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

Operator

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

OL 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 Well API No. Giant Exploration & Production Company 30-045-28481

9,

		purij				0-15 20-	<u> </u>		
Address PO Box 2810, Farmington, N.M. 87499						M Englet			
Reason(s) for Filing (Check proper box)  Other (Please explain)						TO BE CITED			
New Well	Change i	n Transporter of:		c.ac cap.a.	•••	M			
Recompletion	Oil [	Dry Gas				la Va	3.0 0.43		
Change in Operator Casinghead Gas Condensate							32 6 19	91	
If change of operator give name	CASH GIRAL CAS	CONTOCUESATE	<del></del>		<del></del>	CIL	CON	DIV.	
and address of previous operator	<del></del>	D/ST, 3							
II. DESCRIPTION OF WELL					1	<del></del>		<del></del> _	
Lease Name	ding Formation		1	of Lease	1	case No.			
South Bisti 30	30-0	[ Bisti To	wer Gallup	1		Federal or Federal	SF 0	30402	
Location	220		<b>a</b>				_		
Unit LetterO	_ :	_ Feet From The _	South Line at	nd185	Fo	et From The	East	Linc	
Section 30 Townshi	<sub>p</sub> 26N	Range 13	W , NMP	м, 5	an Juan	1		County	
TII DECICALATION OF TO AN	SCDODTED OF C	ነገር ለሕጠን ሕገለም	IDAT CAC						
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		AL (AS Address (Give address to which approved copy of this form is to be sent)							
Giant Refining	PO Box 256, Farmington, N.M. 87499								
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent								rnt)	
100	· · · · / · · · ·					·17 -5 J		•	
If well produces oil or liquids,	Unit   Sec.	Twp. Rg	c. Is gas actually or	onnected?	When	7		<del></del>	
give location of tanks.	1 0 1 30	126N   13W		muutut (	l when				
<u> </u>	·					····			
If this production is commingled with that IV. COMPLETION DATA	from any other lease of	pool, give commin	igling order number:		·· <del>·</del>				
	Oil Wc	II Gas Well	New Well V	Vorkover	Deepen	Plug Back	Same Res'v	Oiss Res'v	
Designate Type of Completion	- (X)   X	: j	j X j	i	•		i	i	
Date Spudded	Date Compl. Ready to Prod.		Total Depth	Total Depth		P.B.T.D.			
1-2-91	1-31-91		5450'	5450'		5397'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing I	laine of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
6502' GLE	Gallup		5203	1 -		5301'			
Perforations			1 3203	3203			Depth Casing Shoe		
5203'-5214'					Depth Casing Since				
3203 321.	W(177)	0.0000		- DECODE		1		<del></del>	
	· · · · · · · · · · · · · · · · · · ·		CEMENTING RECORD						
HOLE SIZE	CASING & T	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"		8-5/8"		361.99'		280 sks.			
7-7/8"	5-1/2"		5443	5443¹ KB		700 sks.			
	2-3/8"		5301'						
								· · · · · · · · · · · · · · · · · · ·	
V. TEST DATA AND REQUES	T FOR ALLOW	ABLE				· <del>l</del>		,	
-	ecovery of total volume		st be equal to or exc	eed ton allow	vable for this	denth or he f	or full 24 how	·r )	
Date First New Oil Run To Tank	Date of Test	oj ioda da aria ma					0. 7 2. 1.0	<del>,</del>	
1-31-91	2-17-91	1	Producing Method (Flow, pump, gas lift, etc.)						
			Pumping						
Length of Test	Tubing Pressure		-	Casing Pressure		Choke Size			
24 hrs.	40			40		1/8"			
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.	Water - Bbls.		Gas- MCF			
	76		4			2	5		
GAS WELL									
Actual Prod. Test - MCF/D	1)	···-	7507-0-4	A D I CE		16		· <sub>1</sub>	
Actual Proc. Test - MICPAD	Length of Test		Boit. Concensio	Bbis. Condensate/MMCF		Gravity of Condensate			
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure	Casing Pressure (Shut-in)		Choke Size			
						1			
VI. OPERATOR CERTIFIC	ATE OF COM	PLIANCE		CONI	CEDV.	1 TION 1	אוופור	NNI	
I hereby certify that the rules and regula		OIL CONSERVATION DIVISION							
Division have been complied with and		FEB 2 6 1991							
is true and complete to the best of my k	Date A	Date Approved							
() $()$	•	<i>د</i> م د .		•	7.	S	/		
		// FA	1.1			, ,			

Signature

Aldrich L. Kuchera President Tide (505) 326-3325 Printed Name 5 1991 Date Telephone No.

SUPERVISOR DISTRICT #3

Title

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.