Submit 5 Copies Appropriate District Office DISTRICTI

P.O. Box 1980, Hobbs, NM 88240

DISTRICTII

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P.O. Drawer DD, Artesia, NM 88210

1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

I.		·								11/0	ILADI No			
Operator Giant Explo	187				Well API No. 30-045-28990									
Adress P.O. Box 2810, Farmington, New Mexico 87499														
Reason(s) for Filing (Check prope									Other (p	case	explain)			
New Well X	_			Change in I	<u> Cran</u>	sporter of:				ı.		W.		
Recompletion		Oil				Dry Gas			56 %	S	EP3 019	193		
Change in Operator]	Casinghead	l Ga	as [Condensate	·			_				
If change of operator give name and address of previous operator			(DIL	CON.	DIV.								
II. DESCRIPTION OF V	VELL A	ND LEA	\S	Е							\DIST. 3			
Lease Name	(3040	Well No.	Po	ol Name, In		ling Formati	11629	1	d of Lease		_	Lease No.		
Buena Suerte 29 G	(30.1	1	Ba	sin Fruitl	and	d Coal '	1100	Sta	te, Federal o	r Fe	Fee	I149Ind7971		
Location											•			
Unit Letter G:	2395	Feet From	The	North 1	ine	and	1850	_	Feet From T	he	East	Line		
Section 29 Tow	nship	26N 1	Ran	11W	,	,	NMPM,	Sar	Juan			County		
	.													
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)														
Name of Authorized Transporter of	of Oil]	or Conden	sate	j			Address	(Give	address to which	appro	oved copy of this fo	rm is to be sent)		
Name of Authorized Transporter of Casinghead Gas Giant Exploration & Production Co. X State Control of Casinghead Gas Control of Casi							Address (Give address to which approved copy of this form is to be sent) P.O. Box 2810, Farmington, NM 87499							
If well grpoduces oil or liquids, give location of tanks	Unit	Sec.	Tw	p.	Rge	e.	Is gas actua No	lly c	onnected?	Wh	en?			
If this production is commingled wi	th that from	n any other	lea	se or pool, g	give	comminglin	g order num	ber:						
IV. COMPLETION DAT	•	•				-								
Designate Type of Completion - (X)	1	Gas Well		New Well		Workover	Deepen		Plug Back		Same Res'v	Diff Res'v		
Date Spudded	Date Compl. Ready to Prod.						Total Depth 1323'				P.B.T.D.			
Elevations (DF,RKB,RT,GR,etc.)	08-20-93 09-24-93 Elevations (DF,RKB,RT,GR,etc.) Name of Producing Formation						Top Oil/Gas Pay			Tubing Depth				
6118' GLE Basin Fruitland Coal								1218' 1222'						
Perforations 1218' - 1232'											Depth Casing Shoe			
		TUBING	3 . (CASING	AN	ID CEME	ENTING I	REC	ORD					
HOLE SIZE	CASING & TUBING SIZE						DEPTH SET				SACKS CEMENT			
8-3/4"	7"						122.65'			See Exhibit "A" 7/9 See Exhibit "A" 244 9				
6-1/4" 4-1/2"							1322.73'			See Exhibi				
	1-1/2"						1222'							
V. TEST DATA AND RI	EOUES	T FOR	AT.	LOWAB	RI.F	3	I							
							llbl- for d			14 L au				
OIL WELL (Test must be after recovery of total volume of load oil and must be equial to or exceed at Date First New Oil Run To Tank Date of Test								Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing P	Tubing Pressure							Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - B	bls.					Water - Bbls.			Gas - MCF				
GAS WELL		 					L			1				
Actual Prod. Test - MCF/D	Length o	f Tes					Bbls. Cond	ensa	ie/MMCF	γ	Gravity of Co	ndensate		
21		24 hours									<u> </u>			
Testing Method (pitot, back pr.) back pressure	Tubing Pressure (Shut-in) 125 psi						Casing Pressure (Shut-in) 125 psi			Choke Size 1/2"				
VI. OPERATOR CERTI	FICAT	E OF CO	MC	(PLIANC	CE									
I hereby certify that the rules and regulations of the Oil Conservation								OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and compelte to the best of my knowlegde and belief.								OCT 6 1993						
Dans Drawing Man								Ap	proved	-	- A			
Signature							By Bin) Chang							
Diane G. Jaramillo Printed Name Administrative Manager Title						Title		SUP	RV	ISOR DIS	TRICT #3			
SEP 2 9 1993		(505)326	-3	3325										
Date		Telephone								المراس المراس				
INSTRUCTIONS: This	form is to	be filed in	con	pliance with	h Rı	ule 1104								

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation test 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, trasporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.