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

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Azicc, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	T	O TRANS	SPORT OIL	AND NA	TURAL GA				 _	
Operator Giant Exploration &	Well API No. 30-045-27572									
Address P.O. Box 2810, Farming	ton, Ne	ew Mexic	eo 87499							
Reason(s) for Filing (Check proper box) New Well Change in Transporter of: Recompletion Oil Dry Gas Effective July 1, 1990 Change in Operator Casinghead Gas Condensate										
If change of operator give name and address of previous operator Hixo	on Deve	lopment	Company,	P.O. Bo	x 2810, I	armingt	on, N.M	87499)	
II. DESCRIPTION OF WELL A	ND LEAS	SE								
Lease Name Bisti Coal 2			ol Name, Includin Basin Fru				Clease Lease No. Federal or Fee LG-2062			
Location Unit Letter M 875 Feet From The South Line and 975 Feet From The West Line										
Section 2 Township 25N Range 12W NMPM, San Juan County										
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS										
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)										
Name of Authorized Transporter of Casinghead Gas or Dry Gas XX Address (Give address to which approved copy of this form is to be sent)										
El Paso Natural Gas If well produces oil or liquids, give location of tanks.		Sec. Tv	vp. Rgc.	PO Box 4990, Farmington, NM 87499 Is gas actually connected? When?						
If this production is commingled with that f	rom any othe	r lease or poo	l, give commingli		ber:					
IV. COMPLETION DATA	(V)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion - Date Spudded	Date Compl. Ready to Prod.			Total Depth	لــــــل		P.B.T.D.	<u> </u>		
	Name of Dec	dusing Form	ntion	Top Oil/Gas Pay			Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation										
Perforations				Depth Casin	g Shoe					
	TUBING, CASING AND)		SACKS CEMENT		
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SAOKS OLIMENT			
V. TEST DATA AND REQUES	T FOR A	LLOWAB	LE	, , ,		abla for this	denth or he	for full 24 hou	rs)	
OIL WELL (Test must be after recovery of total volume of load oil and must be Date First New Oil Run To Tank Date of Test					be equal to or exceed top a lowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Pres	sure		Casing Pressure						
Actual Prod. During Test	Oil - Bbls.			Water - Bbls. Gas- MCF						
GAS WELL	l					- 50	_			
Actual Prod. Test - MCF/D Length of Test					sate/MMCF	ÖIL	DIST. 3	icisale		
Testing Method (pitot, back pr.)	Tubing Pres	ssure (Shut-in))	Casing Press	ure (Shut-in)	:	Choke Size	<u>·</u> ×		
VI. OPERATOR CERTIFIC					OIL CON	ISFRV	ATION	DIVISIO	NC	
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.				Date Approved						
					s whhlone	_		<u> </u>		
Signature Aldrich L. Kuchera President				∥ By_	By Since Shows					
Aldrich L. Kuchera President Printed Name JUN 2 2 1990 (505) 326-3325				Title SUPERVISOR DISTRICT #8						
Date Date		Teleph	one 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
- 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 filed for each pool in multiply completed wells.