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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

CONFIDENTIAL

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Giant Exploration & Production Company	Well API No. 30-039-24529
Address PO Box 2810, Farmington, N.M. 87499	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Evans	Well No. 1	Pool Name, Including Formation Gavilan Mancos	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>D</u> : <u>790</u> Feet From The <u>North</u> Line and <u>790</u> Feet From The <u>West</u> Line Section <u>5</u> Township <u>24N</u> Range <u>2W</u> , NMPM, <u>Rio Arriba</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Giant Refinery	Address (Give address to which approved copy of this form is to be sent) PO Box 256, Farmington, N.M. 87499	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit <u>D</u>	Sec. <u>5</u>
	Twp. <u>24N</u>	Rge. <u>2W</u>
	Is gas actually connected? No	
	When ?	

If this production is commingled with that from any other lease or pool, give commingling order number: DHC R 9238 NSP

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 1-5-90	Date Compl. Ready to Prod. 8-7-90	Total Depth 8030'	P.B.T.D. 7988'					
Elevations (DF, RKB, RT, GR, etc.) 7115' GLE	Name of Producing Formation Gallup	Top Oil/Gas Pay 6694'	Tubing Depth 7835'					
Perforations See attached Exhibit "A" <u>7818 6694-6960</u>			Depth Casing Shoe					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
12-1/4"	9-5/8"	264.88'		170 sks.				
8-3/4"	5-1/2"	8035'		1145 sks.				
	2-3/8"	7835'						

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 for full 24 hours.)

Date First New Oil Run To Tank 8-7-90	Date of Test 8-17-90	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 50	Casing Pressure 50	Choke Size 1/8"
Actual Prod. During Test	Oil - Bbls. 30	Water - Bbls. 50	Gas - MCF 25

GAS WELL

Actual Prod. Test - MCF	Testing Method (pilot, back pr.)	Shut-in Pressure (Shut-in)	Flowing Pressure (Flowing)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I 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.

Signature: Aldrich L. Kuchera President
Printed Name: (505) 326-3325
Date: OCT 2 1990 Telephone No.

OIL CON. DIV. DIST. 3
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Date Approved OCT 3 1991
By Supervisor
Title SUPERVISOR DISTRICT #3

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.