

Operator Giant Exploration & Production Company		Well API No. 30-045-05594
Address P.O. Box 2810, Farmington, New Mexico 87499		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/>		Change in Transporter of: Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/> Other (please explain) <input type="checkbox"/> Operator changed July 1, 1990
If change of operator give name and address of previous operator Hixon Development Company, P.O. Box 2810, Farmington, NM 87499		

Lease Name Central Bisti Unit		Well No. 66	Pool Name, Including Formation Bisti Lower Gallup	Kind of Lease State, Federal or Fee	State	Lease No. B11370
Location Unit Letter M : 330 Feet From The South Line and 330 Feet From The West Line Section 32 Township 26N Ran 12W , NMPM, San Juan County						

Name of Authorized Transporter of Oil or Condensate Giant Refining <input checked="" type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent) P.O. Box 256, Farmington, NM 87499				
Name of Authorized Transporter of Casinghead Gas or Dry Gas Giant Exploration & Production Co. <input checked="" type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent) 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? Yes	When ?

If this production is commingling with that from any other lease or pool, give commingling order number:

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				
				SEP 29 1993				
				OIL CON. DIV.				
				DIST. 3				

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 Tes	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	

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 compelte to the best of my knowlegde and belief. Signature Diane G. Jaramillo Printed Name Diane G. Jaramillo Administrative Manager SEP 28 1993 Title (505)326-3325 Date Telephone No.		OIL CONSERVATION DIVISION Date Approved SEP 29 1993 By [Signature] Title SUPERVISOR DISTRICT 13
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INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation test taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, trasportor, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.