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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

l,	ı	O IRAI	NOP	UNI UIL	AND NA	UNAL GA		TOT A !			
Operator							Well A				
Giant Exploration & Production							30-045-28506				
Address	,		710	•				ar a d	-02	, //J I	
P.O. Box 2810, Farmin	gton, N	.M. 8	740					13 Ka V			
Reason(s) for Filing (Check proper box)		~··	r		Othe	t (Please expla	un) [[]		2 5 1992		
New Well X		Change in]	-				17	(-n	2 5 1930	EL	
Recompletion \square	Oil	_	Dry Ga	_			U	w ser	" . · *		
Change in Operator	Casinghead	Gas	Conde	isate					-Ou-		
If change of operator give name and address of previous operator								OIF,	2 5 1992 CON: 5 OIST. 3	B	
•	AND TEA	CIE.						•	'Out	•	
II. DESCRIPTION OF WELL A Lease Name			Pool N	ame, includin	a Formation		Kind o	of Lease	1.	ease No	
7		ľ			land Co	. 1		Federal or Fe		-14-20	
Buena Suerte 4G VM		<u></u>	Das.	III FIUI	Land CO	ат			36	U.I	
	: 1820	i		m Ma		and 2480	·	. F. M	Fact	• • •	
Unit LetterG	.:1020	'	reet P	rom the _145	ZI LII. LIIX	and	re	et From The	<u> rast</u>	Line	
Section 4 Township	0 25N		Range	R11	. Ni	MPM, San	Tuan			County	
Cooling A	P		<u></u>			many Dall	Juan				
III. DESIGNATION OF TRAN	SPORTE	R OF OI	L AN	D NATUI	RAL GAS						
Name of Authorized Transporter of Oil		or Condens				address to wh	nich approved	copy of this f	orm is to be st	ent)	
	لــا			السا							
Name of Authorized Transporter of Casing	ghead Gas		or Dry	Gas X	Address (Giv	e address to wh	hich approved	copy of this f	orm is to be s	ent)	
Giant Exploration & F	roducti	on Con	nan	v	P.O. B	ox 2810,	Farmin	gton, M	1 87401		
If well produces oil or liquids, Unit Sec. Twp.					Is gas actually connected? When ?						
give location of tanks.	<u> </u>	1		_1	no						
If this production is commingled with that	from any other	er lease or p	oool, gi	ve commingli	ng order numi	xer:			·····		
IV. COMPLETION DATA									·····	. ,	
Decisionate Time of Completion	(X)	Oil Well	ļ	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		1		X	X Total Depth		<u> </u>	L	l		
Date Spudded	Date Compl. Ready to Prod.				•			P.B.T.D.			
07-08-91	01-04-91				152 Top Oil/Gas) I Pav		1447.11'			
Elevations (DF, RKB, RT, GR, etc.)					Top Oil Oas			Tubing Depth 1344'			
6365' GLE Basin Fruitland Coal Perforations					1320'			Depth Casing Shoe			
								Depui Casii	ig Once		
1320' - 1340'		TIDING	CASI	NIC AND	CEMENT	NG PECOP	<u>ירו</u>			.,	
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
8 3/4"	ZE SIZE CASING & TODING SIZE				133.8'			60 sks			
0 3/4											
6 1/4"	/	4 1/2"			1490.36'			165 sks			
0 1/4	23/0					344		10.7 31.3			
V. TEST DATA AND REQUE	ST FOR A	LLOWA	BLE	E -	·						
OIL WELL (Test must be after)					be equal to of	exceed top all	owable for th	is depth or be	for full 24 ho	urs.)	
Date First New Oil Run To Tank	Date of Te	st.			Producing M	ethod (Flow, p	ump, gas lift,	elc.)	-		
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
					Water - Bbls						
Actual Prod. During Test	al Prod. During Test Oil - Bbls.					-		Gas- MCF			
	<u> </u>							1			
GAS WELL									•		
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
TSTM	· 24 hours				·			***			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
back pressure	20				<u> </u>	70	··		1/4"		
VI. OPERATOR CERTIFIC		COME	PLIA	NCE					•		
I hereby certify that the rules and regu				- · 		OIL COI	NSERV	ALION	DIVISION	NC	
Division have been complied with and that the information given above					OCT 0 44000						
is true and complete to the best of my	knowledge a	nd belief.			Date	e Approve	ed	OCT 0	1 1992		
1 L									1		
('light timbera					1 n 1						
Signature Aldrich L. Kuchera President					By Sand Chang						
Aldrich L. Kuchera Pu Printed Name		Pre	side Title	nt			SUPE	RVISOR	DISTRICT	#3	
CEP 2 1 1992		(505		-3325	Title						
Date 4 1992			ephone								
					4.1						

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.