Submit 5 Copies
Appropriate District Office
DISTRICT 1
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

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

OIL CONSERVATION DIVISION P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

200 Rio Brazos Rd., Aztec, NM 87410	REQUEST FO	R ALLOWA	ABLE	AND A	UTHORIZ	MOITA				
•	TO TRANSPORT OIL AN				UHAL GA		Well API No.			
Decision Giant Exploration &	Production C				30	30-045-05353				
Address P.O. Box 2810, Farming	ton. New Mex	ico 8749	9							
Reason(s) for Filing (Check proper box) New Well Recompletion	Change in	Fransporter of: Dry Gas Condensate		Other	(Please expla		ive Jul	y 1, 199	00	
Change in Operator]	O. Box 2810, Farmington, N.M. 87499								
change of operator give name Hixend address of previous operator	on Developmen	t Company	7, P.	. О. вох	2010,	ratiminge	011, 11111			
I. DESCRIPTION OF WELL	AND LEASE					Kind of	l ease	Les	ise No.	
ease Name							deral or Fee SF 078064			
Carson Unit	13 44-13						-		Line	
Unit Letter P	: 735	Feet From The						naco e	County	
Section 13 Township		Range	12W		ирм,	San Jua	<u>n</u>			
III. DESIGNATION OF TRAN	SPORTER OF O	L AND NA	FURA	L GAS	e address to w	hich approved	copy of this fo	orm is to be se	nt)	
Name of Authorized Transporter of Oil XX				DO Par 256 Farmington, NM 87499						
Ciant Refining	of Authorized Transporter of Casinghead Gas X or Dry Gas				Address (Give address to which approved copy of this form is in de sent)					
El Paso Natural Gas	Company			PO Box 4990, Farmington, NM 87499						
If well produces oil or liquids,	Unit S∞.	Twp. F	≀ge. Is	gas actual) Yes	y connected?	Witch				
give location of tanks. If this production is commingled with that	for any other lease of	nool, give comm	ungling		ber:					
If this production is commingled with that IV. COMPLETION DATA	Oil Wel			New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion					<u> </u>	J	P.B.T.D.	l		
Date Spudded	Date Compl. Ready to Prod.			Total Depth						
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Т	Top Oil/Gas Pay			Tubing Depth			
Perforations			1				Depth Casi	ng Shoe		
	TURING	CASING A	ND C	EMENT	ING RECO	RD				
1015 0175	CASING & T	TUBING, CASING AND CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
HOLE SIZE										
			-				 			
V. TEST DATA AND REQUE	ST FOR ALLOW	ABLE					:- domit on he	for full 24 ha	urs.)	
OIL WELL (Test must be after	ST FOR ALLOW recovery of total volum	e of load oil and	must b	e equal to o	r exceed top a	llowable for In pwnp, gas lift,	elc.)	jor juli 24 no		
Date First New Oil Run To Tank	Date of Test				3 R (0	(* 1/	G GASize			
Length of Test	Tubing Pressure			Casing P	7 6 6		G P CF			
Actual Prod. During Test	Oil - Bbls.			Water - 🕦	JUL	6 1990				
GAS WELL					OIL CO	ON. DI	V.	.Condensate		
Actual Prod. Test - MCF/D	Length of Test			Bbls. Cond.	епкаце/ММС	ST. 3	- Grants W	Collections		
				Casing Pres	ssure (Shut-in)		Choke Siz	ic .		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing 11					- -	
VI. OPERATOR CERTIFI	CATE OF CON	IPLIANCE			OIL CO)NSER\				
I hereby certify that the rules and rep Division have been complied with a is true and complete to the best of m	nd that the illioinmoon	green account		Da	te Appro	ved	JUL	0 6 1990		
is true and complete to the best of it	· ·			Da	"o vibbio	_	(بن	du.		
Signature L Kuchera President				By SUPERVISOR DISTRICT #3						
Signature Aldrich L. Kuchera Printed Namer (1993)	(50	Title	25	Tit	le					
Date		l'elephone No.						و و المالية		

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.
- All secuous of this form must be filled out for anowable of 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 filled for each pool in multiply completed wells.