County S 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

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

DISTRICT II P.O. Drawer DD, Antesia, NM 88210

(XX) Rio Brazos Rd., Azzec, NM 87410	REQU	JEST FO)R A	ALLC)WAB	LE AND A	UTHORI UBAL G	ZATION AS				
Operator	TO TRANSPORT OIL A						OT IT C	Well A	Well API No. 30-045-05426			
Giant Exploration & Production Company							30-043 03720					
P.O. Box 2810, Farmir	ngton, N	New Mex	ico	8	7499	77	(Please exp	lain)				
Reason(s) for Filing (Check proper box)		Change in	Trans	porter	of:	U Othe	(Trease exp	<i>,</i>			Ì	
New Well Recompletion	Oil		Dry (Gas							000	
Change in Operator	Casinghea	d Gas	Cond	rnsate	: [_]		2010		ctive Ju			
change of operator give name His	on Deve	elopmer	it (Comp	any,	P.O. Bo:	× 2810,	Farming	ton, N.M	8/49		
I. DESCRIPTION OF WELL	AND LE	ASE										
Lease Name Well No. Pool Name, Including									of Lease Federal of Fe:	Lease Lease No. ederal or Fee: NM 070322		
Carson Unit /	·)	L						LE	ederal			
Unit Letter B	_ :79	0	Feet	From	The No	orth Line	and) · Fo	et From The .	East	Line	
Section 15 Townsh	ip 251	1	Rang	ge	12	W , NI	ИРМ,	San Ju	an		County	
III. DESIGNATION OF TRAI	NSPORTE	ER OF O	IL A	ND	NATU	RAL GAS			and this	iorm is to be se	rntl	
Name of Authorized Transporter of Oil X or Condensate						Address (Give main est to which approved copy by						
Giant Refining						Po Box 256, Farmington, NM 87499 Address (Give address to which approved copy of this form is to be sent)						
Anne of Authorized Transporter of Casinghead Gas X or Dry Gas El Paso Natural Gas Company						PO Box 4990, Farmington, NM 87499						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp). 	Rgc.	ls gas actuall Yes		When	?			
If this production is commingled with tha	t from any o	her lease or	pool,	give o	connuing	ing order num	ter:					
IV. COMPLETION DATA		Oil Well		Gas	Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		i	i) ************************************]	_L	P.B.T.D.	J		
Date Spadded	Date Con	Date Compl. Ready to Prod.					Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas	Tubing Depth					
Perforations						·			Depth Cas	ng Shoe		
	TUBING, CASING AND					CEMENTI	NG RECO	RD				
HOLE SIZE		CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT		
						ļ						
									J			
V. TEST DATA AND REQUI	ST FOR	ALLOW	ABL	Æ. ad oil	and musi	be equal to o	exceed top a	illowable for th	is depth or be	for full 24 ho	urs.)	
OIL WELL (Test must be ofter recovery of total volume of load oil and must Date First New Oil Run To Tank Date of Test						Producing N	smon triow.	purity, gus 191,				
Date I have no							D) E (, F. W	5.(3)			
Length of Test	Tubing P	ressure				Casing Pres	<i> </i> <i> </i>		U			
Actual Prod. During Test	Oil - Bbl	Oil - Bbls.					•					
CACWELL	!						OIL	CON. E				
GAS WELL Actual Prod. Test - MCF/D	Length c	f Test				Bbis. Conde	iisale/MMC	अंडा. उ	Gravity of	Condensate		
							sure (Shut-in)		Choke Sh	e (aliantia.	
Testing Method (pitot, back pr.)	Tubing I	Tubing Pressure (Shut-in)					sale (Silar III)	_ :				
VI. OPERATOR CERTIFI	CATEC	F COM	PLI	AN	CE		OIL CC)NSER\	/ATION	DIVISI	ON	
I hereby certify that the rules and re- Division have been complied with a	nd that the in	formation g	iven a	bove								
is true and complete to the best of n	ny knowledge	and belief.				Dat	e Appro	ved	JUL 0	6 1990		
(July Ctentre						By.				_1	<i></i>	
Signature Aldrich L. Kuchera President						-		۵	ス)、	though		
Printed Name N 2 2 1990 Title (505) 326-3325						Titl	e	รูบค	RVISOR	DISTRIC	T /3	
Date				one No								
Date						The state of the s	diameter to the second	A 10 10 10 10 10 10 10 10 10 10 10 10 10	15 20 15	e significant element		

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.