Submit 5 Copies Appropriate District Office DISTRICTI

P.O. Box 1980, Hobbs, NM 88240

DISTRICTII

P.O. Drawer DD, Artesia, NM 88210

DISTRICTIII

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

<u> </u>						 1	Mall ADT NT		
Operator Giant Exploration & Production Company						Well API No. 30-045-22708			
Adress			-						
P.O. Box 2810, Farmington, New Mexico 87499 Reason(s) for Filing (Check proper box)						Other (please explain)			
New Well	Change in Transporter of:						. ,		
Recompletion]	Oil		Dry Gas		X			
Change in Operator]	Casinghead	Gas [Condensate	•				
If change of operator give name and address of previous operator									
II. DESCRIPTION OF V	VELL A	ND LEA	SE						
ease Name Well No. Pool Name, Including Format					ion Kind of Lease No.				
Ka Da Pah		2	WAW Fruitlan	d Sand – Picture	ed Cliffs	State, Federal or	r Fe Navajo	14-20-603-3	
Location									
Unit Letter L :	1850	Feet From	The South L	ine and	790	Feet From T	he West	Line	
Section 4 Tov	vnship	25N R	tan 12W	,	NMPM,	San Juan		County	
III. DESIGNATION OF Name of Authorized Transporter		or Condens		AND NAT			approved copy of this fo	rm is to be sent\	
Name of Authorized Transporter of]				Addiess	(Olve addices to will di	approved copy of and to	in it is as sair,	
Name of Authorized Transporter of Casinghead Gas Giant Exploration & Production Co. X					Address (Give address to which approved copy of this form is to be sent) P.O. Box 2810, Farmington, NM 87499				
If well grpoduces oil or liquids, give location of tanks	Unit	Sec. Twp.		Rge.	Is gas actua Yes	lly connected?	When? 08-16-78	hen ? 08-16-78	
If this production is commingled wi	th that from	n any other	lease or pool, s	zive comminglin	4	per:	00 10 70		
•		,		<i>y</i>	•		· · · · · · · · · · · · · · · · · · ·		
IV. COMPLETION DAT	T	T		1,		Dive Deels	Sama Dashi	Diff Res'v	
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Dill Res v	
Date Spudded	Date Compl. Ready to Prod.				Total Depth		P.B.T.D.	P.B.T.D.	
Elevations (DF,RKB,RT,GR,etc.) Name of Producing Formation					Top Oil/Gas Pay Tubing Depth		1		
Perforations					<u> </u>		Depth Casing	Shoe	
		THRING	CASING	AND CEME	INTING F	RECORD			
HOLE SIZE	TUBING, CASING AND CEMI CASING & TUBING SIZE				DEPTH SET		SACKS C	SACKS CEMENT	
	 								
					<u> </u>				
V. TEST DATA AND R									
OIL WELL (Test must be after recovery of total volume of load oil and must be equial to or exceed to Date First New Oil Run To Tank Date of Test					p allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)				
Date First New Oil Run 10 Tank	Date of Test				Producing Method (Flow, pump, gas int, etc.)				
Length of Test	Tubing Pressure				Casing Pressure		Choke Size.	12.	
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.		Gas - MCF	203	
	<u> </u>				<u></u>		AUG 2	5 19 93	
GAS WELL	Januar -	f Tag			Rble Cond	ensate/MMCG	Gravity of @c	ndensald	
Actual Prod. Test - MCF/D	Length of	Length of Tes				Bbls. Condensate/MMCF		N G	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)		0,0	تعروا في	
VI. OPERATOR CERTI						OIL CONSE	RVATION DI	VISION	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above						OIL CONSERVATION DIVISION			
is true and compelte to the best of my knowlegge and belief.					Data Approved AUG 2 5 1993				
CR					Date	Approved		Λ .	
Signature				. <u> </u>	Ву	7	\sim)/	
Weffrey R. Vaughan Vice President Operations									
Printed Name Title					Title	SU	PEHVISOR D	ISTRICT !	
AUG 2 4 1993									
Date		Telephone	NO.		<u> </u>		-4-C-01		

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 test 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, trasporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.