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DESCRIPTION OF WELL AND LEASE Lease Name Carter Com 1 Basin dakota State, Federal or Fee Fed. SP078936 Location Unit Letter, L. : 1850 Feet From The S. Line and 790 Feet From The W. Line of Section 10 Township 27N Ronge 12W NNTM, San Juan Country DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Rome of Authorized Transporter of Oil or Condenset M. Giant Industries Inc. P. O. Box 9156. Phoenix, Az 85068 Note of Authorized Transporter of Casinghead Gas or Pr. Os. Box 9156. Phoenix, Az 85068 Note of Authorized Transporter of Casinghead Gas or Pr. Os. Box 990, Parmington, NM 87401 If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Designate Type of Completion — (X) Date Spudded Date Compl. Ready to Prod. Total Destin Proper of Casinghead Transporter of Casinghead Cap of the form of the Section of Country of Condenses of Country of Casing Free Name TEST DATA AND REQUEST FOR ALLOWABLE (Test must be ofter recovery of total volume of load oil and must of Country of Casing Free Name TEST DATA AND REQUEST FOR ALLOWABLE (Test must be ofter recovery of total volume of load oil and must of Country of Casing Free Name TEST DATA AND REQUEST FOR ALLOWABLE (Test must be ofter recovery of total volume of load oil and must of Country of Casing Free Name Test DATA AND REQUEST FOR ALLOWABLE (Test must be ofter recovery of total volume of load oil and must of Country of Casing Free Name Test DATA AND REQUEST FOR ALLOWABLE (Test must be ofter recovery of total volume of load oil and must of Country of Casing Free Name Test DATA AND REQUEST FOR ALLOWABLE (Test must be ofter recovery of total volume of load oil and must of Country of Casing Free Name Testing Meshed (pitcs, back pr.) Tubing Pressure (Shut-In) Cosing Free Name (Shut-In) Choice Size CASING A TUBING Pressure (Shut-In) Cosing Free Name (Shut-In) Choice Size	Change in Ownership	<u>, </u>		Casinghead Ga	=	130				Grane	
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Carter Com		F WELL A	AND I		Name Include	Ing Formation		Kind of Laura			
Unit Letter L ; 1850 Feet From The S Line and 790 Feet From The W Line of Section 10 Township 27N Ronge 12W , NAITM, San Juan County DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Notice of Authorized Transporter of Coll or Condensate Andrews of Authorized Transporter of Coll or Condensate Andrews (Give address to which approved copy of this form is to be sent) P. O. BOX 9156. Pliconix A7, 85068 Address (Give address to which approved copy of this form is to be sent) P. O. BOX 990. Farmington, NM 87401 It well produces of the Inquide. L 10 (27N 12W Section of tonks. Designate Type of Completion – (X) Designate Type of Completion – (X) Date Spudded Date Compl. Ready to Prod. Date Completion & Comp		m		1 - 1					orFee Fed.		
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Giant Industries Inc. Name of Authorized Transporter of Casinghead Gas or Dry Gas X: ElPaso Natural Gas Co. P. O. Box 9156, Phoenix, Az 85068 Address (Give address to which approved copy of this form is to be sent) Flyes on Natural Gas Co. If well produces off or liquids, que location of tonks. L 10 27N 12W PS P. O. Box 990, Farmington, NM 87401 If this production is commingted with that from any other lease or pool, give commingting order number. COMPLETION DATA Designate Type of Completion — (X) Date Spudded Date Compl. Ready to Prod. Total Desth P.B.T.D. Elevations (DF, RAB, RT, GR, etc.,) Name of Producing Formation Top Otl/Gas Pay Tubing Depth Perforations TUBING, CASING, AND CEMENTING RECORD Depth Casing Shoe TUBING, CASING, AND CEMENTING RECORD Depth Casing Shoe TUBING CASING, AND CEMENTING RECORD Depth Casing Shoe TUBING CASING a TUBING SIZE TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load off and must be able for this depth or be for full 24 hours) TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load off and must be able for this depth or be for full 24 hours) TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load off and must be able for this depth or be for full 24 hours) Test DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load off and must be able for this depth or be for full 24 hours) Actual Prod. During Test Casing Pressure (Shut-In) (Cosing Pressure (Shut-In) (Choke Size) GAS WELL Actual Prod. Test MCF/D (Length of Test) Testing Method (pitot, back pr.) Tubing Pressure (Shut-In) (Cosing Pressure (Shut-In)) (Choke Size)							(Give address to	which approve	ed copy of this for	m is to be sent)	
Name of Authorized Transporter of Casinghead Gas or Dry Gas X; Address (four address to which approved copy of this form is to be sent)	Giant Ind	dustrie	es I	nc.		1				•	
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Commission have been complied with and that the information given	Commission have b	een compli	ed wi	th and that the in	iformation giv	ven			176		
above is true and complete to the best of my knowledge and belief. SUPERVISOR DISTRICT # 5	above is true and o	complete to	the	best of my knowle	edge and beli	let. BY —		$ \mathcal{S}_{\mathcal{P}}$	Aug superi	USOR DICTRICT BE S	
TITLESUPERVISOR DISTRICT # 3						TITLE			SUPERV	190K DISTRICT # 3	
This form is to be filed in compliance with RULE 1104.			;- A	5 miliaro							
If this is a request for must be accompanied by a tabulation of the deviation				11 11/4/11 0	hie form must	he accompan	ied by a tabulati	on of the deviation			
AREA SUPERINTENDENT All sections of this form must be filled out completely for allow-	AREA SUPERINTENDENT			tests t	tests taken on the well in accordance with RULE 111.						
(Title) able on new and recompleted wells.						able of	new and reco	ompleted wel	18.		
(Date) Fill out only Sections 1, 11, 111, and vi lot change of condition.						well no	me or number,	or transporte	n or other such c	nange of condition.	
Separate Forms C-104 must be filed for each pool in multiply completed wells.			,, •			Se	parate Forms				