HO. OF COPIES REC	EIVED	1	
DISTRIBUTIO			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL		
, HAND ON ER	GAS	[	
OPERATOR			
	1		

- 15

DISTRIBUTIO	N				NEW MEXIC	CO OIL C	ONSERVA	TION COMM	ISSION	Fe	orm C-104
SANTA FE		$\rightarrow$			RE	EQUEST	FOR ALL	OWABLE		Si	persedes Old C-104 and C-116
	J.S.G.S. AUTHORIZATION TO TRA					AND				flective 1-1-65	
LAND OFFICE				AUTHO	RIZATION	TO TRA	NSPORT	OIL AND I	NATURAL (	GAS	
	OIL										
IRANSPORTER -	GAS										
OPERATOR			-								
PRORATION OFF	ICE		_								
Operator											
TEXACO IN	IC.										
Address											
P. O. Box					81321					<del></del>	
Reason(s) for filing (	Theck pr	roper	box)		<b>.</b>			Other (Please			
New We!! Recompletion	=			Oil Oil	Transporter o			Frevio	us tran	sporte	r was Gary
Change in Ownership	=			Casinghea	H	Dry Ga	sate K		ries In		t is Giant
Change in Ownership				Casinghea	a Gas [_]	Conder	is die T	Thuse.	Lies in	· .	
f change of ownersh			e								
and address of previ	ous own	ner									
DESCRIPTION OF	WELT	L AN	ın t	EASE							
Lease Name					Pool Name, Ir	noluding F	ormation		Kind of Leas	•	Lease No.
Federal	2W			1 E	Basi	n Dak	cota State, Federal or Fee			ilor Fee ]	Fed SFQ78936
Location											
Unit Letter E		, _1	520	Feet From	n The N	Lin	• and7	90	Feet From	The	W
	_					-	_		0-	n T	
Line of Section	2		Tow	nship 27N	F	Range -	. 2W	, NMPM	, 58	in Juan	County
DESIGNATION OF	TDA	veno	\D.T	ED OF OU	AND NATE	IDAT CA					
DESIGNATION OF Name of Authorized T					ndensate X			Give address i	o which appro	ved copy of	this form is to be sent)
Giant Ind						-	1		• • • • • • • • • • • • • • • • • • • •		
Name of Authorized T					or Dry Ga	ıs X.	Address (	Five address	o which appro	ved copy of	AZ 85068 this form is to be sent)
ElPaso Na	•						!				n, NM 87401
If well produces oil or			7	Unit Sec.	Twp.	P.ge.		ually connect		en	
give location of tanks		•	į	E 2	27N	12W	yes		1	11/6,	/81
f this production is	commin	gled	with	that from env	other lease	or pool.	give comm	ingling order	number:		
COMPLETION DA											
Designate Type	of Co	mole	tio		I Well G	ias Well	New Well	Workover	Deepen	Plug Back	Same Resty, Diff. Resty.
									<u> </u>	10000	
Date Spudded				Date Compl. Re	ady to Prod.		Total Der	in		P.B.T.D.	
Elevations (DF, RKB,	PT CE		_	Name of Produc	cina Formatto	<u> </u>	Top O:1/0	as Pay		Tubing De	anth
LIGIGITIONS (DF, KKB,	KI, CK	t, etc	'	Name of Produc	.ing r ormation		100 0.170	ds Puy		Tabing De	, pr. 11
Perforations										Depth Cas	sing Shoe
				T	UBING, CAS	ING, AND	CEMENT	ING RECOR	D		
HOLES	IZE			CASING	& TUBING	SIZE		DEPTH SE	T		SACKS CEMENT
										<u> </u>	
							i			ججبا	- EN
TEST DATA AND	REQU	EST	FO	R ALLOWAE	SLE (Test					and myst be	equal term exceed top allow-
OII, WELL. Date First New Oil Ru	оп То Т-	ant -		Date of Test	4016	jo- inin ae		full 24 hours	, pump, gas li	(1. eft.)	
Para Little Man Off Mr	10 10	411E 3		Pare of test					, p=p; gwe 11	64	
Length of Test			$\dashv$	Tubing Pressur	•		Casing Pr	•===		Choke Siz	APR Za
				•						Ou	1987
Actual Prod. During T	est			Oil-Bble.			Water - Bb	•.		Gar-McF	COA
			- 1				<u> </u>				7. V.
											JST. 3 -10.
GAS WELL							r			1.	•
Actual Prod. Test-MC	CF/D			Length of Test			Bbls. Con	densate/MMCI	-	Gravity of	Condensate
				Tuble - D	-/		Carte		-1 n 1	Choke Siz	
Testing Method (pitot,	, back pi	r.)		Tubing Pressur	• ( \$hut-1a )	,	Casing Pr	ensure (Sbut-	,	Chore Siz	-
			1				<b></b>			J	NAMES   C   40
CERTIFICATE OF	COMI	PLIA	INC	E				OIL	ONSERVA	TION CC	DMMISSISS 30 19
							APPRO	VED			
hereby certify that commission have be	the rule	es ar	d re	guistions of the	ne Oil Consi ne informatic	ervation on given	1 25 700		3	rank	J. Sawa
bove is true and c	omplete	to	the	best of my kn	owledge and	d belief.	BY			,-	<del>~~~</del>
									SUPER	VISOR DISTI	RICT 要 第
							TITLE				
											with RULE 1104.
	- 1			k mediah			11 +1-	in form must	he accomps	nied by a t	newly drilled or deepened abulation of the deviation
			enat		_	Į	tests to	ken on the '	well in accor	rdance with	1 RULE 111.
AR	<u>ea s</u>			NTENDEN	<u> </u>		All	sections of	this form mu	at be filled	out completely for allow-
		•	Tul						completed we		VI for changes of owner,
		, .a.	(Dar	<u> 5 158<b>7</b> </u>		<del></del>	well na	we or unmper	, or transport	ter, or other	such change of condition.
			, ,				Se	arate Form	C-104 mus	t be filed	for each pool in multiply
						į.	complet	ed wells.			

Submit 5 Copies
Appropriate District Office
DISTRICT I
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 P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Recompletion Oil Dry Gas Giant Industries I Change in Operator Casinghead Gas Condensate					
Address  3300 N. Butler, Farmington, NM 87401  Reason(s) for Filing (Check proper box)  New Well  Change in Transporter of:  Recompletion  Oil  Dry Gas  Meridian Oil Compa					
Reason(s) for Filing (Check proper box)  New Well  Change in Transporter of:  Recompletion  Oil  Dry Gas  Change in Operator  Casinghead Gas  Condensate					
New Well Change in Transporter of:  Recompletion Oil Dry Gas Meridian Oil Compa  Change in Operator Casinghead Gas Condensate					
Recompletion Oil Dry Gas Meridian Oil Compa  Change in Operator Casinghead Gas Condensate	lous transporter was				
Change in Operator Casinghead Gas Condensate	Inc., now it is				
	my effective $10/01/89$ .				
If change of operator give name and address of previous operator					
II. DESCRIPTION OF WELL AND LEASE					
Lease Name Well No. Pool Name, Including Formation Kind of	Lease Fed Lease No.				
, and of	Lease Fed Lease No. SF078936				
1520 N 700	From TheWLine				
Section 2 Township 27N Range 12W , NMPM, San Juan	County				
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
Name of Authorized Transporter of Oil or Condensate XX Address (Give address to which approved condensate P. O. Box 4289. Farming to					
Meridian Oil Company  P. O. Box 4289, Farmington Name of Authorized Transporter of Casinghead Gas  or Dry Gas XX  Address (Give address to which approved co.)	on, NM 87499  Proy of this form is to be sent)				
El Paso Natural Gas Co. P. O. Box 990. Farmington					
If well produces oil or liquids, Unit Sec. Two Rge Is gas actually connected?	n; m: 0/401				
give location of tanks. E 2 27N 12W yes	11/6/81				
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   F	Plug Back Same Res'v Diff Res'v				
Date Smidded Date Comp. Products D. 4. Total Doorb	P.B.T.D.				
Elevations (DF: RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay	· ·				
·	ubing Depth				
Perforations	Depth Casing Shoe				
TUBING, CASING AND CEMENTING RECORD					
HOLE SIZE CASING & TUBING SIZE DEPTH SET	SACKS CEMENT				
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 de	oth or he for full 24 hours				
Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump Diff Date	GET VEM				
Length of Test  Tubing Pressure  Casing Pressure  Casing Pressure	hoke Size P 2 8 1989				
	Gas-MCF.				
	DIST. 3				
A LOCAL MARKET CONTRACTOR OF THE CONTRACTOR OF T	ravity of Condensate				
esting Method (pitot, back pr.)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)	And the Control of th				
esting Method (pitot, back pr.)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)	noke Size				
/I. OPERATOR CERTIFICATE OF COMPLIANCE					
I hereby certify that the rules and regulations of the Oil Conservation OIL CONSERVAT	ION DIVISION				
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					
Date Approved	Date ApprovedSEP 28 1989				
SIGNED: A A KLEIER Signature By 3	By				
	ISION DISTRICT #8				
Printed Name SEP 2 8 1989 Area Manager Title Str ERVI					

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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.