Submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

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

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104

OIL CONSERVATION DIVISION

P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Revised 1-1-89				
See Instructions				
at Bottom of Page				

I.	TO TRA	NSPORT OIL	AND NAT	JRAL GA	<u>S</u>	first.		
Operator	Well A					PI No. -045-27737		
Giant Exploration & Pr	xploration & Production Company 30-						<u>'</u>	
Address	and and and and	7499						
P.O. Box 2810, Farming	gton, N.M. 8/	499	Other	(Please explain	n)			
Reason(s) for Filing (Check proper box)	Change in	Transporter of:	Outer	(1 tease aspirar	7			
New Well	· —	Dry Gas						
Recompletion Change in Operator		Condensate						
If change of operator give name	Cangina Ca							
and address of previous operator								
II. DESCRIPTION OF WELL	AND LEASE						· · · · · · · · · · · · · · · · · · ·	·
Lease Name	Well No.	Well No. Pool Name, Including Formation			Teme or means			sc No. 178067
Carson Unit 11	313	Basin Fru	itland Co	al		leral -	Sr C	78007
Location	1010		1.	. 98) 5		West	
Unit LetterL	_:1340	Feet From The	Line:	and	- Fα	et From The	- West	Line
Section 11 Townsh	ip 25N	Range 12W	, NM	_{PM,} Sar	ı Juan		· · · · · · · · · · · · · · · · · · ·	County
	TORONEDO OF O	TT AND NIAPPII	DAT CAS					
III. DESIGNATION OF TRANS	OF Conden	IL AND NAIU	Address (Give	address to whi	ich approved	copy of this form	n is to be set	ਪ)
Name of Authorized Transporter of Oil					, -			
Name of Authorized Transporter of Casin	nghead Gas	or Dry Gas XX	Address (Give	address to who	ich approved	copy of this form	n is to be set	u)
Giant Exploration & P	roduction Com		P.O. Box	2810,	Farming	ton, N.M.		9
If well produces oil or liquids,	Unit Sec.	Twp. Rgc.	Is gas actually	connected?	When	? 1v 17, 19	00	
give location of tanks.	<u> </u>	<u> </u>	Yes Ju				90	· ·
If this production is commingled with that	from any other lease or	pool, give commingl	ing order number	<u></u>				
IV. COMPLETION DATA		GW-W	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v
Designate Type of Completion	Oil Well	Gas Well	I New Acti I	W DIKOVCI	Despeir	1108 2202 0		İ
Date Spudded	Date Compl. Ready to	Prod.	Total Depth			P.B.T.D.		
Date Spanier								
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
				· ·		Depth Casing	Shoc	
Perforations						Depth Casing	51,00	
		GLODIC AND	CELCENTER	IC PECODI	<u> </u>	<u>!</u>		
		CASING AND	CEMENTIN	DEPTH SET		SA	CKS CEME	ENT
HOLE SIZE	CASING & TI	UBING SIZE	<u> </u>	DEF IN SCI			<u></u>	
						 "		
			 					
				.,				
V. TEST DATA AND REQUE	ST FOR ALLOW	ABLE						i
OIL WELL (Test must be after	recovery of total volume	of load oil and must	be equal to or	exceed top allo	wable for thi	s depth or be for	full 24 how	rs.)
Date First New Oil Run To Tank	Date of Test		Producing Me	thod (Flow, pu	mp, gas lyt, i	:IC.)		
			C : B			Choke Size		
Length of Test	Tubing Pressure		Casing Pressu		3			
			Water Bala	5		Gas- MCF		
Actual Prod. During Test	Oil - Bbls.		11.0	19 19 12 1				
				44.6 ··	ب لطاحة نزدل		-,	
GAS WELL					سنفونسع	Gravity of Co	ndensate	
Actual Prod. Test - MCF/D	Length of Test		Bbls. Co. de	THE TOTAL TO	*** **	0.21.07 01 00		
		u in	Casing Pressu	ire (Shut-in)	· · · · · ·	· Choke Size		
Tosting Method (pilot, back pr.)	Tubing Pressure (Shu	ш-ш)	Caping 1 10000					
THE OPEN LEGIS CHEDWITT	CATE OF COM	DITANCE			1055	ATION	11/11010	NI.
VI. OPERATOR CERTIFI	CATE OF COM	ervation		OIL CON	12FKA	ATION [אפועונ	JN
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above						marks and	- 3000	
is true and complete to the best of m	y knowledge and belief.		Date	. Approve	ed	CEP 15		<u></u>
	4					-		
(munic	Culw	7	Bv_	n	RIGINAL S	IGNED BY EF	NIE BUSC	н
			IL 127					

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

Signature Aldrich L. Kuchera

Printed Name JUL 2 0 1990

Date

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.

Title

DEPUTY OIL & GAS INSPECTOR, DIST. #3

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.

President

Title

Telephone No.