

OIL CONSERVATION DIVISION

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

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

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. 30-045-28077
Address P.O. Box 2810, Farmington, N.M. 87499	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Other (Please explain) <i>Temporary Approval for 90 days pending BETA signature Expires 5/31/92</i> Recompletion <input type="checkbox"/> Change in Transporter of: <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 Buena Suerte 4L Com	Well No. 1	Pool Name, Including Formation Basin Fruitland Coal	Kind of Lease State, Federal or Fee Federal	Lease No. NM 0468006
Location Unit Letter <u>L</u> : <u>1625</u> Feet From The <u>South</u> Line and <u>1085</u> Feet From The <u>West</u> Line Section <u>4</u> Township <u>25N</u> Range <u>11W</u> , 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"/> <u>1003350 945</u>	Address (Give address to which approved copy of this form is to be sent) <u>1003350 Water</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Giant Exploration & Production Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2810, Farmington, N.M. 87499	
If well produces oil or liquids, give location of tanks.	Unit <u>L</u>	Sec. <u>4</u>
	Twp. <u>25N</u>	Rge. <u>11W</u>
	Is gas actually connected? <u>NO</u> 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 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 <u>09-19-90</u>	Date Compl. Ready to Prod. <u>11-07-90</u>		Total Depth <u>1437'</u>		P.B.T.D. <u>1400.2'</u>			
Elevations (DF, RKB, KT, GR, etc.) <u>6360' GLE</u>	Name of Producing Formation <u>Fruitland Basal Coal</u>		Top Oil/Gas Pay <u>1307'</u>		Tubing Depth <u>1297.53'</u>			
Perforations <u>1307'-1323'</u>					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>8-3/4"</u>	<u>7"</u>		<u>131.93'</u>		<u>60sks</u>			
<u>6-1/4"</u>	<u>4-1/2"</u>		<u>1436'</u>		<u>160sks</u>			
	<u>1-1/2"</u>		<u>1297.53'</u>					

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.)	
		Casing Pressure	Choke Size
Length of Test	Tubing Pressure	Water - Bbls	Gas - MCF
Actual Prod. During Test	Oil - Bbls.		

GAS WELL

Actual Prod. Test - MCF/D <u>303</u>	Length of Test <u>24 hours</u>	Bbls. Condensate/MMCF <u>0</u>	Gravity of Condensate <u>N/A</u>
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in) <u>6.25 psi</u>	Casing Pressure (Shut-in) <u>56 psi</u>	Choke Size <u>3/4"</u>

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
NOV 14 1990 Date
(505) 326-3325 Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAR 03 1992

By ORIGINAL SIGNED BY ERNIE BUSCH

Title 1003350 945 Water

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) Submit Form C-104 must be filed for each pool in multiply completed wells