Submit 5 Copies
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 P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

ISTRICT III	Dai						
00 Rio Brazos Rd., Aziec, NM 87410	REQUEST FO	OR ALLOWABL	E AND AUTHORIZA	TION			
TO TRANSPORT OIL AND NATURA				GAS Vell API No.			
erator		30-045-27783					
Giant Exploration &	Production (70111701117					
dress P.O. Box 2810, Farmin	gton, New Mex	kico 87499	Other (Please explain)		_,		
ason(6) for Filing (Check proper box)	Change in	Transporter of:	Other IT lease explainty				
w Well		Dry Gas					
completion KX	Casinghead Gas		Effective	July 1	1990		
hange of operator give name U.i.v.	on Developmen	nt Company,	P.O. Box 2810, Fa	armingt	on, N.M.	87499	
address of previous operator							
DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation					Kind of Lease No.		
ase Name South Bisti (ower Gallup	State, F	cocral or Fee ederal	SF 07	8065		
ocation		27	1080	_		West	Line
Unit LetterC	_:990	Feet From The No	orth Line and 1980	Fcc	t From The		
Section 21 Townshi	<u>p 25N</u>	Range 12W	, NMPM, Sar	Juan			County
I. DESIGNATION OF TRAN	SEPOPTER OF C	II. AND NATUI	RAL GAS				
I. DESIGNATION OF TRAP ame of Authorized Transporter of Oil		h approved	copy of this form	nús 10 be sen M 874	y 99		
Giant Refining	PO Box 256, Farmington, NM 87499 Address (Give address to which approved copy of this form is to be sent)						
ame of Authorized Transporter of Casir	ighead Gas	or Dry Gas	Address (Give address to which	п аругочеа	copy of this join		,
	Unit Sec.	Twp. Rgc.	is gas actually connected?	When	When?		
well produces oil or liquids, we location of tanks.	i	i		l			
this production is commingled with that	from any other lease of	r pool, give comming!	ing order number:				
/. COMPLETION DATA	Oil We		New Well Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v
Designate Type of Completion	i - (X)		<u> </u>		L		l
ate Spudded	Date Compl. Ready	to Prod.	Total Depth		P.B.T.D.		
·	A Destroine	Comption	Top Oil/Gas Pay		Tubing Depth		
levations (DF, RKB, RT, GR, etc.)	Name of Producing Formation						
erforations					Depth Casing	Shoe	
		CARING AND	CEMENTING RECORI)	<u></u>		
	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
HOLE SIZE	CASING U	TOBITO SIZI					
							
			ļ			···	
TO AND DECIMAL	SET FOR ALLOY	VARLE			_1		
TEST DATA AND REQUI	recovery of total volum	re of load oil and mus	t be equal to or exceed top allo	wable for thi	s depth or be fo	r full 24 hou	s.)
OALE FIRST NEW Oil Run To Tank	Date of Test		Producing Method (Flow, put	mp, gas lift, i	etc.) P 🗪 🖶 🔹		-
			Casing Pressure	- (0) t	Cocc ye	VE	<u>n</u>
ength of Test	Tubing Pressure		Casing . reserve	ĬĬ.			<u> </u>
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.	•	JOE-MG 1	3 90 -	
forest tion as a serie				OII	CON	DIV	
GAS WELL			Bbls. Condensate/MMCF.	<u> </u>		ndensate	L
Actual Prod. Test - MCF/D	Length of Test		BOIS. CORGERMANISTEE		Alon s		
n 3 Mathed (nites heat me)	Tubing Pressure (S	hut-in)	Casing Pressure (Shut-in)		Choke Size		
Testing Method (pitot, back pr.)					_l		
VI. OPERATOR CERTIF	CATE OF COM	MPLIANCE	OIL CON	ISERV	ATION	DIVISIO	NC
the state and for that the rules and to	pulations of the Oil Cor	nservation					
Division have been complied with a is true and complete to the best of r	and that the information	given accivic	Date Approve	ed	IUL 03 1	JJU	
					. ~1	1	
Clase C	Ву	By Bir Show					
Signature Aldrich L. Kuchera President				SUPER	VISOR DIS	TRIÇT	3
Printed Name IN 2 2 1990	(50	Tide (5) 326-3325	Title				
	· · · · · · · · · · · · · · · · · · ·	Telephone No.	1				
Date							

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 Kule 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.

 4) Separate Form C-104 must be filed for each pool in multiply completed wells.