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

ISTRICT II O. Drawer DD, Artesia, NM 88210	P.O. Bo	ox 2088	
	Santa Fe, New Mo	exico 87504-2088	
ISTRICT III 200 Rio Brazos Rd., Aztec, NM 87410	REQUEST FOR ALLOWAE	BLE AND AUTHORIZATION . AND NATURAL GAS	
perator		WCILA	PI No.)-045-27661
Giant Exploration &	Production Company Se	187	
Address P.O. Box 2810, Farmin	ngton, New Mexico 87499	Operater (A	inge only
(eason(s) for Filing (Check proper box)	Change in Transporter of:	Other (Freme expans)	0
New Well	Oil Dry Gas		
Recompletion	Casinghead Gas Condensate	Effective July	
change of operator give name and address of previous operator His	con Development Company,	P.O. Box 2810, Farming	ton, N.M. 87499
I. DESCRIPTION OF WELL	AND LEASE		f Lease No.
Lease Name Carson Unit	(CO) Well No. (Pool Name, Includ		of Lease Lease No. Federal or Fee SF 078063
Location			et Trom The West Line
Unit LetterK	: 1870 Feet From The S		et From The West Line
Section 7 Townsh	ip 25N Range 1	lW , NMPM, San Juan	County
TO THE TOTAL OF THE	NSPORTER OF OIL AND NATU	IRAL GAS	
Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approved	copy of this form is to be sent)
		Address (Give address to which approved	copy of this for a la be sent)
Name of Authorized Transporter of Casi	nghead Gas or Dry Gas X	Addies (one said say to the say	DV 07/00
If well produces oil or liquids,	Unit Sec. Twp. Rge	. Is gas actually connected?	17
rive location of tanks.	-i i i L		
If this production is commingled with tha	t froils ay other lease or pool, give commin	gling order number	
IV. COMPLETION DATA	Oil Will Gas Well	New Well Workover Deepen	Plug Back Same Res'v Diff Res'v
Designate Type of Completion	n - (X)	Total Depth	P.B.T.D.
Date Spudded	Date Compt. Ready to Pro	Total Depair	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top CVCas Pay	Tubing Depth
			Depth Casing Shoe
Perforations			<u> </u>
	TUBING, CASING ANI	CEMENTING RECORD	SACKS CEMENT
HOLD SIZE	CASING & TUBING SIZE	DEPTH SET	5
V. TEST DATA AND REQU	EST FOR ALLOWABLE	is he equal to or exceed top allowable for t	his depth or be for full 24 howrs.)
OIL WELL (Test must be after	FT FOR ALLOWABLE 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 of Test Producing Method (Flow, pump, gas lift, etc.)		elc.)
Date First New Oil Run To Tank	Date of few	OFFE .	Choke Site
Length of Test	Tubing Pressure	Casing Presents	
Actual Prod. During Test	Oil - Bbls.	Water-Bblk JUL 6 199	O Gas-MCF
GAS WELL		OIL CON.	Gravity of Condensate
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCiDIST. 3	

VI. OPERATOR CERTIFICATE OF COMPLIANCE

Testing Method (pitot, back pr.)

Date

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.

Signature Aldrich L. Kuchera President (505) 326-3325 Printed Name JUN 2 2 1990 Telephone No.

OIL CONSERVATION DIVISION

Choke Size

Date Approved _

SUPERVISOR DISTRICT #3 Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Tubing Pressure (Shut-in)

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Casing Pressure (Shut-in)

- 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.