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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

000 Rio Brazos Rd., Aziec, NWI 67410	REQU	JEST FO	OR AL	LOWABL	E AND A	UTHURIZ	ATION S				
•	TO TRANSPORT OIL AN					Well MAT 170.					
Operator Giant Exploration &		30-045-8702982									
Address P.O. Box 2810, Farming	ton, N	New Mex	ico	87499	Crise	(Please explain	<u></u>				
Reason(s) for Filing (Check proper box) New Well		Change in	Transpe	orter of:	Other	(1-lease explain	,·· <i>,</i>				
Pacamplelian	Oil		Dry G				Effecti	ua Iuly	1. 1990	n	
Casinghead Gas Condensate						Effective July 1, 1990 2.0. Box 2810, Farmington, N.M. 87499					
na address of previous operator			it Co	ompany,	P.O. Box	2810, F	alminge	OII, IVIII			
DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including					Formation Kind of						
Lease Name Ben Whitney					ver Gallup State, Fo			deral or Fcc NM 33027		3027	
Location	. 33	0	Feet F	rom The No	rth_Line	and2310) Fcc	t From The _	_West_	Line	
Out Detail			Range	13		1PM,	San Jua			County	
CACCON					DAL CAS				_		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL Name of Authorized Transporter of Oil XX or Condensate											
Giant Refining				PO Box 256, Farmington, NM 87499 Address (Give address to which approved copy of this form is to be sens)							
Name of Authorized Transporter of Casing	head Gas										
If well produces oil or liquids, give location of lanks.) Unit	Sc.	Twp.	Rgc.	Is gas actuall	y connected?	When	7			
If this production is commingled with that f	rom any o	ther lease of	pool, 1	give comming!	ing order num	ber:					
IV. COMPLETION DATA		Oil We		Gas Well		Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	mol Ready	lo Prod		Total Depth	J	l	P.B.T.D.	.L	_1	
Date Spudded	Date Compl. Ready to Prod.				- S'02	H AUG D.			m V - Dorth		
Elevations (DF, RKB, RT, GR, etc.)	RKB, RT, GR, etc.) Name of Producing Formation					op Oil/Gas Pay Tubing Depth					
Perforations	J							Depth Casin	ng Shoë		
	TUBING, CASING AND					CEMENTING RECORD					
HOLE SIZE	C	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
MOLE OF THE PROPERTY OF THE PR					<u> </u>			 			
	ļ							1			
V. TEST DATA AND REQUES OIL WELL (Test must be after to	ST FOR	ALLOV	V ABL w of lo	it. ad oil and musi	i he equal to o	r exceed top all	lowable for th	is depth or be	for full 24 ho	wrs.)	
OIL WELL (Test must be after to Date First New Oil Run To Tank	Date of Test				Producing N	sethod (Flow, p	ownp, gas lift,	eic.)			
Length of Test	Tubing Pressure				Casing Pres	Casing Pressure				100 PM	
Actual Prod. During Test	Oil - Bbls.				Water - Bbl	Water - Bbls.			1. 1	E 113	
Actual Prod. During Peak					<u> </u>				3 199()	
GAS WELL	-11				Hbls. Cond	ensate/MMCF		Gravity of	Condensate	VIE	
Actual Prod. Test - MCF/D	Length of Test								OIL CON, DIV.		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pro	Casing Pressure (Shut-in)			Choke Subist. 3		
VI. OPERATOR CERTIFIC	CATE	OF CON	APLI	ANCE			NSER\	/ATION	DIVIS	ON	
Thereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above						OIL CONSERVATION DIVISION JUL 0 3 1990					
Division have been complied with an is true and complete to the best of m	a that the	I III OLITHIOON	CALCULA.		Da	te Approv	/ed		1		
(in all the wine					Pv			Bill?	Sh.	-/	
Signature Aldrich L. Kuchera President					П	SUPERVISOR DISTRICT #8					
Printed Name UN 2 2 1990				itle 326-3325	Tit	le					
Date 10 M Z Z 1550				one No.	1						

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
- 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 filled for each pool in multiply completed wells.