Submit 5 Copies Appropriate District Office DISTRICTI

P.O. Box 1980, Hobbs, NM 88240

DISTRICTII

P.O. Drawer DD, Artesia, NM 88210

DISTRICTIII 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							Well	API No.		
Giant Exploration & Production Company							30-045-25795			
Adress	0010 T		NT N. 6 1	07400						
	2810, Farmii	ngton,	New Mexico	5 87499			•			
Reason(s) for Filing (Check pro	per oox)		Change in	Transporter of:	!	Other (please explain)				
Recompletion	⊣ ο:	il		Dry Gas						
Change in Operator		Casinghead Gas X Condensa			te			Operator chans	ced July 1, 1990 –	
If change of operator give name						<u> </u>		,		
and address of previous operator		-		pmont Company	, P.O. Box 28	10, Farmington,	NM 87	499		
II. DESCRIPTION OF						T-22				
Lease Name Central Bisti Unit		Well No. Pool Name, Including Format 85 Bisti Lower Gallup			tion	ion Kind of Lease State, Federal or Fee			Lease No.	
		65	BISH LOWE	r Gallup		State, Federal	or Fee	Federal	SF 078056	
Location	1000 =	. •••	era NT		((0			.		
Unit Letter H		Feet From The North Line and			660 Feet From The			East	Line	
Section 7 T	ownship	25N 1	Ran 12W	,	NMPM,	San Juan			County	
III. DESIGNATION O				AND NAT				······································		
Name of Authorized Transporte Giant Refining		Condens	sate		Address (Give address to which approved copy of this form is to be sent) P.O. Box 256, Farmington, NM 87499					
Name of Authorized Transporte Giant Exploration & Prod	r of Casinghead		or Dry Ga	s	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,	,	cc.	Twp.	Rgc.		lly connected?	When			
give location of tanks			тир.	Ngo.	Yes	ny connected:	When	•		
If this production is commingled v	vith that from a	ny other	lease or pool,	give commingli	ng order numb	er:	•			
IV. COMPLETION DA	T'A				-			· · · · · · · · · · · · · · · · · · ·		
		****			Ta	T				
Designate Type of Completion - (X)	Oil Well G	as Well	New Wel	l Workover	Deepen	Plug Back	İ	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		Top Oil/Gas Pay			Tubing Depth					
Perforations	·			····	. 1	,-		Depth Casing	Shoe	
UOI E SIZE	TUBING, CASING AND C HOLE SIZE CASING & TUBING SIZE					ENTING RECORD DEPTH SET				
HOLESIZE	CASINO	o a rob	ING SIZE		DEFIN	SEI	1	Deve Visco	3 1 0 E	
			······································		ļ <u>.</u>			SEI	2 9 1993	
V. TEST DATA AND R	EQUEST	FOR A	TTOMYI	BLE			l		ON. DIV	
OIL WELL (Test must be aft	er recovery of total v	olume of lo	ed oil and must be	equial to or exceed to	op allowable for thi	s depth or be for full	24 hours.)			
Date First New Oil Run To Tank				·		lethod (Flow, p		s lift, etc.)	DIST. 3	
Length of Test	Tubing Pressure				Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas - MCF		
GAS WELL					1					
Actual Prod. Test - MCF/D	Length of Te	• •			Rhle Conde	nsate/MMCF		Gravity of Con-	densate	
Actual Flod. 10st - INCI/D	Langin of Te	.5			Bbls. Condensate/MMCF			Oravity of Con	ucisaic	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)					
VI. OPERATOR CERT	IFICATE (OF CO	MPLIAN	CE						
I hereby certify that the rules a Division have been complied w	vith and that the	e informa	ation given abo		(OIL CONSE	RVAT	ON DIVIS		
is true and compelte to the bes	st of my knowle	gde and l	belie£		Date	Approved		· ~ •		
N D ORINK /A	na m. V	(0)			Date	, thhi caed	-	~	1	
Signature	<u>—</u>	By Sinh). Chang								
Diane G. Jaramillo Administrative Manager Printed Name Title					Title		SUPE	RVISOR D	ISTRICT #3	
SEP 2 8 1993	(50)5)326-	-3325		_					
Date	Tel	ephone l	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 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.