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, Artesia, NM 88210

| 1000 NO DIEZOS NA., 12200, 1111 01410 | REQU | JEST F | OR A | LLOWAE | BLE AND |) Al | THOUR | ZATION | | | | |
|--|----------------------|---------------------------------|-----------|--------------------|--------------|---|---------------|----------------|------------------|-------------------|--------------|--|
| I | | ro tra | NSP | ORT OIL | AND N | ATI | JHAL GA | NS Well A | Pl No. | | | |
| Operator Ciant Evaluration & | & Production Company | | | | | 30-045 | | | | | | |
| Giant Exploration & | 110000 | | Compo | | | | | 1 | | | | |
| P.O. Box 2810, Farmi | | lew Me | xico | 87499 | | Wher | (Please explo | nin) | | | | |
| Reason(s) for Filing (Check proper box) | | Change in | Transn | orter of: | | Juner | (г теазе ехри | 1111) | | | | |
| New Well Recompletion | Oil | ~_ | Dry G | mm | | | | Effe | ctive Ju | ily 1, 19 | 990 | |
| Change in Operator | | d Gas 🔲 | | | | | | | | | | |
| | xon Deve | elopme: | nt C | ompany, | P.O. I | Зох | 2810, | Farming | ton, N.M | 87499 |) | |
| II. DESCRIPTION OF WELL | AND LEA | ASE | | | | | | | | | | |
| Lease Name | | Well No. Pool Name, Including | | | | Cinta I | | | | . 1 | Lease No. | |
| | #ill | 4-470 Bisti Low | | | r Gallup | | | | ederal SF 078061 | | 7/6001 | |
| Location Unit LetterC | :660 |) | _ Feet I | rom The No | orth 1 | Line a | and185 | 0 Fc | et From The | West | Line | |
| Section 20 Towns | hip 251 | V | Range | . 1 | l W | NM | PM, | San Ju | an | | County | |
| 10'. I. | NEDODIEE | n or o | . 77 . 47 | NIN NIATTI | DAT CA | c | | | | | | |
| III. DESIGNATION OF TRA Name of Authorized Transporter of Oil | NSPORTE | or Conde | nsale | NO NATU | Address (| Give | address to w | hich approved | copy of this f | orm is to be se | nı) | |
| | <u> </u> | | | | | | | | 201.2 | | | |
| Name of Authorized Transporter of Casinghead Gas or Dry Gas | | | | | | Address (Give activess 10 which approved copy of this form is to be sent) | | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit | Soc. | 1wp. | Rgc. | ls gas acti | ually | connected? | When | 7 | | | |
| If this production is commingled with the | at from any oth | ner lease or | r pool, g | give comming | ling order n | umbe | r. | | | | | |
| IV. COMPLETION DATA | | | | | _, | | | Danas | Dlug Back | Same Res'v | Diff Res'v | |
| Designate Type of Completio | n - (X) | Oil Wel | 11 | Gas Well | New W | cn 1 | Workover | Deepen | l Flug Dack | Salite Res | <u> </u> | |
| Date Spudded | | Dale Compl. Ready to Prod. | | | | Total Depth | | | | P.B.T.D. | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of P | Name of Producing Formation | | | | Top Oil/Gas Pay | | | | Tubing Depth | | |
| Perforations | | | | | | | | | | Depth Casing Shoe | | |
| | | | | | _, | | | | <u> </u> | | | |
| | | TUBING, CASING AND | | | | CEMENTING RECORD | | | | SACKS CEMENT | | |
| HOLE SIZE | CA | CASING & TUBING SIZE | | | - | | DEPTH SET | | | SACKS CEM | | |
| | | | | | - | | | | | | | |
| | | | | | | | | | | | | |
| | | | (ADI) | 12 | L | | | | <u></u> | | | |
| V. TEST DATA AND REQUI | EST FOR A | ALLOW | ABL | t dail and musi | the equal is | or e | aceed top all | owable for th | is depth or be | for full 24 hou | rs.) | |
| OIL WELL (Test must be after Date First New Oil Run To Tank | Date of Te | | e oj toda | ou drai musi | Producing | Met | hod (Flow, p | ump, gas lift, | elc.) | | | |
| Date that her on has to the | | | | | | | | | Choke Size | | | |
| Length of Test | Tubing Pr | essure | | | Casing P | CESUI | CTL 198 | 11 F V f | 4 (11) | | | |
| Actual Prod. During Test | Oil - Bbls | | | | Water - E | 81¥1 | JUL. | 6 1990 | Gas-MCF | | | |
| CASWELL | | | | | <u>.l</u> | \overline{C} | all Co | N. 111 | | | | |
| GAS WELL Actual Prod. Test - MCI/D | Length of | Test | | | Bbls. Co | adens | ale/MMCF | 37. 3 | Gravity of | Condensate | | |
| | | Will discount (Charles Cax | | | | | re (Shut-in) | | Choke Size | ; | | |
| Testing Method (pitot, back pr.) | Tubing Pr | Tubing Pressure (Shut-in) | | | | Casing Pressure (Shut-in) Choke Size | | | | | | |
| VI. OPERATOR CERTIF | ICATE O | F COM | PLIA | NCE | | _ | או כס | NSERV | ΆΤΙΟΝ | DIVISIO | ON | |
| I hereby certify that the rules and re | gulations of th | e Oil Cons | crvation | n | 11 | _ | | NOFILA | JUL 0 | 6 199 0 | | |
| Division have been complied with a is true and complete to the best of r | und that the infi | ormation g | ילב חסיע | ove | _ | - t - | A ====: | ad | JOL V | | | |
| is true and complete to the oest of the | / | | | | ط ال | ate | Approv | eu | 1) E | 1) / | | |
| Organ (douberra | | | | | | У | | _ | • | • | <u>.</u> | |
| Signature Aldrich L. Kuchera | V- | Pres | ider | nt | | <i>J</i> | | SUPE | RVISOR | DISTRICT | 13 | |
| Printed Name | | | | 6-3325 | ∥ т | itle. | | | | | | |
| 11N 2 2 1990 | | | elephon | | | | | | | | | |
| Date | | - | | - | III. | | | | | | | |

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.

¹⁾ Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.