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

DISTRICTII

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

DISTRICTIII
1000 Rio Brazos Rd., Aztec, NM 87410

P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

l .												
Operator	Well API No.											
Giant Exploration & Production Company Adress							30-045-05492					
	10, Farmingt	on, N	lew Mexico	87	499					:		
Reason(s) for Filing (Check proper	for Filing (Check proper box)						Other (please explain)					
New Well			Change in	$\overline{}$	sporter of:	ı	 1					
Recompletion					Dry Gas	_	Operator changed July 1, 1990					
Change in Operator Casinghead Gas X Condent of change of operator give name					Condensate	Operator changed July 1, 1990						
and address of previous operator		H	lixon Develop	pmen	t-Company,	P.O. Box 281	1 0, F	ermington, P	IM 87	499		
II. DESCRIPTION OF W	ÆLL AND	LEA	SE									
Lease Name	Well	No.	Pool Name, I	nclud	ing Formati	ion	Kin	d of Lease	•		Lease No.	
Central Bisti Unit	6	0	Bisti Lowe	r Ga	illup		Stat	e, Federal o	r Fce	Indian	14-20-603-1449	
Location												
Unit Letter E :	1980_Feet l	From 7	The North	Line	and	660	. 1	Feet From T	he	West	Line	
Section 10 Tow	rnship 25N Ran 12W ,					NMPM, San Juan					County	
III. DESIGNATION OF				<u>. Aì</u>	TAN DI							
Name of Authorized Transporter of Oil or Condensate Giant Refining X							Address (Give address to which approved copy of this form is to be sent) P.O. Box 256, Farmington, NM 87499					
ame of Authorized Transporter of Casinghead Gas riant Exploration & Production Co. X Or Dry Gas					P.O. Box 2810, Farmington							
If well produces oil or liquids, give location of tanks			Twp.			Is gas actua Yes	ally connected? When		n ?			
If this production is commingled wit	th that from any	other	lease or pool,	give	comminglin	g order numt	er:					
IV. COMPLETION DAT	`A											
		Well	New Wei	ii I	Workover	Deepen	T	Plug Back		Same Res'v	Diff Res'v	
Designate Type of Completion - (X)	On Wen Gas	WCII	Thew men	•	WOLKOWS	Deepen		I lug Duon				
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		
Perforations						L				Depth Casing Shoe		
	TUI	BING	, CASING	AN	D CEMI	ENTING F	REC	ORD				
HOLE SIZE	CASING &					DEPTH			E	SACKS C		
						7 / 2 2 / 2						
									200			
									- 42	2000	11.183	
V. TEST DATA AND RI									6	e ‱a j		
	recovery of total volu	me of lo	ad oil and must be	equial	to or exceed to			th or be for full? od (Flow, pu				
Date First New Oil Run To Tank	Date of Test					1 Todaying I		(1 10W, pt	p, &	62%	.	
Length of Test	Tubing Pressure					Casing Pressure				Choke Size		
Actual Prod. During Test	Oil – Bols.					Water - Bbis.				Gas - MCF		
GAS WELL												
Actual Prod. Test - MCF/D	E/D Length of Tes					Bbls. Condensate/MMCF				Gravity of Condensate		
Cesting Method (pitot, back pr.) Tubing Pressure (Shut-in)						Casing Pressure (Shut-in)						
VI. OPERATOR CERTI	FICATE O	F CC	MPLIAN	CE						· · · · · · · · · · · · · · · · · · ·		
I hereby certify that the rules an							OII	CONSE	RVA	TION DIV	ISION	
Division have been complied with and that the information given above							SEP 2 7 1993					
is true and compelte to the best	<u>of my know</u> legd	e and	belief.			Date	Αp	proved		0L1 R	1 1000	
O/KI									-	. \ _	1	
Signature Loffrey P. Venghan						Ву			8-	<u> </u>	thank	
Jenney R. Vaugnan Vice Tresident Operations						Title SUPERVISOR DISTRICT #3						
Printed Name SEP 2 4 1993	Title	1226	2225			Title						
)320 hone	-3325 No									
Date	i eier	JIONE .	140.			11						

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 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.