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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 Giant Exploration & Production Company		Well API No. 30-045-28009
Address PO 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 _____		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Bisti Coal 21	Well No. 1	Pool Name, including Formation Basin Fruitland Coal	Kind of Lease State, Federal or Fcc Federal	Lease No. SF 078065
Location Unit Letter <u>A</u> : <u>865</u> Feet From The <u>North</u> Line and <u>1140</u> Feet From The <u>East</u> Line Section <u>21</u> Township <u>25N</u> Range <u>12W</u> , <u>NMPM</u> 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	PO Box 2810, Farmington, N.M. 87499	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected? When ?	
	No	

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 type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded 9-4-90	Date Compl. Ready to Prod. 10-8-90		Total Depth 1270'		P.B.T.D. 1229.99'			
Elevations (DF, RKB, RT, GR, etc.) 6325' GLE	Name of Producing Formation Basal Fruitland Coal		Top Oil/Gas Pay 1062'		Tubing Depth 1053'			
Perforations 1062'-1080'					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS GEMENT			
8-3/4"	7"		111.61' / 13.89'		60 sks.			
6-1/4"	4-1/2"		1269.21'		150 sks.			
	1-1/2"		1053'					

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.)

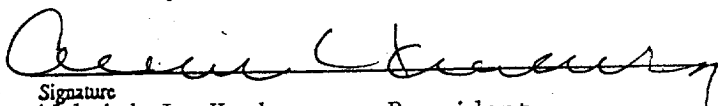
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 380	Length of Test 24 hrs	Bbls. Condensate 0	Gravity of Condensate N/A
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in) 11.5	Casing Pressure (Shut-in) 30	Choke Size 3/4"

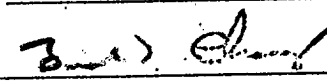
VI. OPERATOR CERTIFICATE OF COMPLIANCE

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
Aldrich L. Kuchera President
Printed Name
OCT 11 1990 (505) 326-3325
Date Telephone No.

OIL CONSERVATION DIVISION

NOV 20 1990

Date Approved _____
By 
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 wells must be filled out for allowable on new and recompleted wells.