Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, 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., Aztec, NM 87410

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

· · ·		OH ALLOW								
l.	TOTR	ANSPORT C	IL AND NAT	URA	L GA					
Operator			. 1				cii APi No.			
Giant Exploration	& Production	n Company				30-0	45-28389)		
Address P. O. Box 2810, Fa	armington, N	1 87499								
Reason(s) for Filing (Check proper box)		· · · · · · · · · · · · · · · · · · ·	Othe	r (Pleas	e explai	n)				
New Well	Change	in Transporter of:	_	•	•	•				
Recompletion	Oil [Dry Gas]							
Change in Operator	Casinghead Gas	Condensate]							
If change of operator give name										
and address of previous operator										
II. DESCRIPTION OF WELL	AND LEASE									
Lease Name	Well No	. Pool Name, Incl	uding Formation			Kind o	X Lease	L	asc No.	
West Bisti Coal 15	1	-				Federal or Fee NM 80506		506		
Location								 		
Unit LetterG	:1830	Feet From The	N Line	and _	2510	Fc	ct From The _	East ·	Linc	
Section 15 Townsh	ip 25N	Range 13	W , NN	ІРМ,	San	Juan			County	
M DESIGNATION OF THAT	ימי משיימים	OII ARM RIAM	TIDAT CAC							
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	VSPORTER OF Cond					ah ann '	comp of this f	em le en t		
Water Poor #	□ 280°		Audress (Give	wares	s to whi	en approved	copy of this fo	ım 15 10 VE SE	14)	
Name of Authorized Transporter of Casin			7 144							
Giant Exploration &	Production	or Dry Gas [X えをルケイ/フ					copy of this fo		int)	
							ngton, N	ıM.		
If well produces oil or liquids, give location of tanks.	Unit Sec.	<u>_ii</u>	ge. Is gas actually No			When				
If this production is commingled with that	from any other lease	or pool, give comm	ingling order numb	cr:						
IV. COMPLETION DATA										
D	loii w	•	New Well	Work	over	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		X	X							
Date Spudded	Date Compl. Ready	Total Depth	1			P.B.T.D.				
10-30-90	11-17-90	1375'				1333.8'				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay				Tubing Depth		
6318' GLE Basal Fruitland Coal				1233'				1270'		
Perforations 1233'-1249', 1252	'-1258'						Depth Casing	g Shoe		
		CASING AN	ID CENTENITO	ים או	ימסטו					
		IN CEMENTI	CEMENTING RECORD				040/000			
HOLE SIZE	CASING &		DEPTH SET				SACKS CEMENT			
8-3/4"	7''	/611	133.5'			60 sks.				
6-1/4"		1/2"	1374.07'				165_sks			
	2-3	3/8''	1270	<u> </u>			-			
N. MDOM D. MI. AND DECAME	100 100 111 01	W. D. D					<u> </u>			
V. TEST DATA AND REQUE									•	
	recovery of total volum	ne of load oil and n						or Juli 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test		Producing Mo	thod (F	low, pu	np, gas lift,	ric.)		1	
							10	4.2.	- to . to	
Length of Test	Tubing Pressure		Casing Pressu	re			Choke Size			
							Gas- MCP			
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbls.			1 1 as	. w	
							57.15	<u> </u>	eri	
GAS WELL		· =					~			
Actual Prod. Test - MCF/D	Length of Test		Bbls. Conden	salc/MI	MCF		Gravity of C	ondensate		
18	24 hrs		0				N/A			
Tosting Method (pitot, back pr.)	Tubing Pressure (S		Casing Pressure (Shut-in)				Choke Size			
Back pressure	0		190				1/8"			
		ADE TABLOT	L _{1,3}	<u> </u>						
VI. OPERATOR CERTIFIC			\parallel	DII -	CON	ISERV	ATION	DIVISIO	NC	
I hereby certify that the rules and reg			- 11	~ · • ·		/			- • •	
Division have been complied with an is true and complete to the best of m						I	SEP 23	1992		
in and the complete to the coat of m	,		Date	: Apr	prove	a	JL1 20	1336		
							. /	1 .		
(('4) Signature	- Bv_	By								
John C. Corbett Vice President				SUPERVISOR DISTRICT #3						
Printed Name	•	Title	- Title		•	SUPER	VISOR DI	SIHAT	# 3	
SEP - 1992		26-3325	_ ''''e							
Date 17 1992		Telephone No.	H							

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.