Submit 5 Copies
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 III 1000 Rio Brazos Rd., Aziec, NM 87410

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

REQUEST FOR ALLOWARI F AND AUTHORIZATION

I					TURAL GA				
Operator Giant Exploration & P				Well API No. 30-045-27784					
Address P.O. Box 2810, Farming	gton, N.M.	874	99			-			
Reason(s) for Filing (Check proper box)		· m		XX Ou	icr (Please expla	in)			· · · · · · · · · · · · · · · · · · ·
New Well Change in Transporter of: Recompletion Dry Gas									
Change in Operator	Casinghead Gas	·	densate	Well N	ame Chang	ge from	c J. B	isti #	2/
f change of operator give name and address of previous operator						U			
I. DESCRIPTION OF WELL.	AND LEASE								
Lease Name South Bisti 21-H	Well 1	No. Poo	i Name, Includ Bisti Lo				of Lease Federal or Fee SF 078065 Lease No. SF 078065		
Location H Unit Letter	1900	Fcc	t From The	North	990 e and		ct From The .	East .	Line
Section 21 Township 25N Range 12W , NMPM, San Juan County									
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS									
Name of Authorized Transporter of Oil Giant Refining Or Condensate Or Condensate P.O. Box 256, Farmington, N.M. 87499									
Name of Authorized Transporter of Casing	Address (Give address to which approved copy of this form is to be sent)								
If well produces oil or liquids, ive location of tanks.	Unit Sec.		5N 12W	No		When	?		
f this production is commingled with that in the completion of the	from any other leas	c or pool,	give comming	ling order num	ber:				
Designate Type of Completion	- (X) Oil	Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producin	g Format	ion	Top Oil/Gas Pay			Tubing Depth		
Perforations					.Depth Casing Shoe				
	TUBII	NG, CA.	SING AND	CEMENTI	NG RECORI		!		
HOLE SIZE	CASING	G SIZE		DEPTH SITT IN SICK SAEMENT				ENT	
			·····	APRO			8 1991		
. TEST DATA AND REQUES	T FOR ALLC	WABL	E			HE CO	N. D	IV	
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable To DESTIN & be for full 24 hours.)									v.)
Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.)									
ength of Test	Tubing Pressure			Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF		
GAS WELL	L			L				•	
Actual Prod. Test - MCF/D	Length of Test		· · · · · · · · · · · · · · · · · · ·	Bbls. Condensate/MMCF			Gravity of Condensate		
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)		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.				OIL CONSERVATION DIVISION APR 0 8 1991 Date Approved					
Che tuner				By But Share					
Aldrich L. Kuchera President Printed Name APR 0 5 1001 (505) 326-3325				By SUPERVISOR DISTRICT #3					
APR 0 5 1001	Title.		•						
Sold and the state of the state	ernenntervenergiering uiten von	Telephone	TW.	Secretary on Visibles	Alleite Colores and a side	A martines para m	Mari e di Romania di	vice to select below many	

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.
- 2) Fill out only Cartions I IT III and VI for absorpt of any