

I.

|   |   |                           |  |
|---|---|---------------------------|--|
| Operator                                | Giant Exploration & Production Company          | Well API No.              | 30-045-25801                                   |
| Address                                 | P.O. Box 2810, Farmington, New Mexico 87499     |                           |  |
| Reason(s) for Filing (Check proper box) | <input type="checkbox"/> Other (please explain) |                           |  |
| New Well                                | <input type="checkbox"/>                        | Change in Transporter of: | <input type="checkbox"/>                       |
| Recompletion                            | <input type="checkbox"/>                        | Oil                       | <input type="checkbox"/> Dry Gas               |
| Change in Operator                      | <input type="checkbox"/>                        | Casinghead Gas            | <input checked="" type="checkbox"/> Condensate |

If change of operator give name and address of previous operator

Hixon Development Company, P.O. Box 2810, Farmington, NM 87499

II. DESCRIPTION OF WELL AND LEASE

|                    |          |   |                              |               |
|--------------------|----------|---|------------------------------|---------------|
| Lease Name         | Well No. | Pool Name, Including Formation                                  | Kind of Lease                | Lease No.     |
| Central Bisti Unit | 84       | Bisti Lower Gallup  | State, Federal or Fee Indian | 14-20-603-323 |
| Location           |          |   |                              |               |
| Unit Letter        | P        | : 1200 Feet From The South Line and 720 Feet From The East Line |                              |               |
| Section            | 5        | Township 25N Range 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) |      |      |      |                            |        |
| Giant Refining <input checked="" type="checkbox"/>                     | P.O. Box 256, Farmington, NM 87499                                       |      |      |      |                            |        |
| Name of Authorized Transporter of Casinghead Gas or Dry Gas            | Address (Give address to which approved copy of this form is to be sent) |      |      |      |                            |        |
| Giant Exploration & Production Co. <input checked="" type="checkbox"/> | 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                        |        |

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 |
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |

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V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top 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 - Bbls.     | Water - Bbls.                                 | Gas - MCF  |

GAS WELL

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D        | Length of Tes             | Bbls. 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 knowlegde and belief.

Signature

Diane G. Jaramillo Administrative Manager

Printed Name

SEP 28 1993

Date

Title

(505)326-3325

Telephone No.

OIL CONSERVATION DIVISION

SEP 29 1993

Date Approved

By

Title

SUPERVISOR DISTRICT 13

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.