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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

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

## State of New Mexico Energy, Minerals and Natural Resources Department

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

## 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 TRANSPORT OIL AND NATURAL GAS

Operator Operator							Well API No.			
Giant Exploration & Production Company						30-045-26036				
Address P.O. Box 2810 Formin	atan N. M		07/00							
P.O. Box 2810, Farmin Reason(s) for Filing (Check proper box)	gton, New Me	X1CO	8/499	Out.	er (Please expl					
New Well	Change i	in Transport	ter of:	<del></del>	•					
Recompletion	Oil	Dry Gas	_		X-2 5 1 1	J				
Change in Operator	Casinghead Gas	Condens	_	Effect	ive Jul	v 1. 199	00			
f change of operator give name and address of previous operator Hi	xon Developm	ent Co	mpany			· · · · · · · · · · · · · · · · · · ·	<del></del>	4 07/0	^	
		enc co	mbana,	F.U. DC	2X ZOIU,	rarming	COn, N. P	1. 8/49	9	
I. DESCRIPTION OF WELL Lease Name	AND LEASE Well No	De el Nie					<del></del>			
A.P. Hixon				nd of Lease Lease No. te, Federal or Fee NOO-C-14-20-5						
Location	1-E					Nava	<del>.jo</del>	1100-0	-14-20-3	
Unit LetterA	. 790	Feet Fro	m The	North Line	790	): 	ct From The _	Eas	t ,	
	0.517	100110			2 AUG	re	et Prom The _		Linc	
Section 21 Townsh	<sub>ip</sub> 25N	Range	114	I , NI	мрм,	San Jua	n		County	
TI DEGICALIMICAL OP TO LA	Innonmen on									
II. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	NSPORTER OF (				e address to w	List same	Lanna of this fo		-1	
Ciant Definition		[	XX	P.O.	2 3 2 5 6 W	nich approved	copy of this fo	orm is to be se	<i>π)</i> Ω	
Name of Authorized Transporter of Casin	phead Gas or Dry Gas XX		Address (Give address to which approved			d capy of this form is to be sent				
Fl. Paga Natural Car C	mpony.		P.O. Box 4990, Farmin							
If well produces oil or liquids,	Unit Sec.	Twp.	Rgc.			When				
ive location of tanks.	A   21	<u> 1 25N</u>	11W	No.		1			· · · · · · · · · · · · · · · · · · ·	
f this production is commingled with that	from any other lease o	or pool, give	comming	ling order numl	ber:					
V. COMPLETION DATA	louv		31/ 11	1 1/ 1// 1// 1// 1// 1// 1// 1// 1// 1/	1	1 5	1 5 6			
Designate Type of Completion	Oil We   - (X)	:11.   C	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v 	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.			Total Depth	l	J	P.B.T.D.		.l	
-										
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing	Formation		Top Oil/Gas	Pay		Tubing Dept	h		
Perforations							Depth Casing	g Shoc		
<del></del>	TUDING	CACIN	IC AND	CIEN CENTRE	NC DECOR	<u> </u>				
HOLESZE	TUBING, CASING AND CASING & TUBING SIZE						SACKS CEMENT			
HOLE SIZE	CASING &	TOBING SI	IZE	<del> </del>	DEPTH SET		3	ACKS CEMI	IN I	
· · · · · · · · · · · · · · · · · · ·				<del> </del>	<del></del>	······································	<del> </del>			
				- <del> </del>	· <del></del>	<del></del>			<del></del>	
								,		
V. TEST DATA AND REQUE	ST FOR ALLOW	VABLE								
	recovery of total volum	e of load oi	il and must					or full 24 how	s.)	
Date First New Oil Run To Tank	Date of Test			Producing Mo	thod (Flow, pi	unp, gas lift, d	Ic.)	to and the	일 및 등 (	
I di ATT		<del></del>		Caria a Danasa		<del></del>	Choke Size		4200	
Length of Test	Tubing Pressure			Casing Pressure			C. 000 0120 MARZ 2 1992			
Actual Prod. During Test	Oil - Bbls.		<del></del>	Water - Bbls.			Gas- Night		J THY	
Actual Front During Feet	On - Bois.			TI ALCI - DOIA			- C		N. DIV	
G + G YIMI I			<u> </u>	.L	· · · · · · · · · · · · · · · · · · ·		<u> </u>	DIST	, 3	
GAS WELL Actual Prod. Test - MCF/D	Length of Test			This Conde	Fale(NANACE	<del></del>	Tonyin of C	ondensate	<del> </del>	
ACMAI FIOU. 1681 - MICHAD	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate			
Fosting Method (pitot, back pr.)	X, back pr.) Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size				
Munni annu h. A		-•								
VI. OPERATOR CERTIFIC	TATE OF COM	PITAN	CE	1			.1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		· · · · ·	
1 hereby certify that the rules and regu					DIL CON	USERV.	ATION I	DIVISIO	N	
Division have been complied with and	I that the information g	iven above					1115 -	4000		
is true and complete to the best of my	knowledge and belief.			Date	. Approve	:d	MAR 24	1992		
$AA \cap$	00-							A		
Singling	Consutt			By_		3.	NA	hand		
Signature John C. Corbett	Vice Pres	sident		-,_		~··		- 7		
Printed Name		Title		Tial -	•	SUPER	IVISOR D	ISTRICT	# 3	

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

March 23, 1992

Date

- 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.

Telephone No.

(505) 326-3325

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.