Form 3160-4 (Nov ember 1983) (formerly 9-330)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

SUBMIT IN DUPLICATE.

(Sec other in

Form approved.
Budget Bureau No. 1004-0137 Expires August 31, 1985

ructions on	l —					
verse side)	5.	LEASE	DESIGNATION	AND	SERIAL	N
		NM_E	01 20			

everse sine)	W. MOITANDION AND	SPKINT	- 2
/	NM-58138		

WELL CO	MPLETION	OR RECC	MPLET	ION	NEPORT	RN	ME	dN	6. IF INDIAN	N. ALL	TTEE OR TRIBE NAME	
1a. TYPE OF WEL		GAS WELL		0	Wither		V 99	TUT	7. UNIT AGE	EEMEN	T NAMB	
b. TYPE OF COM		see C mee		U	M VIIG	n a 1	984					
WELL A OVER EN BACK BENTR. Other S. FARM OR LEASE NAME												
Connida Oils Inc										Federal		
3. ADDRESS OF OPE	-					IST.	3 —		9. WELL NO.	•		
P.O. Box	5550 T.A.,	Denver, C	0 8021	.7	_				-	ND POO	DL, OR WILDCAT	
4. LOCATION OF WE	L (Report locat	ion clearly and is	accordance	VState Com	entent). E	\neg			er Gallup		
At auriace 660 FNL	560' FFI			1 \		. 1 \	<i>-</i>		11. SEC., T.,	R., M.,	OR BLOCK AND BURVEY	
At top prod. int		elow			AUG 0	6 198	34		OR AREA			
As above				BURE.	AU OF LAIN	. 1		ENIT			25N-R13W	
As above			14. PE	EARM BMIT NO.	HNGTON RI	SOU	RCE AF	EA	N.M.		13. STATE	
42014					1			San Juan NM				
15. DATE SPUDDED	16. DATE T.D.	REACHED 17. DA	TE COMPL.	(Ready to	o prod.) 18	. ELEVA	TIONS (I	F, RKB, R	T. GR. ETC.)*		ELEV. CASINGHEAD	
6/16/84	6/25/8		21/84			647	5' RK	В	,,	}	6461' G.L.	
20. TOTAL DEPTH, MD	3	UG, BACK T.D., MD	4 TVD 22	. IF MUL HOW M	TIPLE COMPL.	•	23. INT	ERVALS LED BY	ROTARY TOO		CABLE TOOLS	
5170 RKB		109' RKB	<u> </u>					→	X			
				NAME ()	4D AND TVD)*	ı				2	5. WAS DIRECTIONAL SURVEY MADE	
Lower Gal	lup	5006'-5076	•							İ	No	
26. TYPE BLECTRIC	ND OTHER LOGS	RUN							 1	27. 9	VAS WELL CORED	
IES + CNL-	-FDC									N	ō	
28.					ert all etrings	set in	well)		<u></u>			
8-5/8 ^{II}	WEIGHT, LE./FT. DEPTH SET (MD) HOLE SINE							CEMENTING RECORD AMOUNT PULLED				
5-1/2 ⁿ	15.5 16		RKB	7-7	1/4"		180 s		2ft3			
J-1/2	15.5 16	3. 3160	KND	-/-/ -	/8"		690 s	$\frac{X)15E}{2nd}$	115% ft3	<u> Hsll</u>	1345, 118453 CI	
								2 `	/7387	17411	1345	
29.		LINER RECOR	D	·			30.	т	UBING REC	ORD		
\$128	TOP (MD)	BOTTOM (MD)	SACKS CI	EMBNT*	SCREEN (M	D)	SIZE	D	EPTH SET (M	H SET (MD) PACKER SET (MD)		
						_	2-3/8	" 4	957' RKI	3		
31. PERFORATION REC	ORD (Interval a	ise and number)			1							
		,			32. DEPTH INT			1	RE. CEMEN			
5006-5013 5034-5046			,						CT & 96,000			
5055-5060		gals				gals	slick H20 with 2% KCl					
5065-5076				and 100				.00,000	lbs.	20-40 sand		
22 4		holes			1							
33.* DATE FIRST PRODUCT	ION PROD	UCTION METHOD	(Flowing, a		OUCTION	and two	ne of aus		1 777 87 7		Dundusing an	
7/23/84			2" x 1½				pe o, pun	ν,	e hu	duc i	s (Producing or	
DATE OF THET	HOURS TESTED	CHOKE SIZI			OILBBL.		GAS-M	î F.	WATERBBI		GAS-OIL RATIO	
7/31/84	24	open	TEST	PERIOD	51.6		35	est.	30	ĺ	678	
FLOW. TUBING PROCE.	CASING PRESSU	RE CALCULATED 24-HOUR RA	77		GAS-			WATER			RAVITY-API (CORR.)	
30 psi	30 psi		l l	1.6	3	5 es	t.	30			40°	
Vented Vented Vented Vented												
35. LIST OF ATTACH	4ENTS			AVERTA	****			1				
35. LIST OF ATTACHMENTS ACCEPTED FOR RECORD 36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available, pecords. AUG 07 1984												
36. I hereby certify	that the oregoi	ng and attached	information	is comp	lete and corre	et as	determin	ed from a	il available	ecoZq.	7 1004	
SIGNED	\sim	Leves		TLE	Geologi:	st.				ָט ע -	7 1984 8 /2/84	
JAT	i Anderson		TF			~ ~			FAKIMUNG U	ON KE	SUURCE AREA	
J	*(Se	e Instructions	and Space	ns for A	dditional [Data d	on Reve	nse Side)	Smr	<u> </u>	

37. SUMMARY OF POROUS ZONES: (Show all important zones of porosity and contents thereof; cored intervals; and all drill-stem, tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures, and recoveries): FORMATION Gallup **.** . 5006 TOP BOTTOM 5076 ing from 8-12%. Fine-grained sandstone with porosity rang-DESCRIPTION, CONTENTS, ETC. 38. Mancos Gallup Mayre S.S. Chacra Cliff House Fruitland P.C. Lewis Pt. Lookout Menefee NAME GEOLOGIC MARKERS MEAS, DEPTH 1171 1383 1490 1780 2108 2108 2222 3815 3926 4898 5006 TOP TRUE VERT. DEPTH 1171 1383 1490 1780 2108 2222 3815 3926 4898

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 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

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

1000 Rio Brazos Rd., Azlec, NM 87410	REQU	JEST FC	R ALL	OWAB	LE AND AUTH	ORIZA	ATION					
Ι.	-	TO TRAI	NSPO	RT OIL	AND NATURA	L GAS	5 	PI No.				
Operator				62	281			30-045-259	175			
Giant Exploration &	Produc	tion C	ompan	y 87	///			30-043-235	7.5			
Address P.O. Box 2810, Farming	ton, N	lew Mex	ico	87499			···					
Reason(s) for Filing (Check proper box)					Other (Pleas	e explain)					
New Well		Change in	•	at ol:								
Recompletion	Oil		Dry Gas	닏			nce .	1	1 1000			
Change in Operator												
If change of operator give name Hixo	n Deve	elopmen	t Com	pany,	P.O. Box 281	0, F	arming	ton, N.M.	87499)		
II. DESCRIPTION OF WELL A	3658	ASE				90,0			1	ase No.		
Lease Name	ng Formation 5	of Lease Federal or Fee										
Badlands Federal		1	В	isti I	Lower Gallup		F	Federal or Fee ederal	I INTI	70130		
Location												
Unit LetterA	. 60	60	Feet From	n The	North Line and	660 -	Fc	et From The	East	Line		
Unit Letter										_		
Section 3 Township	2.	5N	Range	131	, NMPM,		San J	uan		County		
III. DESIGNATION OF TRANS	PORTE	R OF O	L AND	NATU	RAL GAS			laren of this form	ie to he se	ntl		
Name of Authorized Transporter of Oil		or Conden	521C		Address (Cive address to which approved copy of the farmer							
Giant Refining		PO Box 256, Farmington, NM 87499 Address (Give address to which approved copy of this form is to be sent)										
Name of Authorized Transporter of Casing	head Gas		or Dry C	ias	Address (Give addres	s to whic	h approved	copy of this form				
If well produces oil or liquids, give location of tanks.								·				
If this production is commingled with that f	rom any ot	her lease or	pool, give	commung	ing order number:							
IV. COMPLETION DATA							D	Plug Back S	me Res'v	Diff Res'v		
Designate Type of Completion	· (X)	Oil Well	j G	as Well	New Well Work	over	Deepen	<u> </u>		<u></u>		
Date Spudded		pl. Ready to	Prod.		Total Depth			P.B.T.D.				
Day op-												
Elevations (DF, RKB, RT, GR, etc.)	evations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Liceacons (Dr. France)	[Doub Caring Shoe							
Perforations								Depth Casing	Shoc			
		TIDING	CASIN	IG AND	CEMENTING R	ECORI)					
	TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE						DEPTH SET			SACKS CEMENT		
HOLE SIZE	CA	ASING & I	DRING 2	125	<u> </u>							
					-							
V. TEST DATA AND REQUES	T FOR	ALLOW	ABLE	il and mire	be equal to or exceed	top allo	wable for th	is depth or be fo	full 24 hou	urs.)		
OIL WELL (Test must be after r.	ecovery of	lotal volume	of 1000 o	u ana mus	Producing Method (low,	w. # 140	10				
Date First New Oil Run To Tank	Date of Test			سے این ا			Choke Size					
Length of Test	Tubing Pressure				Casing Pressure	П.	<i>u</i>	3 1990	- TEV			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls. Oll CON, D'							

VI. OPERATOR CERTIFICATE OF COMPLIANCE

GAS WELL

Actual Prod. Test - MCF/D

Testing Method (pitot, back pr.)

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.

Date	Telephone No.
Printed Number 2 2 1990	(505) 326-3325
Signature Aldrich L. Kuchera	President
qui Ct	ully

OIL CONSERVATION DIVISION

DIST. ?

Choke Size

Gravity of Condensate

JUL 0 3 1990 Date Approved

Ву

SUPERVISOR DISTRICT #3 Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Length of Test

Tubing Pressure (Shut-in)

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Bbis. Condensate/MMCF

Casing Pressure (Shut-in)

- 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.