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Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
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 Giant Exploration & Production Company	Well API No. 30-045-28387
Address P.O. Box 2810, Farmington, N.M. 87499 (505) 326-3325	
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 Berry Federal	Well No. 2	Pool Name, including Formation Bisti Lower Gallup	Kind of Lease State, <u>Federal</u> or Fee	Lease No. NM 53936-A
Location Unit Letter <u>H</u> : <u>2310</u> Feet From The <u>N</u> Line and <u>600</u> Feet From The <u>E</u> Line Section <u>11</u> Township <u>25N</u> Range <u>13W</u> , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Giant Refining	Address (Give address to which approved copy of this form is to be sent) Box 256, Farmington, N.M.					
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 H	Sec. 11	Twp. 25N	Rge. 13W	Is gas actually connected? No	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 11-5-90	Date Compl. Ready to Prod. 12-24-90		Total Depth 5100'		P.B.T.D. 5028.48'			
Elevations (DF, RKB, RT, GR, etc.) 6312' GLE	Name of Producing Formation Gallup		Top Oil/Gas Pay 4883'		Tubing Depth 4988.88'			
Performances 4883'-4891', 4906'-4918', 4926'-4934'					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12-1/4"	CASING & TUBING SIZE 8-5/8"		DEPTH SET 362.29'		SACKS CEMENT 230 sks			
7-7/8"	5-1/2"		5072.32'		715 sks			
	2-3/8"		4988.88'					

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 12-24-90	Date of Test 1-4-91	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure 50	Casing Pressure 50	Choke Size 1/8"
Actual Prod. During Test 18	Oil - Bbls. 3	Water - Bbls. 3	Gas - MCF 20

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	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 Aldrich L. Kuchera President  
Printed Name JAN 11 1991 Title (505) 326-3325  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 14 1991

By Original Signed by FRANK T. CHAVEZ

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.