Submit 5 Copies Appropriate District Office DISTRICTI

State of New Mexico Energy, Minerals and Natural Resources Department

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

P.O. Box 1980, Hobbs, NM 88240

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

DISTRICTII P.O. Drawer DD, Artesia, NM 88210

DISTRICTIII 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

•									Well A	API No.		
Operator Circut Free!o	Well API No. 30-045-25801											
Giant Explo	ration &	Product	ion Comp	any								
P.O. Box 28	10, Farm	ington, l	New Mexic	xo 87	7499							
Reason(s) for Filing (Check proper box) New Well Change in Transporter of:							Other (please explain)					
New Well		o''	Change i	n Trai			$\overline{}$					
Recompletion	,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Dry Gas Condensate		Operator cha				zod July 1, 1990	
Change in Operator f change of operator give name		Casingneac	Gas		Condensate		<u> </u>					
nd address of previous operator]	lixon Devel	opmei	nt Company,	P.O. Box 28	10, F	armington, N	M 87	199-		
I. DESCRIPTION OF W	ELL A	ND LEA	ISE				1				Lease No.	
Lease Name		Well No. Pool Name, Including				o n	Kind of Lease		Indian	14-20-603-323		
Central Bisti Unit	al Bisti Unit 84 Bisti Lower Gallup						State, Federal or Fee				14-20-003 323	
Location						700		n . n m		East	Line	
Unit Letter P: 1200 Feet From The South Line and						720 Feet From The				East	•	
Section 5 Tow	nship	25N	Ran 12W		· · · · · · · · · · · · · · · · · · ·	NMPM,	San	Juan			County	
						A T						
III. DESIGNATION OF				IL A	ND NAT	URAL G	AS	address to which	approu	d conv of this form	is to be sent)	
lame of Authorized Transporter of Oil or Condensate						Address (Give address to which approved copy of this form is to be sent) P.O. Box 256, Farmington, NM 87499						
Giant Refining X Name of Authorized Transporter of	of Casinohe	ad Gas	or Dry C	Gas		Address	(Give	address to which	approve	d copy of this form	is to be sent)	
Giant Exploration & Produ	ction Co		X]	P.O. Box	281	10, Farmin	gton,	NM 87499		
well produces oil or liquids, Unit		Sec. Twp.		R	ge.	Is gas actual Yes		lly connected? When		n ?		
give location of tanks		L	•	-1 -1-			her:					
If this production is commingled wi	th that from	n any other	r lease or poo	oi, givi	e commingin	g order num	oci.					
IV. COMPLETION DAT	`A					T		1				
Designate Type of Completion - (X)	Oil Well	Gas Well	New W	/ell	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	<u> </u>									Depth Casing	g Shoe	
		TUDIN	C CASIN	G A	ND CEMI	INTING	REC	CORD				
HOLE SIZE CASING &			BING, CASING AND CEMI ETUBING SIZE			DEPTH SET				SACKS CEMENT		
HOLESIZE									<u> </u>	1 100	रा साथ ध ध	
										1 ta C	EP 2 9 1993	
V. TEST DATA AND R	EQUES	TFOR	ALLOW	ABI	Æ					OIL	CON. DIV	
OIL WELL (Test must be after	recovery of t	otal volume of	load oil and mus	it be equ	ial to or exceed to	op allowable for	this de	epth or be for full	24 houn	l.)	DIST. 3	
Date First New Oil Run To Tank							Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing I	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 Tes					Bbls. Condensate/MMCF				Gravity of Condensate		
	Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)						
Testing Method (pitot, back pr.)										<u> </u>		
VI. OPERATOR CERT	IFICAT	E OF C	ONPLIA	INC	E		O	IL CONSF	RVA	ATION DIV	/ISION	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above												
Division have been complied with and that the information given above is true and compelte to the best of my knowlegde and belief.							SEP 2 9 1993					
							Date Approved					
Wall Jaramello								-	Z	ハ)ミ	Grand	
Signature © Diane G. Jaramillo Administrative Manager							SUBERVICOR DISTRICT					
Printed Name Title						Title)			HUSUHL	HOTHICT #3	
SEP 2 8 1993			6-3325									
Date		Telephor	e No.	<u> </u>		1	يدديني	s. <u>capinanal</u> idadi				

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.
- 2) Full sections of this form mast be filled out for anowable 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 filled for each pool in multiply completed wells.