

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

5. Lease Designation and Serial No.

NM 80507

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

South Bisti 31-H #1

9. API Well No.

30-045-27918

10. Field and Pool, or Exploratory Area

Bisti Lower Gallup

11. County or Parish, State

San Juan, New Mexico

SUBMIT IN TRIPLICATE

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

Giant Exploration & Production Company

3. Address and Telephone No.

P.O. Box 2810, Farmington, N.M. 87499 (505) 326-3325

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1650' FNL, 330' FEL, Sec. 31, T26N, R13W

12 CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other Acidize

☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

The subject well's Bisti Lower Gallup perforations (5191'-5202') were acidized with 24 bbls 15% HCL acid. Returned well to production.

14. I hereby certify that the foregoing is true and correct

Signed

Jeffrey R. Vaughan

(This space for Federal or State office use)

Title

Vice President,
Operations & Engineering

Date

NOV 17 1991

Approved by

Conditions of approval, if any:

Title

Date

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 Brazos 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.	30-045-27918
Address	PO Box 2810, Farmington, N.M. 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	South Bisti	Well No.	31	Pool Name, including Formation	Bisti Lower Gallup	Kind of Lease	State, Federal or Fee	Lease No.	NM 80507
Location	Unit Letter H : 1650 Feet From The North Line and 330 Feet From The East Line								
	Section 31	Township 26N	Range 13W	NMPM	San Juan	County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	Giant Refining	or Condensate	<input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	PO Box 256, Farmington, N.M. 87499		
Name of Authorized Transporter of Casinghead Gas		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 H	Sec. 31	Twp. 26N	Rge. 13W	Is gas actually connected? No	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
	X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
9-14-90	10-3-90		5400'		5348.71'			
Elevation (DF, KKG, KT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
6507' GLE	Gallup		5191'		5270'			
Performances					Depth Casing Shoe			
5191'-5202'								
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		349.73'		230 sks.			
7-7/8"	5-1/2"		5394.19'		725 sks.			
	2-3/8"		5270'					

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.)	
10-3-90	10-15-90	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	60	60	2/8"
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	148	1	31

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
	3071.9 1990		
Testing Method (flow, 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
OCT 18 1990
Date
(505) 326-3325
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 15 1991

By Original Signed by FRANK T. CHAVEZ

Title SUPERVISOR DISTRICT # 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.