Submit 5 Copies

Ap: opriate District Office

DISTRICT 1

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, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	TO TRANSPO	RT OIL	AND NA	TURAL GA	AS				
Operator Giant Exploration &				30-045 28643					
Address P.O. Box 2810, Farm							0-09	13 28692	
Reason(s) for Filing (Check proper box)	2.11g.co.1, 141 07433		01	(D)					
New Well	Change in Transporte	er of:		r (Please expla	iin)				
Recompletion	Oil Dry Gas								
Change in Operator If change of operator give name	Casinghead Gas Condensa	ite 🗌	·						
and address of previous operator									
II. DESCRIPTION OF WELL	AND LEASE								
Lease Name West Bisti Coal 23	ing Formation Kind of			of Lease	La	asc No.			
Location	l Basi	n Fru	itland C	oal ———	State,	Federal or Fee	NM 61	273	
Unit Letter G	. 2510 Feet From	n The	North Line	and185	0Fe	ct From The	East	Line	
Section 23 Township 25N Range 13W , NMPM, San Juan County									
III. DESIGNATION OF TRAN	JSPODTED OF OU AND	AT A COVE II	D 1 7 G 1 G					County	
Name of Authorized Transporter of Oil	or Condensate \leftarrow	NATU	RAL GAS Address (Give	address to wh	ich approved	ann af this for			
Gas 38/ 320									
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)								nt)	
Giant Exploration & If well produces oil or liquids,	P.O. Box 2810, Farmington, NM 87499								
give location of tanks.	Unit Sec. Twp.	Rge.	ls gas actually no	connected?	When	?			
If this production is commingled with that	from any other lease or pool, give	commingl	ing order numb	er:					
IV. COMPLETION DATA	28/1627								
Designate Type of Completion	- (X)	s Well X	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v	
Date Spudded 09-08-92	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	9-30-92 Name of Producing Formation		1366.49 Top Oil/Gas Pay			1330.49'			
6385' GLE	Basin Fruitland	1197'			Tubing Depth 1189'				
Perforations 1197' - 1215'							Depth Casing Shoe		
	TUBING, CASING AND (D	1			
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
8-3/4" 6-1/4"	7"		128'			See Exhibit "A"			
0-1/4	4-1/2"		1366.49'			See Exhibit "A"			
							······································		
V. TEST DATA AND REQUES			· · · · · · · · · · · · · · · · · · ·			<u> </u>	······································		
OIL WELL (Test must be after red) Date First New Oil Run To Tank	ecovery of total volume of load oil	and must	be equal to or	exceed top allo	wable for this	depth or be for	full 24 hour	s.)	
	Date of Test			thod (Flow, piu	np, gas light e				
Length of Test	Tubing Pressure		Casing Pressu	2.5 2.2	7.53	Choke Size			
Actual Prod. During Test				M	AR1 91	egg (
ricial rick build rest	Oil - Bbls.		Water - Bbls.	OIL	Coar	Case MCF			
GAS WELL				•		DIV			
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condens	_	DIST. 3	Gravity of Cor	densate		
0	24 hours		0			N/A			
Testing Method (pitot, back pr.) back pressure	Tubing Pressure (Shut-in) 130		Casing Pressure (Shut-in) 170			Choke Size 1/4"			
L			170			1/4			
VI. OPERATOR CERTIFIC. I hereby certify that the rules and regula	ATE OF COMPLIANC	E		IL CON	SERVA	ATION D	IVISIO	N	
Division have been complied with and that the information given above			OIL CONSERVATION DIVISION						
is true and complete to the best of my knowledge and belief.			Date Approved			MAR 2 5 1993			
//s/_ C C	for the state of t			1-12-31-00		-	1 .		
Signature			Ву		3	<u>s</u>	-		
Apriled Name	Vice Preside	ent_		•	SUPE	WISSA DI	STRICT	/3	
3/18/93	(505) 326-33	325	Title_	·		الحيق المحيوطيون ساد		- 	
Date /	Telephone 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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

WEST BISTI COAL 23 WELL NO. 1 2510' FNL, 1850' FEL SECTION 23, TOWNSHIP 25 NORTH, RANGE 13 WEST LEASE NO. NM 61273 SAN JUAN COUNTY NEW MEXICO COMPLETION REPORT EXHIBIT "A"

CEMENT RECORD

Surface Casing - Mixed and pumped 60 sks. (70.8 cu.ft.) of Class "B" cement

containing 2% CaCl and 1/4#/sk. cellophane flakes. Cement circulated

to surface.

Production Casing -

Mixed and pumped 80 sks. (164.8 cu.ft.) Class "B" cement containing 2% Thriftyment and 1/4#/sk. cell-ophane flakes. Tailed in with 75 sks. (85.5 cu.ft.) of Class "B" cement containing 2% CaCl and 1/4#/sk. cellophane flakes. Cement

circulated to surface.