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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Giant Exploration & Production Company	Well API No. 30-045-28555
Address P.O. Box 2810, Farmington, N.M. 87499	
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 West Bisti Coal 12	Well No. 1	Pool Name, Including Formation Basin Fruitland Coal	Kind of Lease State, Federal or Fee Federal	Lease No. NM 33917
Location Unit Letter <u>N</u> : <u>790</u> Feet From The <u>South</u> Line and <u>1850</u> Feet From The <u>West</u> Line Section <u>12</u> Township <u>25N</u> Range <u>13W</u> , NMPM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
Giant Exploration & Production Company	PO Box 2810, Farmington, N.M. 87499				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rgc.	Is gas actually connected? When ?
					No
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	Gas Well XX	New Well XX	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 7-16-91	Date Compl. Ready to Prod. 10-25-91		Total Depth 1455'		P.B.T.D. 1401'			
Elevations (DF, RKB, RT, GR, etc.) 6442' GLE	Name of Producing Formation Basal Fruitland Coal		Top Oil/Gas Pay 1318'		Tubing Depth 1355'			
Perforations 1318' - 1340'					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
8-3/4"	7"		134'		60 sks.			
6-1/4"	4-1/2"		1444'		160 sks.			
	1-1/2"		1355'					

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	RECEIVED JAN 13 1992 OIL CONSERVATION DIVISION
Length of Test	Tubing Pressure	Casing Pressure	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	

GAS WELL

Actual Prod. Test - MCF/D 300	Length of Test 24 hrs	Bbls. Condensate/MMCF 0	Gravity of Condensate N/A
Testing Method (pilot, back pr.) back pressure	Tubing Pressure (Shut-in) 175	Casing Pressure (Shut-in) 175	Choke Size 3/4"

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.

John C. Corbett
Signature
John C. Corbett Vice President
Printed Name
Date JAN 10 1992
Telephone No. (505) 326-3325

OIL CONSERVATION DIVISION

Date Approved JAN 22 1992

By Original Signed by FRANK T. CHAVEZ

Title SUPERVISOR CONTRACT # 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.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.