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

## OIL CONSERVATION DIVISION P.O. Box 2088 DISTRICT II P.O. Drawer DD, Artesia, NM 88210

Santa Fc, New Mexico 87504-2088

DISTRICT III

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FOR AL	LOWABLE	E AND A	JTHORIZ	ATION				
I	TO TRANSPORT OIL AND			Well API N			₹0.		
Operator Giant Exploration & I	Production Company				30	30-045-26717			
Address P.O. Box 2810, Farming	ton, New Mexico	87499		101					
Reason(s) for Filing (Check proper box)		4 afr	Other	(Please explai	л)				
New Well	Change in Transport Oil Dry Gas						1 100		
Recompletion WY	Condens		Effection July 1, 1990						
If change of operator give name Hivo	n Development Co	mpany, I	O. Box	2810, I	armingto	on, N.M.	87499		
and address of previous operator									
II. DESCRIPTION OF WELL A	ND LEASE Well No.   Pool Na	Formation Kind of State Fe							
Lease Name Hunter Foster		er Gallup State, Fe			deral NM 25451				
Location					_		Eb	Line	
Unit LetterG	: Feet Fr	om The <u>No</u> 1	cth_Line	and2310	3 Foct	From The	East		
	25N Base	127	J .NM	1PM,	San Juai	0		County	
Section 26 Township	25N Range								
III. DESIGNATION OF TRANS	SPORTER OF OIL AN	D NATUR	AL GAS	ad trees to wh	nich approved c	opy of this for	m is to be se	nt)	
Name of Authorized Transporter of Oil	XX or Condensale		PO Box	256.	Farming	ton, NM_	8/499		
Giant Refining	or Dr	Gas	Address (Give	aditress to wi	hich approved o	opy of this for	m is to be se	nı)	
lame of Authorized Transponer of Casing Read Gas			PO Box 2810, Farmington, NM 87499						
If well produces oil or liquids,	Unit Sec. Twp.	I v.8c.	Is gas actually	y connected?	When I	, uly 21 <b>,</b>	1987		
Line togetion of tanks	G   26  25N	12W	Yes			417 419			
If this production is commingled with that I	rom any other lease or pool, gi	ive commungin	ng order nam					-	
IV. COMPLETION DATA	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion -				l		P.B.T.D.		_1	
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.1.D.			
		Top Oil/Gas Pay			Tubing Dept	Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation									
	J					Depth Casing	g Shoe		
l'erforations						<u> </u>			
	TUBING, CAS	CEMENTING RECORD			SACKS CEMENT				
HOLE SIZE	CASING & TUBING	DEPTH SET							
								J	
V. TEST DATA AND REQUES	ST FOR ALLOWABLE	E			llamable for thi	denth or be t	or full 24 ho	urs.)	
OIL WELL (Test must be after r	ST FOR ALLOWABLE recovery of total volume of load	d oil and must	be equal to o	tethed (Flow.)	pump, gas lift, e	ic.)			
Date First New Oil Run To Tank	Date of Test		Producing is	tetion is in 17			- NA-80-	(B)	
	Tubing Pressure		Casing Pres	surc	<b>D</b> )			1111	
Length of Test	Tubing Fressure	<u> </u>			Gas- MCF				
Actual Prod. During Test	Oil - Bbls.	Water - Bbl	<b>5.</b>	U //	JUL 3	19 <b>90</b>			
Actual Float During							I DIV		
GAS WELL			1	AME	<del>O</del> I	COP OF CORNEY OF	Ondénsale		
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF			DIST. 2				
			Casing Pres	sure (Shut-in)		Choke Size			
Testing Method (pitot, back pr.)	Tubing Pressure (Shui-in)								
	THE OF COMPLI	ANCE	1		NIOED)	/ATION	DIVISI	ION	
VI. OPERATOR CERTIFICATE OF COMPLIANCE				OIL CONSERVATION DIVISION					
I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above				.jul 0 3 1990					
is true and complete to the best of my	y knowledge and belief.		∥ Da	te Appro	ved		Λ		
	J				7	ر در کار	The said		
alecte Market			Ву	By					
Signature Aldrich L. Kuchera President				CUPERVISOR DISTRICT #8					
Printed Name   1114 2 2 1991)	(505) 3	26-3325	Tit	le					
11)N 2 2 1550	Telepho							وهبيهيه	
13-1-	•								

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.

A) Senarate Form C-104 must be filed for each pool in multiply completed wells.

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 tests taken in accordance