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Appropriate 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

DISTRICT II P.O. Drawer DD, Ariesia, NM 882 DISTRICT III	210		P.O	P.O. Box 2088 New Mexico 87504-2088					Instructions Bottom of Page	
1000 Rio Brazos Rd., Aztec, NM	87410									
I. Operator	REQ	UEST FO	OR ALLOW	ABLE ANI	D AUTHOI	RIZATIO	N			
Giant Exploration	n & Produc	tion Co	mpany			W	ali api no. 30-045-288	 07		
P.O. Box 2810, Fa	armington.	NM 87	499			<del></del>				
Reason(s) for Filing (Check proper New Well	box)				ther (Please ex	nlain)				
Recompletion	03		Transporter of:	,	The first of	рши)				
Change in Operator	Oil Casinghea	_	Dry Gas				10046	5-0		
If change of operator give name and address of previous operator			Condensate		Dalen	Pop	11046 28657	90	<del></del>	
II. DESCRIPTION OF WI	ELL AND LEA					<u> </u>			<del></del>	
Risti Cool 20 4524 Wel			No. Pool Name, Including Formation				Kind of Lease Lease No.			
Location	1	Basin F	ruitland Coal			e, Federal or Fee	NM ·	Lease No. -25452		
Unit Letter A	:7	90'	Feet From The	North Li	nc and	)!	Feet From The	East	Linc	
•	wnship 25N		Range 12W		ІМРМ, 5	an Juai			County	
III. DESIGNATION OF TR	RANSPORTER	OF OIL	AND NAT	URAL GAS						
	CAS	u Conochea	·	Address (Gi	ve address to w	hich approve	d copy of this form	is to be	sent)	
Name of Authorized Transporter of C		07 700 763 0								
Giant Exploration	ion Com	pany	The same of the sa			ed copy of this form is to be sent)				
If well produces oil or liquids, give location of tanks.		wp. Rge	1.0. Box 2010, Farm			Ington, NM 87499				
<b></b>	1					Whe	n? 04-22-93			
If this production is commingled with IV. COMPLETION DATA	that from any other	lease or poo	ol, give comming	gling order num	ber:			<del></del>		
Designate Type of Complete	ion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back   Sar	nc Res'v	Diff Res'v	
Date Spudded 10-30-92	Ready to Prod.		X Total Depth		L	<u></u>				
Elevations (DF, RKB, RT, GR, etc.)	12-17	12-17-92			1295'			P.B.T.D.		
6324' GLE	6324' GLE				Top Oil/Gas Pay			1237.37 'Tubing Depth		
Perforations	Fruitla	ind Coal	1087'			1090'				
1087' - 1103'							Depth Casing Sh	oc		
HOLE SIZE	TUBING, CASING ANI			CEMENTING RECORD			9			
8-3/4"	ZASIN	CASING & TUBING SIZE			DEPTH SET !			SACKS CEMENT		
6-1/4"	4-1/	/2"		130'			See Exhibit "A"			
	21/			1280.90'			See Exhibit "A"			
V. TEST DATA AND REQU	EST FOR AL	OWADI	E		190					
OIL WELL (Test must be afte	r recovery of total	volume of la	a <b>C.</b> ad oil and muse	ha assat a			·			
	Date of Test		ou unu musi	Producing Med	hod (Flow, pun	vable for this up, gas lift, et	depth or be for ful c.)	124 hours	s.)	
Length of Test	Tubing Pressur	Tubing Pressure			Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbls.			Gas- MCF		
GAS WELL										
Actual Prod. Test - MCF/D	II amak as to					·				
_68.8	1	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate		
esting Method (pitot, back pr.)	Tubing Pressure	24 hours Tubing Pressure (Shut-in)			O Carino Provincia					
back pressure	90						Choke Size			
1. OPERATOR CERTIFICATE OF COMPLIANCE				90			0.500			
Division have been complied with and	ilations of the Oil (	Conscrvation		01	L CONS	SERVA	TION DIV	10121	1	
is true and complete to the best of my knowledge and belief.				Date ApprovedJUL_2 2 1993						
Signature John C. Corbett  Vice President				By						
Printed Name MAY 2 1 1993	Testuent man				SUPERVICE					
Date 1 1993	Title GOTTH TO THE TOTAL STREET AS									

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

- 2) All sections of this form must be filled out for allowable on new and recompleted wells.

Telephone No.

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 recall. 4) Separate Form C-104 must be filed for each modified