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Appropriate District Office
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P.O. Box 1980, Hobbs, NM 88240

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Giant Exploration & Production Company		Well API No. 30-045-27915
Address P.O. Box 2810, Farmington, NM 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		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Carson Unit 20	Well No. 341	Pool Name, Including Formation Basin Fruitland Coal	Kind of Lease State, Federal or Fee	Lease No. 14-20-603-1440
Location Unit Letter A : 790 Feet From The North Line and 790 Feet From The East Line Section 20 Township 25N Range 11W , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Giant Exploration & Production Company	P.O. Box 2810, Farmington, NM 87499	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
		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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	X					
Date Spudded 10-17-90	Date Compl. Ready to Prod. 11-19-90	Total Depth 1297'	P.B.T.D. 1245'					
Elevations (DF, RKB, RT, GR, etc.) 6427' GLE	Name of Producing Formation Basin Fruitland Coal	Top Oil/Gas Pay 1170'	Tubing Depth 1180'					
Perforations 1170' - 1175' and 1195' - 1205'			Depth Casing Shoe					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
8-3/4"	7"	443.25'	See Exhibit "A"					
6-1/4"	4-1/2"	1289.48'	See Exhibit "A"					
	1 1/2	1180						

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	

GAS WELL

Actual Prod. Test - MCF/D 0	Length of Test 24 hours	Bbls. Condensate/MMCF 0	Gals. of Condensate N/A
Testing Method (pilot, back pr.) back pressure	Tubing Pressure (Shut-in) 0	Casing Pressure (Shut-in) 0	Choke Size 1/4"

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.

Signature **John C. Corbett** Vice President
Printed Name **John C. Corbett** Title
Date **3/17/93** Telephone No. **(505) 326-3325**

OIL CONSERVATION DIVISION

Date Approved **MAR 19 1993**

By **[Signature]**
Title **SUPERVISOR DISTRICT #3**

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

CARSON UNIT 20 WELL NO. 341
790' FNL, 790' FEL
SECTION 20, TOWNSHIP 25 NORTH, RANGE 11 WEST
LEASE NO. 14-20-603-1440
SAN JUAN COUNTY
NEW MEXICO
COMPLETION REPORT
EXHIBIT "A"

CEMENT RECORD

Surface Casing	-	Mixed and pumped 115 sks. (135.7 cu.ft.) of Class "B" cement containing 2% CaCl_2 and 1/4#/sk. cellophane flakes. Cement circulated to surface.
Production Casing	-	Mixed and pumped 100 sks. (206 cu.ft.) Class "B" cement containing 2% Thriftyment and 1/4#/sk. cellophane flakes. Tailed in with 85 sks. (100.3 cu.ft.) of Class "B" cement containing 2% CaCl_2 and 1/4#/sk. cellophane flakes. Cement circulated to surface.