

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

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

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Giant Exploration & Production Company		Well API No. 30-045-28798
Address P.O. Box 2810, Farmington, NM 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 10	Well No. 1	Pool Name, Including Formation Basin Fruitland Coal	Kind of Lease State, Federal or Fee	Lease No. NM 31311
Location Unit Letter A : 790 Feet From The North Line and 790' Feet From The East Line Section 10 Township 25N Range 13W , NMPM , San Juan 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	P.O. Box 2810, Farmington, NM 87499					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	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	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	X					
Date Spudded 10-14-92	Date Compl. Ready to Prod. 11-18-92		Total Depth 1429'		P.B.T.D. 1367'			
Elevations (DF, RKB, RT, GR, etc.) 6320' GLE	Name of Producing Formation Basin Fruitland Coal		Top Oil/Gas Pay 1263'		Tubing Depth 1267			
Perforations 1263' - 1280'					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
8-3/4"	7"		131'		See Exhibit "A"			
6-1/4"	4-1/2"		1409.94'		See Exhibit "A"			
	1 1/2		1267					

V. TEST DATA AND REQUEST FOR ALLOWABLE

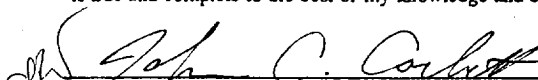
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth in the following hours.)			
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size MAR 24 1993
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF OIL CON. DIV DIST. 3

GAS WELL

Actual Prod. Test - MCF/D 18.5	Length of Test 24 hours	Bbls. Condensate/MMCF 0	Gravity of Condensate N/A
Testing Method (pilot, back pr.) Orifice Tester	Tubing Pressure (Shut-in) 20	Casing Pressure (Shut-in) 60	Choke Size 1/4"

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.


Signature
John C. Corbett Vice President
Printed Name
Date **3/23/93** Telephone No. **(505) 326-3325**

OIL CONSERVATION DIVISION

Date Approved **APR 6 1993**

By **Original Signed by CHARLES GHOLSON**

Title **DEPUTY OIL & GAS INSPECTOR, DIST. 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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.