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

P.O. Drawer DD, Artesia, NM 88210

DISTRICTII

DISTRICTIII

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

EGEIVE

1000 Rio Brazos Rd., Aztec, NM	87410 HEG TC	DEST FO	OR ALLOW PORT OIL	'ABLE A AND NA	ND AUTHO TURAL GA	DRIZATI ON F S	EB221994	
l							CON, DIV	
Operator Circat Familian & Burn L. Circat Familian & Circat Familian & Burn L. Circat Familian & Circat Familian & Burn L. Circat Familian &				Well API No.				
Giant Exploration & Production Company Adress					30-045-290 DIST. 3			
P.O. Box 2	810, Farmington,	New Mexico	87499					
Reason(s) for Filing (Check prop	er box)				Other (please explain)		
New Well	Change in Transporter of Oil Dry Gas							
Recompletion Change in Operator	Casinghea	d Gas	Dry Gas Condensat	20	冯 /	ater 38	7001194	
If change of operator give name		1	Condensar			4/1/2 3/2	303921	
and address of previous operator			ment Company	, P.O. Box 28	810, Farmington,	NM 87499		
II. DESCRIPTION OF								
Buena Suerte 30G	7///	Pool Name, In	cluding Format	tion	Kind of Lease		Lease No.	
	3/6> 1	Basin Fruit	land Coal	1160/	State, Federal	or Fee Fee	I-149-IND-797	
Location	22052	N 41 -		40.401		_		
Unit Letter G: Section 30 To	2395' Feet From			1842'	Feet From	The East	Line	
Section 30 To	wnship 26N	Range	11W	, NMPM,	San Juan		County	
III. DESIGNATION OF	TRANSPORTE	ER OF OIL	AND NAT	TIRAL C	243			
Name of Authorized Transporter		sate		Address		ch approved copy of this for	m is to be sent)	
	9951	380	15426				11 10 00 Pally	
Name of Authorized Transporter Giant Exploration & Produ	of Casinghead Gas	or Dry Gas		Address	(Give address to whi	ch approved copy of this form	n is to be sent)	
If well produces oil or liquids,	Unit Sec.		X Rge.		ally connected?	ngton, NM 87499) 	
give location of tanks	Journ Sec.	THP.	ngc.	15 gas actu	No	when !		
f this production is commingled w	ith that from any other	lease or pool, g	give comminglin	ig order num	ber:			
V. COMPLETION DAT	ГА							
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 12-15-93	Date Compl. Ready to Prod.			Total Depth		P.B.T.D.	I	
Elevations (DF,RKB,RT,GR,etc.) Name of Producing Formation				1340' Top Oil/Gas Pay		Tubing Dent	Tubing Depth	
6085' GLE & KBE	itland Coal		1170'		Tuomg Dept	1300'		
Perforations 1170'-1188	3'					Depth Casing	g Shoe	
		G, CASING	AND CEME	ENTING I	RECORD			
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT	
8-3/4" 6-1/4"	4-1/2"			128.63' 1343.45'		See Exhibi	See Exhibit "A" See Exhibit "A"	
	2-3/8"			1170'		See Exilior	OCC EMITOR 71	
/ TECT DATE AND D	FOLLEGE BOD			<u> </u>				
/. TEST DATA AND R								
OIL WELL (Test must be after recovery of total volume of load oil and must be equial to or exceed to Date First New Oil Run To Tank Date of Test				p allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)				
	Date of Test			Producing 1	method (Flow, p	ump, gas lift, etc.)		
Length of Test	Tubing Pressure			Casing Pressure		Choke Size	Choke Size	
Actual Prod. During Test	Oil – Bbls.			Water - Bbls.		Gos - MCE	Gas - MCF	
				Tracei Bois.		Gas - MCF		
GAS WELL								
Actual Prod. Test – MCF/D 256	Length of Tes 24 hrs			Bbls. Condensate/MMCF			Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)		N/A	IN/A	
Back Pressure 200 psi 71. OPERATOR CERTIFICATE OF COMPLIANCE					200 psi	3/4"		
			ľ		OIL COMOR	DUATEON	(CLON	
I hereby certify that the rules an Division have been complied wi					OIL CONSE	RVATION DIV	1910N	
is true and compelte to the best of my knowlegde and belief.					Date Approved FEB 2 2 1994		2 1994	
P FEB 1 8 1994				Date Approved FLB 2 2 1994		~ IJJT		
Signature				Ву		7	1	
Jeffrey R. Vaughan	Vice Preside	nt Operation	ne			and) (The state of the s	

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

J/Jeffrey R. Vaughan

Printed Name

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation test taken in accordance with Rule 111.

Title

SUPERVISOR DISTRICT #3

Title

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, trasporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.

Vice President Operations

(505)326 - 3325Telephone No.

BUENA SUERTE 30G WELL NO. 1
2395' FNL, 1842' FEL
SECTION 30, TOWNSHIP 26 NORTH, RANGE 11 WEST
LEASE NO. I-149-IND-7971
SAN JUAN COUNTY
NEW MEXICO
COMPLETION REPORT
EXHIBIT "A"

CEMENT RECORD

Surface Casing - Mixed and pumped 75 sks. (89.0 cu.ft.) of Class "B" cement containing 2% CaCl₂ and 1/4#/sk. cellophane flakes. Cement circulated to surface.

Production Casing - Mixed and pumped 85 sks. (175.1 cu.ft.) Class "B" cement containing 2% Thriftyment and 1/4#/sk. cell-ophane flakes. Tailed in with 85 sks. (100.3 cu.ft.) of Class "B" cement containing 2% CaCl₂ and 1/4#/sk. cellophane flakes. Cement circulated to surface.