Submit 5 Copies
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

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

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

DISTRICT III

I.	REQUEST F	OR ALLOWA	ABLE AND AUTHORIZ IL AND NATURAL GA	ZATION		
Operator Giant Exploration &			IL TIME INTO HAL GA	Well API No.		
Address P.O. Box 2810, Farm		7/00		30-045-28914		
Reason(s) for Filing (Check proper box	)	7499				
New Well		Transporter of:	Other (Please explain	in)		
Recompletion	Oil _	Dry Gas				
Change in Operator	Casinghead Gas	Condensate				
If change of operator give name and address of previous operator						
II. DESCRIPTION OF WELL					· · · · · · · · · · · · · · · · · · ·	
West Bisti Coal 14 Com 1 Pool Name, Inclu		ding Formation itland Coal	Kind of Lease State, Federal or Fee	Lease No.		
Location Unit Letter A	. 790'		North 7001		NM-87236	
Section 14 Towns		Feet From The	Line and 790°.	Feet From The	ast ———Linc	
10/113		Range 13W	, NMPM, San J	Juan	County	
III. DESIGNATION OF TRA Name of Authorized Transporter of Oil	NSPORTER OF O or Conder	1621c	JRAL GAS			
Water POP	Mourest (Give address to which	Address (Give address to which approved copy of this form is to be sent)				
Name of Authorized Transporter of Casinghead Gas or Dry Gas X Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)						
If well produces oil or liquids,	aces oil or liquids.		P.O. Box 2810, Farmington, NM 87499  ls gas actually connected? When ?			
this production is commingled with that from any other lease or pool, give commin		1				
IV. COMPLETION DATA			ming order number:	· · · · · · · · · · · · · · · · · · ·		
Designate Type of Completion	oil Well	Gas Well X	New Well Workover	Deepen   Plug Back   Sar	ne Res'v Diff Res'v	
Date Spudded	Date Compl. Ready to	Prod.	X Total Depth			
12-30-92	2-26-93		1550'	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.) 6418 GLE	Name of Producing Formation		Top Oil/Gas Pay		1503 Tubing Depth	
Perforations	Basin Fruitland Coal		1294'	1	1300'	
1294'-1316'			Depth Casin		100	
110.	TUBING, CASING AND		CEMENTING RECORD			
HOLE SIZE 8-3/4"	CASING & TUBING SIZE		DEDTILOTT		VO OFLIGUE	
6-1/4"	7"		126.30'		SACKS CEMENT See Exhibit "A"	
0 1/4	4-1/2"		1544.93'		See Exhibit "A"	
	2-1/16"		1300'	Bee EARL	DANIEL A	
V. TEST DATA AND REQUE	ST FOR ALLOWA	BLE				
OIL WELL (Test must be after and Date First New Oil Run To Tank	recovery of total volume of	of load oil and must	be equal to or exceed top allows	ible for this depth or hesfor fi	// 24-hauma b	
	Date of Test		be equal to or exceed top allowable for this deput or befor full 24-bours. Producing Method (Flow, pump, gas lift, etc.)			
Length of Test	Tubing Pressure		Casing Pressure	Chekeenze	7 1002	
Actual Prod. During Test	Prod. During Test Oil - Bbls.		Water - Bbis.	Gas- MCG	- 1.000	
GAS WELL					ON. DIV	
Actual Prod. Test - MCF/D N/A	Length of Test N/A		Bbls. Condensate/MMCF		Gravity of Condensate	
Tosting Method (pitot, back pr.) N/A	Tubing Pressure (Shut-in) 200 psi		Casing Pressure (Shut-in)		Choke Size	
VI. OPERATOR CERTIFIC			200 psi			
VI. OPERATOR CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation			OIL CONCEDIATION DIVIDIO			
Division have been complied with and that the information gives at an			OIL CONSERVATION DIVISION			
is true and complete to the best of my knowledge and belief.			Date ApprovedJUL_ 2 2 1993			
Signature			By_ 3.13 ch_/			
Weffrey R. Vaughan V.P. Operations Printed Name Title			CUREDWOOD DISTRICT AS			
326-3325			Title	W FUAISOU DISTRI	U! F3	
and the state of t		hone 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
- 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

WEST BISTI COAL 14 COM WELL NO. 1
790' FNL, 790' FEL
SECTION 14, TOWNSHIP 25 NORTH, RANGE 13 WEST
LEASE NO. NM - 87236
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<sub>2</sub> and 1/4#/sk. cellophane flakes. Cement circulated to surface.

Production Casing -

Mixed and pumped 100 sks. (206.0 cu.ft.) Class "B" cement containing 2% Thriftyment and 1/4#/sk. cell-ophane flakes. Tailed in with 90 sks. (106.2 cu.ft.) of Class "B" cement containing 2% CaCl<sub>2</sub> and 1/4#/sk. cellophane flakes. Cement circulated to surface.

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