depth or be	for full 24 hou	rs.)		
	Date of Test	ou and musi	Producing M	cthod (Flow, pu	mp, gas lift, e	ic.)				
Date First New Oil Run To Tank	Date of Tex					C.A.	FIVE	-M-		
Length of Test	Tubing Pressure	Casing Press	ure		G. W.					
			Water - Bbls		—— U V	Gas MCF	3 1990			
Actual Prod. During Test	Oil - Bbls.					306		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ 		
					(OIL CO	<u>וט .אכ</u>	V		
GAS WELL Actual Prod. Test - MCF/D	Length of Test		Bbls. Conde	nsate/MMCF	•	Gravity	STrdent le	, ` `		
		Casing Press		Choke Siz	<u>c</u>					
Tosting Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pics							
	TA INTER OF COLUMN TA	NCE	-\					ON		
VI. OPERATOR CERTIFIC	JATE OF COMPLIA	تنابي		OIL CO	VSERV	AHON	יופועוט ו	ON		
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 3 1990							
is true and complete to the best of my	y knowledge and belief.		Dat	e Approv	ed					
\bigcirc . \cdot \cdot \cdot \cdot \cdot	C	_	By.		3.	الد	Chang			
Simplify					2112	FRVISA	DISTRIC	T #3		
Aldrich L. Kuchera	Presiden Tide		Title	o	QUE	ENVISOR	- DISTRIC			
Printed Name 2 2 1990	(505) 32		'''	·						
Date	Telephone	No.	11							

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
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 7. The security of this form things of finest 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.

Submit 5 Copies
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

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	TO	O TRANS	PORT OIL	AND NAT	UHAL GA	NO WALLA	PI No.			
Openior Giant Exploration & Production Company						Well API No. 30-045-25746				
Address P.O. Box 2810, Farming	ton, Ne	w Mexic	o 87499		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		· · · · · · · · · · · · · · · · · · ·			
Reason(s) for Filing (Check proper box) New Well Recompletion		hange in Trat	uporter of:	Othe	t (Please expla		eewww	July 1	1990	
Change in Operator	Casinghead Gas Condensate									
nd sources or previous operator			Company,	P.O. Box	k 2810,	Farmingt	on, N.M	87499	<u>'</u>	
I. DESCRIPTION OF WELL A	ND LEAS	E				Kind o	Lease	le:	asc No.	
Lease Name Irene Whitney (Well No. Pool Name, Including Formation					State, Federal or Fee NO0-C=0-5243				
Location Unit Letter K	. 1850	Fee	t From TheS	outh Line	and10	650 Fcc	t From The	West	Line	
Section 21 Township		Rai				San Juan			County	
III. DESIGNATION OF TRANS				RAL GAS						
Name of Authorized Transporter of Oil		r Condensate	<u> </u>	Address (Give	address to wh	nich approved	copy of this fo	orm is to be see	n)	
Giant Refining				PO Bo	x 256 I	Farmingt	on NM	87499		
Name of Authorized Transporter of Casing	head Gas	X or	Dry Gas 🗀					orm is to be se		
El Paso Natural Gas C	ompany		₁ <u>-</u>			Farming When	_	<u>M 87499</u>		
If well produces oil or liquids, give location of tanks.	Unit S !K	Soc. Tw 21 2	p. Rgc. 5N 11W	Is gas actually Yes	y connected?	•	/ /11/83			
If this production is commingled with that f					жг.					
IV. COMPLETION DATA		Oil Well	Gas Well		Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion -		On wen	021 11011			<u>i </u>		<u>i</u>	J	
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	1			L			Depth Casin	ng Shoe		
		IDING C	SING AND	CEMENTI	NG RECOR	RD	<u>'</u>			
UOI E 0176	TUBING, CASING AND CASING & TUBING SIZE			CLIVILIVII	DEPTH SET		SACKS CEMENT			
HOLE SIZE	HOLE SIZE CASING & TOBING SIZE									
							ļ			
				ļ			 			
V. TEST DATA AND REQUES	T FOR A	LLOWAB	LE	L				6 6-U 24 hav	1	
OIL WELL (Test must be after re	ecovery of tol	al volume of l	oad oil and must	be equal to or	exceed top all	owable for thi	ic.)	jor jui 24 nou		
Date First New Oil Run To Tank	Date of Test	of Test Producing Method (Plow, purp., 823 sy., city)					Choke Size			
Length of Test	Tubing Pres	sure		Casing Pressure			SCE	INE	₩_	
Actual Prod. During Test	Oil - Bbls.			Water - Bbls	•			3 1990	سا	
GAS WELL	1						000			
Actual Prod. Test - MCF/D	Length of T	est		Bbis. Conde	nsale/MMCF	C	ググジル	Main 131,	4	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke DIST. 3			
	LATE OF	COMP	IANCE	 			J	D11 (10)		
VI. OPERATOR CERTIFIC	ATE OF	Oil Covered	IAINCE ion	11	OIL CO	NSERV	ATION	DIVISIO	NC	
I hereby certify that the rules and regul Division have been complied with and is true and complete to the best of my	that the infor	uration Biven	above	Det	o Annrov	ad :	MT 03	1990		
is the and compact to the oct of my				Dat	e Approv	· · · · ·	, , , , , , , , , , , , , , , , , , , 	1		
Signature Aldrich L. Kuchera		Presid	ent	∥ By₋	<u></u>	70-) (· · · · · · · · · · · · · · · · · · ·		
Printed Name N 2 2 1990	<u></u>		iide 326-3325	Title	 _	SUPER	VISOR D	ISTRICT	f 3	
Date		Telepl	one 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.