Submit 5 Corses
Appropriate District Office
DISTRICT 1
P.O. Hox 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, Anesia, NM 88210

OIL CONSERVATION DIVISION

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

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	REQUEST FO	OR ALLOWAB	LE AND AUTHORI	ZATION				
1.	TO TRANSPORT OIL AND NATURAL GAS				Well API No.			
perator					30-045-26770			
Giant Exploration &	Production (company			J- 045 E07			
P.O. Box 2810, Farming	gton, New Mex	cico 87499						
Reason(s) for Filing (Check proper box)			Other (Please expla	nin)				
New Well	- C1	Transporter of:					1	
Recompletion	Conference == 1,1,1,1,1,1,000							
Change in Operator	Casinghead Gas							
ind address of previous of tator		it Company,	P.O. Box 2810,	Farmingt	on, N.M.	87499		
II. DESCRIPTION OF WELL A	AND LEASE	r		Kind of	Lease	lca	se No.	
Lease Name Tono Hixon	Well No.	Pool Name, Includin Bisti Lo	wer Gallup	State, F	ederal or Fee	NM 5	\ .	
Location				2210	17.			
Unit LetterN	:	Feet From The So	uth Line and	2310 Fα	From The We	:81	Line	
Section 25 Township	25N	Range 12	W , NMPM,	San Jua	n		County	
III. DESIGNATION OF TRANS	SPORTER OF O	IL AND NATU	RAL GAS					
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of the form							
Giant Refining	PO Box 256, Farmington, NM 87499							
Name of Authorized Transporter of Casing	Address (Give address to which approved copy of this form is to be sent)							
Giant Exploration &	head Gas X Production (Company	PO Box 2810			NM 474	99	
If well produces oil or liquids,	Unit S∞.	Twp. Rgc	ls gas actually connected?	When		, 1000		
give location of tanks.	N 25		Yes	IN	ovember	+, 1900	<u></u>	
If this production is commingled with that I	from any other lease or	pool, give comming!	ing order number:					
IV. COMPLETION DATA			1	1 D	Plug Back S	me Res'v	Diff Res'v	
	Oil Wel	Gas Well	New Well Workover	Deepen	Plug Dack S	inic Acs v		
Designate Type of Completion			Total Depth	اـــــا	P.B.T.D.		1	
Date Spudded	Date Compl. Ready b	o Prod.	Total Depar		T.B.1.D.			
Lievations (DF, RKB, RT, GR, etc.)	R, etc.) Name of Producing Formation		Top Oil Gas Pay		Tubing Depth			
I ciforations					Depth Casing)hoc		
			CENTENC DECOL	20				
			CEMENTING RECORD		SACKS CEMENT			
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET					
	ļ							
					i			
	TO DECEMBER 1 TO SE	ARIE	!		1			
V. TEST DATA AND REQUES	T FOR ALLOW	ADDE	be equal to or exceed top ali	iomible for this	depth or be for	full 24 how	s.)	
	be equal to or exceed top allowable for this depth or be for full 24 hows.) Producing Method (Flow, pump, gas lift, etc.)							
Date First New Oil Run To Tank	Date of Test		!					
Length of Test	Tubing Pressure		Casing Pressure		E G	IVE	<u> </u>	
Actual Fred. During Test	Oil - Bbls.		Water - Bbls.		Gas- MCF		(H)	
Actual Free Paris				<u> </u>	[⊥]	1990	J	
GAS WELL						1 C+1\	/	
Actual Prod. Test - MCF/D	Length of Test	,	Bbls. Condensate/MMCF	C	HE COP	Acurata I A	'	
					Clioke Size	. 9	·	
esting Method (pitot, back pr.)	Tubing Pressure (Shi	ut-in)	Casing Pressure (Shut-in)	Cloke Size				
VI. OPERATOR CERTIFIC	ATE OF COM	PLIANCE	011 00	NOEDV	ATIONE	11/101/	M	
VI. OPERATOR CERTIFIC		NSERV.	ATION [MAIOIC	Л			
I hereby certify that the rules and regulations of the Oil Conservation Division have been compiled with and that the information given above								
is true and complete to the best of my knowledge and belief.			Date Approved					
	/		Bale Alppiot			2		
10 de la Cerren			Ву	By				
Aldrich L. Kuchera President			SUPERVISOR DISTRICT #3					
Printed Name 2 2 1390) 326-3325	Title					
Date	To	elephone No.						

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
- All sections of this form must be filled out for allowable on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.