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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
Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator <u>Giant Exploration & Production Co.</u>		Well API No. 30-045-27783
Address P.O. Box 2810, Farmington, N.M. 87499		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator		

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DIST. 3

II. DESCRIPTION OF WELL AND LEASE

Lease Name South Bisti <u>C</u>	Well No. 21- 2	Pool Name, Including Formation Bisti Lower Gallup	Kind of Lease State, Federal or Fee Federal	Lease No. SF 078065
Location Unit Letter <u>C</u> : <u>990</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line Section <u>21</u> Township <u>25N</u> Range <u>12W</u> # <u>NMPM</u> , <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 256, Farmington, N.M. 87499					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit <u>C</u>	Sec. <u>21</u>	Twp. <u>25N</u>	Rge. <u>12W</u>	Is gas actually connected? No	When?
If this production is commingled with that from any other lease or pool, give commingling order number:						

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 5-12-90	Date Compl. Ready to Prod. 6-26-90		Total Depth 4975'		P.B.T.D. 4920.05'			
Elevations (DF, RKB, RT, GR, etc.) 6283' GLE	Name of Producing Formation Gallup		Top Oil/Gas Pay 4740'		Tubing Depth 4821'			
Perforations 4740' - 4749'					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		363.93'		200 sks.			
7-7/8"	5-1/2"		4963.42'		600 sks.			
	2-3/8"		4821'					

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after 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 First New Oil Run To Tank 6-26-90	Date of Test 6-27-90	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure 44 psi	Casing Pressure 44 psi	Choke Size
Actual Prod. During Test	Oil - Bbls. 45	Water - Bbls. 34	Gas - MCF 65

GAS WELL	
Actual Prod. Test - MCF/D	Length of Test
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)
Bbls. Condensate/MMCF	Gravity of Condensate
Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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.

Aldrich L. Kuchera
Signature
Aldrich L. Kuchera President
Printed Name
July 12, 1990
Date
(505) 326-3325
Telephone No.

OIL CONSERVATION DIVISION

AUG 27 1990

Date Approved

By

Burt D. Shuf

SUPERVISOR DISTRICT #3

Title

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.