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perator

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

Well API No.

OIL CONSERVATION DIVISION

P.O. Box 2088

<u>PISTRICT III</u> 000 Rio Brazos Rd., Aziec, NM 87410 Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION	ĺ
TO TRANSPORT OIL AND NATURAL GAS	

Glant Exploration	on & Pro	duction	n Con	npany			30-	045-27673			
Address P.O. Box 2810	Farmin	igton, l	NM 8	37499			<del></del>		************		
leason(s) for Filing (Check proper box)		.60011, 1		77 477		thes (Disease and	7-1-1	·			
vew Well		Change in T	Cransport	er of:		ther (Please exp	lain)			• •	
(ccompletion	Change in Transporter of: Oil Dry Gas										
hange in Operator	Casinghead	<del></del>	Condens								
change of operator give name		. 0 [] (		416			<del></del>				
id address of previous operator	<del></del>	<del></del>		<del></del>	•	· · · · · · · · · · · · · · · · · · ·	<del></del>	<del></del>	<del></del>	<del></del>	
. DESCRIPTION OF WELL	**************************************										
Bisti Coal 22	Well No. Pool Name, Included Basin Frui				,			of Lease Lease No. Federal or Fee NM 25449			
ocation		· · · · · · · · ·	Dasin	riui	crand C	oaı	5,200	receive of the	NM Z	)449	
Unit LetterG	<u>:251</u>	<u>0</u>	Feet From	n The <u>N</u>	orth L	inc and 1850	<u>) :</u> F	ect From The	east '	Line	
Section 22 Townshi	p 25N	ī	Range 1	Oti		nm. a					
							Juan		··	County	
I. DESIGNATION OF TRAN	SPORTE	R OF OIL	AND	NATU	RAL GAS	3					
ame of Authorized Transporter of Oil		or Condensa	uc [		Address (G	ive address to w	hich approved	copy of this form	is to be se	ns)	
ame of Authorized Transporter of Casin	ahaad Caa				ļ						
iant Exploration & Pr		ه ليا	or Dry G	r XX	=   t						
well produces oil or liquids,					P.O. Box 2810 Farmington				87499	J	
re location of tanks.		_	Nop.   25 <b>N</b>	Rgc. 12 <b>W</b>	_	lly connected?	When	?			•
this production is commingled with that			ol. give	comminel	ing order nur	NU				·	
'. COMPLETION DATA	•		5., 5		THE OTHER MAIL		<del></del>		<del></del>		
Designate Type of Completion		Oil Well	Ga	s Well	New Well	Workover	Deepen	Plug Back Sar	nc Res'v	Diff Res'y	_
Designate Type of Completion ate Spudded		L		X	X	j .			1(03 1	J Rest	
9-8-90	1	. Ready to P 22–91	rod.		Total Depth 1251			P.B.T.D.			
evations (DF, RKB, RT, GR, etc.)	Name of Pro		nation					1215.0	1'		
6379' GLE				na 1	Top Oil/Gas Pay 1129 °		Tubing Depth				
6379' GLE Basal Fruitland Coal				Jai	1129			Depth Casing Shoe			
1129' - 1145'								Lephi Casing Si	ioe	•	
	T	JBING, C	ASINO	G AND	CEMENTI	NG RECOR	D	<u>'</u>			$\dashv$
HOLE SIZE		NG & TUBI				DEPTH SET		SACKS CEMENT			
8-3/4"		7"			130.4'			60 sks			
6-1/4"		-1/2"	·		1250.99'			155 sks			
T	1-	-1/2"				1145'					
TEST DATA AND REQUES	T ROD AT	LOWAR	7 72		· · · · · · · · · · · · · · · · · · ·						
					h						
te First New Oil Run To Tank	Date of Test				Producing M.	exceed top allo	wable for this	depth or be for fu	II 24 hours.	<u>)</u>	7
					Producing Method (Flow, pump, gas lift, etc			MECELVED			
igh of Test	Tubing Press	ure			Casing Press	ire		Chore Size			
				]	•			n n	<b>∧ №</b> 10/	ַ נַ	4
tual Prod. During Test	Oil - Bbls.				Water - Bbls.		<del></del>	Gas- MCF MAY	0.4 186	<del>/],</del>	$\dashv$
							`	OIL C	ON	DIV	l
AS WELL						1			IST. 3		
ival Prod. Test - MCF/D	Length of Te	st	<del></del>		Bbls. Conden	sale/MMCI:		Gravity of Conde	issie		7
151		4 hours	s	i	-0-			N/A			ŀ
ling Method (pitot, back pr.)	Tubing Press	ure (Shut-in)			Casing Press.	ire (Shut-in)	•	Choke Size		<del></del>	$\dashv$
	125				125	psi		1/2"			
OPERATOR CERTIFICA	ATE OF C	COMPLI	ANC	E							_
I hereby certify that the rules and regulat	ions of the Oi	il Conscrvation	оп		(	DIL CON	SERVA	ION DIV	/ISIO1	1	
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 JUN 5 1991						
	<i>(</i> .				Date	Approved	·	VII			_
Uller	tu		را	,			آئے۔	\d			
Aldrich L. Kuchen	·a	Preside	ent	$   \mathcal{T}   $	Ву	· · · · · · · · · · · · · · · · · · ·	_5	1 Charles	· N		-
Printed Name Title					- Property	•	SUPERI	ASOR DIST	rict /	7	
MAY 6 1991					Title			·	<del></del> -	····	-
Date	NA SARA	Telephor									
star of the fat forest medical avoids the composer excess,	and the state of the sail	20 CH 8-71 1 1 1 1 1 1 1		teriosis is a regi	PROFES OF MEASURESS	Minister and States and the state	हे रामक स्थापना प्राप्त का प्राप्त	en i prikterija i karakterija	Carrier Western	क्षा <sup>तिक</sup> ्षा चार्चा चार्चा स्थापना ।	1

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

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

<sup>2)</sup> All sections of this form must be filled out for allowable on new and recompleted wells.