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Appropriate District Office  
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P.O. Drawer DD, Artesia, NM 88210

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

Operator <b>Giant Exploration &amp; Production Company</b>		Well API No. <b>30-045-28194</b>
Address <b>P.O. Box 2810, Farmington, N.M. 87499</b>		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator		

**RECEIVED**  
**OCT 3 1991**  
**OIL CON. DIV**  
**DIST. 3**

**CONFIDENTIAL**

### II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Debra Geiger</b>	Well No. <b>1</b>	Pool Name, including Formation <b>Bisti Lower Gallup</b>	Kind of Lease State, Federal or Fee <b>Federal</b>	Lease No. <b>NM 36356</b>
Location Unit Letter <b>D</b> : <b>620</b> Feet From The <b>North</b> Line and <b>470</b> Feet From The <b>West</b> Line Section <b>4</b> Township <b>24N</b> Range <b>11W</b> , NMPM, <b>San Juan</b> County				

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <b>Giant Refining</b> <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <b>PO Box 256, Farmington, N.M. 87499</b>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit <b>0</b>	Soc. <b>32</b>
	Twp. <b>25N</b>	Rge. <b>11W</b>
Is gas actually connected? <b>No</b>		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 checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded <b>1-17-91</b>	Date Compl. Ready to Prod. <b>4-30-91</b>		Total Depth <b>6098'</b>		P.B.T.D. <b>6094'</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>6505' GR</b>	Name of Producing Formation <b>Gallup</b>		Top Oil/Gas Pay <b>5596' MD, 4783' TVD</b>		Tubing Depth <b>5137.31'</b>			
Perforations <b>slotted liner - 5530'-6094' MD</b>					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>17-1/2"</b>	<b>13-3/8"</b>		<b>356'</b>		<b>350 sks.</b>			
<b>12-1/4"</b>	<b>9-5/8"</b>		<b>5198.47'</b>		<b>970 sks.</b>			
<b>8-3/4"</b>	<b>5-1/2"</b>		<b>6094'</b>		<b>0 sks.</b>			
	<b>2-7/8"</b>		<b>5137.31'</b>					

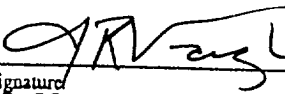
### V. TEST DATA AND REQUEST FOR ALLOWABLE

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 <b>4-30-91</b> <b>Free load recovery</b>	Date of Test <b>9-12-91</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pumping</b>	
Length of Test <b>24 hours</b>	Tubing Pressure <b>100</b>	Casing Pressure <b>100</b>	Choke Size <b>1/8"</b>
Actual Prod. During Test <b>3</b>	Oil - Bbls. <b>3</b>	Water - Bbls. <b>0</b>	Gas - MCF <b>1</b>

GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

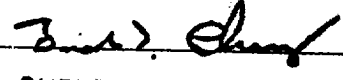
### VI. OPERATOR CERTIFICATE OF COMPLIANCE

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.

Signature   
**Jeffrey R. Vaughan** Vice President,  
Operations & Engineering  
Printed Name **OCT 2 1991** Title  
Date **(505) 326-3325** Telephone No.

### OIL CONSERVATION DIVISION

Date Approved **OCT 3 1991**

By   
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.