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Appropriate District Office
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DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

I.

| | |
|--|------------------------------|
| Operator Giant Exploration & Production Company | Well API No. 30-045-27233 |
| Address P.O. Box 2810, Farmington, New Mexico 87499 | |
| Reason(s) for Filing (Check proper box) <input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Operator <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Other (Please explain) | |
| Effective July 1, 1990 | |
| If change of operator give name and address of previous operator Hixon Development Company, P.O. Box 2810, Farmington, N.M. 87499 | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|---------------|--|---|-----------------------|
| Lease Name Colleen Simpson | Well No. 1 | Pool Name, including Formation Bisti Lower Gallup | Kind of Lease State, Federal or Fee Federal | Lease No. NM 76862 |
| Location Unit Letter 0 : 330 Feet From The South Line and 1650 Feet From The East Line Section 25 Township 25N Range 12W, NMPM, San Juan County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | |
|--|---|---|
| Name of Authorized Transporter of Oil Giant Refining | or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) PO Box 256, Farmington, NM 87499 |
| Name of Authorized Transporter of Casinghead Gas Giant Exploration and Production Company | or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) PO Box 2810, Farmington, NM 87499 |
| If well produces oil or liquids, give location of tanks. | Unit 0 | Sec. 25 |
| | Twp. 25N | Rge. 12W |
| | Is gas actually connected? Yes | |
| | When? August 8, 1989 | |

IV. COMPLETION DATA

| | | | | |
|---|-----------------------------|----------------------------|-----------------|-------------------|
| Designate type of Completion - (X) Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v <input type="checkbox"/> Diff Res'v <input type="checkbox"/> | 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 | | | | Depth Casing Shoe |

TUBING, CASING AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|-----------|--------------|
| | | | |
| | | | |
| | | | |

V. TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

| | | |
|--------------------------------|-----------------|---|
| Date First New Oil Run To Tank | Date of Test | Producing Method (Flow, pump, gas lift, etc.) |
| Length of Test | Tubing Pressure | Casing Pressure |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. |

GAS WELL

| | | |
|----------------------------------|---------------------------|---------------------------|
| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MMCF |
| Testing Method (prior, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) |

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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.

Aldrich L. Kuchera
Signature
Aldrich L. Kuchera President
Printed Name
Date 11/22/1990 Telephone No. (505) 326-3325

OIL CONSERVATION DIVISION
Date Approved _____
By _____
Title _____

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 with Rule 111.
- 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.

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

RECEIVED
JUL 3 1990
OIL CON. DIV.
DIST. 2