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, Asteala, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

TO TIMIO OTT OLEMB MATORIAL CAS
TO TRANSPORT OIL AND NATURAL GAS
REQUEST FOR ALLOWABLE AND AUTHORIZATION

Giant Refining, Inc. Box 338, Bloomfield, New Mexico 87413 Name of Authorized Transporter of Casinghead Gas or Dry Gas [XX] El Paso Natural Gas If well produces off or liquids, Unit Sec. Twp. / Rgs. is gas actually connected? When ?
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Transporter of: Recompletion Change in Operator Change in Transporter of: Recompletion Change in Transporter of: Change in Transporter of Change in Transporter of Change in Transporter of Change in Transporter
Change in Transporter of: Change in Transporter of Change in Trans
Change in Operator Casinghead Gas Condensate Effective Date: 7-1-9 Change of operator give name and address of previous operator Mesa Operating Limited Partnership, P.O. Box 2009, Amarillo, Texas 791 DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, including Portation Kind of Leafe Lease No. State Federal or Fee W.M. 0/33 Location Lease Name Lease No. State Federal or Fee W.M. 0/33 Location Lease No. State Federal or Fee W.M. 0/33 Location Section A.Z. Township S.N. Range //LU , NMPM, S.M. J.L.(L.) County
Chairge is Operator
I change of operator give name and address of previous operator Mesa Operating Limited Partnership, P.O. Box 2009, Amarillo, Texas 791
Lease Name Lease Name Well No. A. Pool Name, including Portation State (Federal or Fee N.M. 0133 Location Unit Letter Section A.A Township S.N. Range //L/, NMPM, S.M. J.L.C./) County HI. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Or Condensate Giant Refining, Inc. Name of Authorized Transporter of Caninghead Gas El Paso Natural Gas Or Dry Gas XX Address (Give address to which approved copy of this form is to be sent) Box 338, Bloomfield, New Mexico 87413 Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso, Texas 79999 If well produces oil or liquids, Unit Sec. Twp. Rge. is gas actually connected? When ?
Lease Name Well No. Pool Name, including Portation State Federal or Fee N.M. 0133
Location Unit Letter : 1/30 Feet From The 2016 Line and 1800 Feet From The West Unit Letter : 1/30 Feet From The 2016 Line and 1800 Feet From The West Unit Letter : 1/30 Feet From The 2016 Line and 1800 Feet From The West Unit Section 3-2 Township 38N Range 1/10 NMPM, 3017 Julian County HII. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate XX Address (Give address to which approved copy of this form is to be sent) Box 338, Bloomfield, New Mexico 87413 Name of Authorized Transporter of Casinghead Gas or Dry Gas XX Address (Give address to which approved copy of this form is to be sent) El Paso Natural Gas P.O. Box 1492, El Paso, Texas 79999 If well produces oil or liquids, Unit Sec. Twp. Rgs. is gas actually connected? When?
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due tradition attention
1 /V [32 12W] //U/ 1 VP2
If this production is commingled with that from any other lease or pool, give comminging order number:
IV. COMPLETION DATA
Oil Well Gas Well New Well Workover Deepen Plus Back Same Res'v Diff Res
Designate Type of Completion - (X)
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth
Tuoing Deput
Perforations Depth Casing Shoe
TUBING, CASING AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CITEMT.
(a) 12 (b) 10 (c) 10 (c
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 depth or be farfull photography Date First New Oil Run To Tank Date of Test Producing Method (Flow, purpo, gas lift, etc.)
DIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be to full shows?) Date First New Oil Rus To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.)
OIL OIST. 3
Length of Test Tubing Pressure Casing Pressure Chokestia
Actual Prof. During Test Oil - Dide Water - Bbls. Gas- MCF
Actual Prod. During Test Oil - Bbis. Water - Bbis. Gas- MCF
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GAS WELL
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GAS WELL Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF, Gravity of Condensate
Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF, Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE
Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF. Gravity of Condensate Casing Pressure (Shut-in) Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE Thereby certify that the rules and regulations of the Oil Conservation Casing Pressure (Shut-in) OIL CONSERVATION DIVISION
Actual Prod. Test - MCF/D Length of Test Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) UI. OPERATOR CERTIFICATE OF COMPLIANCE Thereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above In true and converted to the best of test broaded and halled.
GAS WELL Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF, Gravity of Condensate Gravity of Condensate
GAS WELL Actual Frod. Test - MCF/D Length of Test Bills. Condensate/MMCF. Casing Pressure (Shut-in) Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE 1 hereby certify that the rules and regulations of the Oil Conservation Division have been compiled with and that the information given above is true and complete to the best of my knowledge and belief. Date Approved MAY 0 3 1991
GAS WELL Actual Prod. Test - MCF/D Length of Test Desting Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Casing Pressure (Shut-in) Casing Pressure (Shut-in) Onoke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE 1 hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Billing Pressure (Shut-in) OIL CONSERVATION DIVISION MAY 0 3 1991 Date Approved By By Admin to true tive Super
GAS WELL Actual Frod. Test - MCF/D Length of Test Bills. Condensate/MMCF. Casing Pressure (Shut-in) Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE 1 hereby certify that the rules and regulations of the Oil Conservation Division have been compiled with and that the information given above is true and complete to the best of my knowledge and belief. Date Approved MAY 0 3 1991

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.