

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)00-095-00066
Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> Other <u>Water Source</u>		5. LEASE DESIGNATION AND SERIAL NO. E. W. Mudge No. 3 SF 078064	
b. TYPE OF COMPLETION: NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> Other _____		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Shell Oil Company		7. UNIT AGREEMENT NAME Carson Unit	
3. ADDRESS OF OPERATOR P. O. Box 831, Houston, Texas 77001		8. FARM OR LEASE NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1320' FSL & 660' FEL of Sec. 13, T25N, R12W, NMPM At top prod. interval reported below Unknown At total depth Unknown		9. WELL NO. WW-1 - 13 # 1	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Bisti	
DATE ISSUED		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 13, T25N, R12W, NMPM	
12. COUNTY OR PARISH San Juan		13. STATE N.M.	
15. DATE SPUDDED 3-27-57	16. DATE T.D. REACHED 3-30-57	17. DATE COMPL. (Ready to prod.) 4-10-57	18. ELEVATIONS (DF, RBD, RT, GR, ETC.)* 6412' DF, 6400' GL
19. ELEV. CASINGHEAD	20. TOTAL DEPTH, MD & TVD 2550'		
21. PLUG, BACK T.D., MD & TVD 2541'	22. IF MULTIPLE COMPLET., HOW MANY*	23. INTERVALS DRILLED BY →	24. ROTARY TOOLS X
25. CABLE TOOLS			26. WAS DIRECTIONAL SURVEY MADE No
27. TYPE ELECTRIC AND OTHER LOGS RUN Electrical			28. WAS WELL CORED No
29. CASING RECORD (Report all strings set in well)			
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
11 3/4"		56'	
8 5/8"		2541'	10 5/8"
CEMENTING RECORD		AMOUNT PULLED	
Cmt'd w/6 sx			
Cmt'd @ 1927' FC 50 sx & shoe @ 2541' 50 sx			
30. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
31. TUBING RECORD			
SIZE	DEPTH SET (MD)	PACKER SET (MD)	
32. PERFORATION RECORD (Interval, size and number)			
1956'-2001' (180 holes) 32 rows, 2" slots, 2096'-2187' (364 holes) 6" centers, 30 mesh, 2267'-2541' (274 holes) straight mill slots.			
33. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
34. PRODUCTION			
DATE FIRST PRODUCTION 4-10-57		PRODUCTION METHOD (Flowing, gas lift, pumping--size and type of pump) Pumping	
WELL STATUS (Producing or shut-in) Shut-in			
DATE OF TEST 4-10-57	HOURS TESTED 24	CHOKER SIZE	PROD'N. FOR TEST PERIOD
FLOW, TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL--BBL. -
			GAS--MCF. -
			WATER--BBL. 1028
			GAS-OIL RATIO 1028
35. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)			
TEST WITNESSED BY			
36. LIST OF ATTACHMENTS Electrical Log			
37. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records			
SIGNED <u>W. E. Smith</u>		TITLE <u>Division Operations Engineer</u> DATE <u>4/13/78</u>	

*(See Instructions and Spaces for Additional Data on Reverse Side)

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

Operator Giant Exploration & Production Company		Well API No.
Address P.O. Box 2810, Farmington, New Mexico 87499		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	Effective July 1, 1990
If change of operator give name and address of previous operator Hixon Development Company, P.O. Box 2810, Farmington, N.M. 87499		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Carson Unit	Well No. 1-13	Pool Name, Including Formation Mesa Verde	Kind of Lease State, Federal or Fee Federal	Lease No. SF 078064
Location Unit Letter P : 1320 Feet From The South Line and 660 Feet From The East Line Section 13 Township 25N Range 12W , 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 type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 13	Twp. 25N	Rge. 12W	Is gas actually connected?	When?

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
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations			Depth Casing Shoe					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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.)

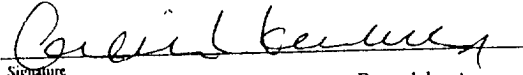
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

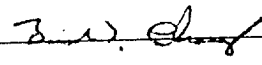
VI. OPERATOR CERTIFICATE OF COMPLIANCE

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
Aldrich L. Kuchera President
Printed Name
JUL 13 1990 (505) 326-3325
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **JUL 17 1990**

By 

Title **SUPERVISOR DISTRICT #2**

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.