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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210	OIL CONSERVATION DIVISION P.O. Box 2088						See Instructions at Bottom of Page	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 8741	Ω	ınta Fe, New	Mexico 87					
I. Operator	REQUEST FO	OR ALLOW.	ABLE AND	AUTHOF	RIZATION	1	<u></u>	
Giant Exploration & Production Well API No.								
Address				30-045-28754				
P.O. Box 2810; Farm: Reason(s) for Filing (Check proper box	ington, New Mex	kico 8749						
New Well		Transporter of:	o	ther (Please exp	plain)			
Recompletion Change in Operator	Oil	Dry Gas						
If change of operator give name	Casinghead Gas	Condensate						
and address of previous operator		····			·			
II. DESCRIPTION OF WELI Lease Name		Dool No. 7						
Rick Wells	Well No. Pool Name, Incl 2 Basin Fru						Lease No.	
Location	7001					Federal or Fee	NM-36590	
Unit LetterM	_:	Feet From The	South Li	nc and79	0'	feet From The	VestLinc	
Section 9 Towns	nip 26N	Range 13W	. N	<sub>IMPM,</sub> Sa	n Juan			
III. DESIGNATION OF TRA	NSPORTED OF OU	I AND NAME					County	
	or Condens	L AND NATE	JRAL GAS Address (Gi	ve address to w	hich ann	d copy of this form		
Name of Authorized Transporter of Cari	28060							
Giant Exploration &	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)  Ciant Exploration & Production 2866025 P.O. Box 2810: Formis to be sent)							
If well produces oil or liquids, give location of tanks.	Well produces oil or liquid-			1.0. Box 2010; Farming			ton, NM 87499	
	1 1 1	i	1		When	1 ?		
If this production is committgled with that IV. COMPLETION DATA	from any other lease or po	ool, give comming	ling order num	ber:				
Designate Type of Completion	Oil Well	Gas Well	New Well	Workover	Deepen	Plus Pasts IS		
Date Spudded	Date Compl. Ready to P	X	X	<u> </u>	L	Plug Back San	ne Res'v Diff Res'v	
11-2-92	6-15-93		Total Depth 1580			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.) 6303' GLE	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations	Perforations 12doing 11d111and Coal			1403'			1407'	
1403' - 1421'				Depth Casing Shoe				
HOLE SIZE	TUBING, C	ASING AND	CEMENTIN	NG RECORI	)	1		
8-3/4"	CASING & TUBI	NG SIZE		DEPTH SET		SACKS CEMENT		
6-1/4"	4-1/2"		128.70'			See Exhibit "A"		
	2-1/16"		1407'			See Exhibit "A"		
V. TEST DATA AND REQUES	T FOR ALLOWAR	LF						
OIL WELL (Test must be after red  Date First New Oil Run To Tank	covery of total volume of l	oad oil and must	be equal to or e	exceed top allow	unhle for this	define a come of	227 7 7 7 m	
Date First New Oil Run To Tank	Date of Test	be equal to or exceed top allowable for this Producing Method (Flow, pump, gas lift, etc.)				1 24 hows.		
Length of Test	Tubing Pressure		Casing Pressur		<del></del>		• • •	
Actual Prod. During Test	Test		The same			Choke SizeJUN21 1993		
The During 10st	Oil - Bbls.		Water - Bbis.			Gas-OIL CON. DIV		
GAS WELL	·				DIST. 3			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF						
No flow Testing Method (pitot, back pr.)	24 Hou	-0-		Gravity of Condensate -0-				
Back Pressure	Tubing Pressure (Shut-in) 239		Casing Pressure (Shut-in)		!	Choke Size		
VI. OPERATOR CERTIFICATE OF COMPLIANCE			2	239		1/	4"	
I nercoy certify that the niles and regular	OIL CONSERVATION DIVISION							
Division have been complied with and the is true and complete to the best of my kn	11							
$\sim 12$	Date Approved JUN 2 8 1993							
Signature Valeffery R. Vaughan, V.P. Operations			ByOriginal Signed by CHARLES GHOLSON					
Printed Name Title  1003 (505) 326-3325			Title DEPUTY OIL & GAS INSPECTOR, DIST. #3					
Date 100 1997								

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 each realistic part of the such changes.

RICK WELLS WELL NO. 2
790' FSL, 790' FWL
SECTION 9, TOWNSHIP 26 NORTH, RANGE 13 WEST
LEASE NO. NM - 36590
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.