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., Aziec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	TOT	RANS	PORT OIL	AND NATURAL GA	<u>-</u> 711011			
Operator	Well API No.							
Giant Exploration & Pr		30-0	30-045-28466					
Address					<u>-</u>			
P.O. Box 2810, Farming	ton, New Me	exico	87499					
Reason(s) for Filing (Check proper box)	_			Other (Please expla	in)			
New Well								
Recompletion	Casinghead Gas		densate					•
f change of operator give name	CAMPELICAG CAS	ب س	тоспали:	······································				
and address of previous operator				·				
II. DESCRIPTION OF WELL	AND LEASE							
Lease Name		No. Poo	ol Name, Includir	ng Formation Kind o		Lease No.		
West Bisti Coal 11 Com	1	Ва	sin Fruit			eral NM 53936-A		
Location						clai		
Unit Letter B	: 1100	Fcc	t From The No	orth Line and 251	0Fc	ct From The	East	Line
o v 11 m v 25M 5 13W Con Tuon								
Section 11 Township 25N Range 13W , NMPM, San Juan County								
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS								
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)								
Land Core and as to which approved copy of this form to be sent								
Name of Authorized Transporter of Casing	Address (Give address to which approved copy of this form is to be sent)							
Giant Exploration & Production Company				P.O. Box 2810, Farmington, N.M. 87499				
If well produces oil or liquids, pive location of tanks.				Is gas actually connected?	?			
-	A 111			No No				
If this production is commingled with that f IV. COMPLETION DATA	rom any other lease	or bool	, give commingle	ing order number:				
II. COMILECTON DATA	louv	Vell ·	Gas Weil	New Well Workover	Deepen	Plug Back S	ama Pasiu	Diff Res'v
Designate Type of Completion -	- (X)	1011	X	X	i Decircii	Ling Dack for	MILL NES Y	Dill Kesv
Date Spudded	Date Compl. Ready to Prod.			Total Depth	1	P.B.T.D.		اـــــــــــــــــــــــــــــــــــــ
12-20-90	5-11-92			1400'		1356.11'		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay	Tubing Depth			
6295' GLE	Basal Fruitland Coal			1190'		1207'		
Perforations 1190' - 1204', 1209' -			Depth Casing	Shoe				
1190 - 1204 , 1209 -		10.04	CINC AND	OCHENITALE DECOD	D			
1101 F 017F	TUBING, CASING AND			DEPTH SET		SACKS CEMENT		
HOLE SIZE 8-3/4"	CASING & TUBING SIZE							
6-1/4"	4-1/2"			130.91		60 sks.		
0-1/4	1-1/2"		1395.01' 1207'					
	1			120/				
V. TEST DATA AND REQUES	T FOR ALLO	WAB	LE			· · · · · · · · · · · · · · · · · · ·		
OIL WELL (Test must be after re	ecovery of total voli	une of la	xad oil and muss	be equal to or exceed top allo	owable for this	depth or be fo	r full 24 hour	s.)
Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift_etc.)								
				6.5		Choke Size		
Length of Test	Tubing Pressure			Casing Pressure		A Choice Size		
Asset Dad Dada Tot				Water - Bbls.		1392 S 1392		
Actual Prod. During Test	Oil - Bbls.			77201 - 2013		OIL CON. DIV.		
	J			<u> </u>		OIL C		
GAS WELL	U CT			Tuble Condensale MMCC			ST. 3	
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF		Gravity of Condensate		
256 Testing Method (pitot, back pr.)	24 hrs Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)	Choke Size	/A		
Back Pressure	177 psi			177 psi	3/4"			
<u> </u>				2., 952				
VI. OPERATOR CERTIFICATE OF COMPLIANCE 1 hereby certify that the rules and regulations of the Oil Conservation				OIL CONSERVATION DIVISION				
Division have been complied with and that the information given above				HIN 9 1002				
is true and complete to the best of my knowledge and belief.				Date Approved				
						_1	_	
golin C. Corbertel				By	المندة) Che		
Signature John C. Corbett Vice President				SUPERVISOR DISTRICT #3				
Printed Name (505) 27itle				Title			······································	J
5/27/42	(303)							
Date		Telepho	nc No.					

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.