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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 III 1000 Rio Brazos Rd., Aziec, NM 87410

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

Santa Fe, New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION

OO KIO BI2206 Ku, 70200, Illii 57 170	REQU	EST FO	A AC	ALLO POR	L OII 1	LE AND A	URAL GA	S				
TO TRANSPORT OIL A								Well Al	'l No.			
Giant Exploration & Production Company							30-045-27629					
Address P.O. Box 2810, Farming	gton, N	ew Mex	ico	8	7499	Other	(Please explai	n)				
Reason(s) for Filing (Check proper box)		Change in	Trans	porter (	of:	Outer	(1 Icase expans	,				
New Well	Oil		Dry (									
hange in Operator XX	Casinghead	Gas 🗌	Cond	lensate			Effectiv					
change of operator give name IIIX	on Deve	lopmer	it (	Comp	any,	P.O. Box	2810, 1	armingt	on, N.M.	87499	<del></del>	
I. DESCRIPTION OF WELL	AND LEA	SE						Vind o	11 area	16	se No.	
Lease Name	Well No. Pool Name, including					1 NIMEF			ederal or Fee NM 25444			
Bisti Coal 4		!	L	Bası	n Fru	itland	Loai	rea	141			
Location Unit Letter G	: 17	700	Feel	From '	The No	rth Line	and _1700	Fee	t From The	East	Line	
Section 4 Township	n 2:	5 N	Ran	ge	1.2	W , N	APM, S	an Juan			County	
gedon	<u></u>											
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTE	or Conde	IL A		NATUF	Vocaces (O)			copy of this for			
Name of Authorized (1213) of the Carter of Car						Address (Give address to which approved copy of this form is to be sent) PO Box 4990, Farmington, NM 87499						
El Paso Natural Gas C	El Paso Natural Gas Company						Is gas actually connected? When ?					
If well produces oil or liquids, give location of tanks.	1	Sec.	i	ĺ.		No		i				
f this production is commingled with that	from any oth	ner lease or	pool,	give c	ommingli	ng order num	ber:					
V. COMPLETION DATA		_,						Деереп	Plug Back	Same Res'y	Diff Res'v	
Designate Type of Completion	- (X)	Oil Wel	1	Gas	Well	New Well	Workover	l Deepen	1 1108 22-02 1		<u> </u>	
Designate Type of Completion - (X)  te Spudded Date Compl. Ready to Prod.						Total Depth			P.B.T.D.			
Date aparticu							Top Oil/Gas Pay			Tuking Dorth		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						top Olucas ray			Tubing Depth			
Perforations	_!								Depth Casing	Shoc		
TUBING, CASING AND						CEMENTI	NG RECOF	(D				
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE					DEPTH SET			S	SACKS CEMENT		
V. TEST DATA AND REQUE	ST FOR	ALLOW	ABI	LE			1	lamable for th	ir denth or be f	or full 24 hos	vs.)	
OIL WELL (Test must be after recovery of total volume of load ou and must						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 Yes				TO CHARGE BY THE THE							
Length of Test	Tubing Pr	Tubing Pressure				Casing Press			D) E 0 10 10			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			184 MCF 3 1990				
G. G. MINI I									Oll	CON.	Div	
GAS WELL Actual Prod. Test - MCF/D Length of Test						Bbls. Conde	nsate/MMCF		Gravity of C	BIST.	3	
						Casing Pressure (Shut-in)			Choke Size			
lesting Method (pitot, back pr.)	Tubulg Pressure (Smar-m)						·					
VI. OPERATOR CERTIFICATION OF THE PROPERTY OF	ulations of the	ne Oil Cons	ervat	ion	CE		OIL CO	NSERV	/ATION	DIVISI	ИС	
Division have been complied with an is true and complete to the best of m	id that the int	noutenno)	yven	above		Dat	e Approv	ed	JUL 0 3	1990		
ande 10	te		N	2	24	By		_				
Signature Aldrich L. Kuchera	t	Pres	side	ent	_	59.		مندة	17. El			
Printed Name					3325	Titl	e	SUPER	VISOR DI	STRICT	13	
JUN 2 2 1990				none 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 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.
  4) Separate Form C-104 must be filed for each pool in multiply completed wells.