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Appropriate District Office
DISTRICT!
P.O. Box 1980, Hoobs, 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 III 1000 Rio Brazos Rd., Azicc, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

٨,	10 IHA	NSPORTOIL	AND NA	UHAL GA		DI No			
Operator Company of the Company of t					Well API No.				
Giant Exploration & Production Company				30-045-28198					
Address									
PO Box 2810, Farmingto	on, N.M. 874	.99					-00		
Reason(s) for Filing (Check proper box)	Out	r (Please expl	ain) Tem	paray	appe	Total of			
New Well XX	Change in Transporter of: 90 days prending BIT signatule Oil Dry Gas Casinghead Gas Condensate Expire 8/16/92							issure	
Recompletion		Dry Gas	GNI SIS	Jane 8	12699	2			
Change in Operator	Casinghead Gas	Condensate	2/-						
If change of operator give name and address of previous operator									
	AND TEACE								
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including					Kind o	of Lease	Lc	asc No.	
Bisti Coal 5 Com 2 Basin Fruit			6.4			ic, Federal or Fee 14-20-603-1292			
Location 2 pastit Fruittiand Coal Federal F-25 005 12									
ľ	2510	Feet From The Sc	outh	. 18	50 11.	et From The	West.	Line	
Unit Letter	. :	Feet From The	LIDE	and	PC	ct Pion The			
Section 5 Township	25N	Range 12W	. Ni	PM, S	an Juan			County	
Scaon 100 anny		X		<u> </u>	 				
III. DESIGNATION OF TRANS	SPORTER OF O	L AND NATU	RAL GAS						
Name of Authorized Transporter of Oil or Condensate Address (Giv. address to which approved copy of this form is to be sent)								u)	
TARILO OL FIDUIDIDE FALLE IN THE COLUMN TO T			Address (Giv. address to which approved copy of this form is to be sent)						
Giant Exploration & Production Company						on, N.M. 87499			
If well produces oil or liquids,			Is gas actually connected? When			7			
give location of tanks.		25N 12W	No						
If this production is commingled with that f	rom any other lease or	pool, give commingl	ing order numb	жг:					
IV. COMPLETION DATA			1				- Danke	Diff Res'v	
Designate Type of Completion -	Oil Well	· Gas Well	New Well	Workover	Deepen	Plug Back Sa	IIIC 1/62 V	Dill Res v	
l		1	Total Depth	L	_l	P.B.T.D.		-l	
Date Spudded 10-1-90			1240'			1195.70'			
		Top Oil/Gas Pay			Tubing Depth				
levations (DF, RKB, RT, GR, etc.) 6163' GLE Name of Producing Formation Basal Fruitland Coal		1093'			1092'				
Perforations			1075				Depth Casing Shoe		
1093' - 1114'						'			
1075	TUDING	CASING AND	CEMENTI	VG RECOR	2D	<u></u>			
	,	CEMENTING RECORD			SACKS CEMENT				
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET						
8-3/4"	7"		134.5'			60 sks.			
6-1/4"	4-1/2" 1-1/2"		1234.65' 1092'						
	1-1/2"	1,092							
V. TEST DATA AND REQUES	TEORALLOW	URLE	<u> </u>						
OIL WELL	covers of total volume	of load oil and must	be equal to or	exceed top all	lowable for this	s depth or be for	full 24 hours	s.)	
OIL WELL (Test must be after recovery of total volume of load oil and must b Date First New Oil Run To Tank Date of Test				thed (Flow, p	punp, gas lift, e	tc.)		!	
TARE PIER NEW OIL Run To Tank	Date of Tex					MECENVEN			
Length of Tag	Tubing Pressure		Casing Pressu	ire		Chok She	164-11		
Length of Test	Tuome Trassaro			ν. Υ. (1) (1)	v.	UU .	2.45	المنظ م	
Actual Prod. During Test	Oil - Bbls.		Waler - Buls.	}		Gas- MCNAF	(1 3 13	31	
Actual Floor During 1250	On - Bois.	. m. t.	F * 1 * 1 * 1	1-11		011	201	DIV	
	1		A STATE OF THE STA	, ari P. P. ∤		OIL	JQ: \.	DIV.	
GAS WELL			Ibls. Conden	by to Indiana City		Gravity of Con	pist. 3		
Actual Prod. Test - MCF/D	Length of Test		Bots. Concen	0		NI/A			
285	24 hrs	-in)	Casing Pressi			N/A Choke Size			
Testing Method (pitot, back pr.)	120 psi	-1117	1	20 psi		3/4"	1		
			1					,	
VI. OPERATOR CERTIFICATE OF COMPLIANCE			OIL CONSERVATION DIVISION						
I hereby certify that the rules and regulations of the Oil Conservation				_ , , ,	· · ·	J & A 140	234		
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			Date Approved FEB 25 1591						
Late and complete to all cost of my and more to				: whhtove					
(A of (A)									
Signature				ORIGI	VAL SIGNED	BY ERNIE BI	JSCH		
Aldrich L. Kuchera President			THE CARLEY OF S. GAS HISPECTOR, DIST. 10.5						
Printed Name 2 1991 (505) 326-3325			Title						
Date MAR 1 2 100		phone No.							
Date	A SECURE OF SECU	2.57 年 17 18 18 18 18 18 18 18 18 18 18 18 18 18	en seemen and and	Commission Provided	en, was have to the state on	Asympton Action in the operation &	este spipulpide en lastic	e specific was been as the	

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.