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Appropriate District Office
DISTRICT 1
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

| DISTRICT II<br>P.O. Drawer DD, Antesia, NM 88210   | P.O. Bo<br>Santa Fe, New Mo                                    | ox 2088 /<br>exico 87504-2088                |   |
|--|--|--|---|
| DISTRICT III<br>1000 Rio Brazos Rd., Aztec, NM 87410   |  |  | TION  |
| I.   | REQUEST FOR ALLOWAB TO TRANSPORT OIL                           | AND NATURAL GAS                              |   |
| Operator   |  |  | Well API No.  |
| Giant Exploration &  | Production Company fc  | 52   | 30-045-27669  |
| Address<br>P.O. Box 2810, Farmin   | gton, New Mexico 87499   |  |   |
| Reason(s) for Filing (Check proper box)  |  | Other (Please explain)                       |   |
| New Well   | Change in Transporter of: Oil Dry Gas                          |  |   |
| Recompletion   | Casinghead Gas Condensate                                      |  | July 1, 1990  |
| If change of operator give name and address of previous operator Hix   | on Development Company,  | P.O. Box 2810, Fa                            | rmington, N.M. 87499  |
| II. DESCRIPTION OF WELL  | AND LEASE  |  | Kind of Lease Lease No.   |
| Lease Name Carson Unit 24  | Well No. Pool Name, Including                                  | ng Formation 7/629<br>ruitland Coal          | Kind of Lease State, Federal or Fee Federal SF 078064           |
| Location Unit Letter G   | : 1850 Feet From The N   | orth Line and 1850                           | Feet From TheEastLine   |
| Section 24 Townshi   | ip 25N Range 1   | 2W , NMPM,                                   | San Juan County   |
|  | JONODTED OF OH AND MATH  | RAL GAS                                      |   |
| III. DESIGNATION OF TRAN   | NSPORTER OF OIL AND NATU                                       | Address (Give address to which               | h approved copy of this form is to be sent)                     |
| Name of Authorized Transporter of Casir<br>Giant Exploration &   | nghead Gas or Dry Gas X  | Address (Give address to which P() Box 2810, | happroved copy of this form is to be sent) Farmington, NM 87499 |
| If well produces oil or liquids, give location of tanks.   | Unit   Sec.   Twp.   Rgc.                                      | is gas actually connected?                   | When ?  |
| If this production is commingled with that   | from any other lease or pool, give comming                     | ling order number:                           |   |
| IV. COMPLETION DATA  | Oil Well   Gas Well  | New Well Workover                            | Deepen   Plug Back   Same Res'v   Diff Res'v                    |
| Designate Type of Completion   |  | i  |   |
| 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   |  | <u> </u>                                     | Depth Casing Shoe   |
|  | TUBING, CASING AND   | CEMENTING RECORD                             |   |
| HOLE SIZE  | CASING & TUBING SIZE   | DEPTH SET                                    | SACKS CEMENT  |
|  |  |  |   |
|  |  |  |   |
|  | on non all oward E   |  |   |
| V. TEST DATA AND REQUE   | ST FOR ALLOWABLE recovery of total volume of load oil and must | the equal to or exceed top allow             | able for this depth or be for full 24 hours.)                   |
| OIL WELL (Test must be after Date First New Oil Run To Tank  | Date of Test   | Producing Method (Flow, pum                  | n, gas lýi, eic.)   |
| A CT-  | Tubing Pressure  | Casing (casture)                             | Gnoke Size  |
| Length of Test   | Thomas Trees.  |  | Gas- MCI  |
| Actual Frod. During Test   | Oil - Bbls.  | Water-Bols JII 6                             | 1990  |
| GAS WELL   |  | OIL CON                                      | I. DIY  |
| Actual Prod. Test - MCF/D  | Length of Test   | Bbls. Condensate/MMCFST.                     | Gravity of Condensate   |
| Testing Method (pitot, back pr.)   | Tubing Pressure (Shut-in)                                      | Casing Pressure (Shut-in)                    | Choke Size  |
|  |  | ·<br>-\                                      |   |
| VI. OPERATOR CERTIFIC  | CATE OF COMPLIANCE   | OIL CON                                      | SERVATION DIVISION  |
| Thereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above |  | 11   |   |
| is true and complete to the best of m  | y knowledge and belief.  | Date Approved                                | JUL 0 6 1990  |
| Chida (Kundan  |  | 1 2 N A                                      |   |
| Signature<br>Aldrich L. Kuchera  | President  |  | UPERVISOR DISTRICT #3   |
| Printed Name (1114 g 2 1117)   | (505) Tide<br>(505) 326-3325                                   | Title  |   |
| 010 £ 2 13 5 3   | Telephone 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
- 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.