

Submit 5 Copies

Appropriate District Office
DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

| | | |
|---|--|-------------------------------------|
| Operator Giant Exploration & Production Company | | Well API No. 30-045-05369 |
| Address P.O. Box 2810, Farmington, New Mexico 87499 | | |
| Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (please explain) | | |
| New Well <input type="checkbox"/> | Change in Transporter of: <input type="checkbox"/> | |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> | |
| Change in Operator <input type="checkbox"/> | Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/> | Operator changed July 1, 1990 |

If change of operator give name
and address of previous operator

Hixon Development Company, P.O. Box 2810, Farmington, NM 87499

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|-----------------------|---|---|---------------------------------|
| Lease Name Central Bisti Unit | Well No. 48 | Pool Name, Including Formation Bisti Lower Gallup | Kind of Lease State, Federal or Fee Federal | Lease No. SF 078058 |
| Location | | | | |
| Unit Letter I | : 1980 | Feet From The South Line and | 660 | Feet From The East Line |
| Section 17 | Township | 25N | Ran 12W | County NMPM, San Juan |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | |
|--|------|--|------|------|
| Name of Authorized Transporter of Oil or Condensate Giant Refining <input checked="" type="checkbox"/> | | Address (Give address to which approved copy of this form is to be sent) P.O. Box 256, Farmington, NM 87499 | | |
| Name of Authorized Transporter of Casinghead Gas or Dry Gas Giant Exploration & Production Co. <input checked="" type="checkbox"/> | | Address (Give address to which approved copy of this form is to be sent) P.O. Box 2810, Farmington, NM 87499 | | |
| If well produces oil or liquids, give location of tanks | Unit | Sec. | Twp. | Rge. |
| | | | | |
| Is gas actually connected? | | When ? | | |
| Yes | | | | |

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

IV. COMPLETION DATA

| | | | | | | | | |
|-------------------------------------|-----------------------------|----------|----------|----------|-----------------|-----------|-------------------|------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v |
| Date Spudded | Date Compl. Ready to Prod. | | | | Total Depth | | P.B.T.D. | |
| Elevations (DF,RKB,RT,GR,etc.) | Name of Producing Formation | | | | Top Oil/Gas Pay | | Tubing Depth | |
| Perforations | | | | | | | Depth Casing Shoe | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | | | DEPTH SET | | SACKS CEMENT | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | SEP 27 1993 | |

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 | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | Gas -- MCF |

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D | Length of Tes | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | |

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 Jeffrey R. Vaughan Vice President Operations
Printed Name SEP 24 1993 Title (505)326-3325
Date SEP 24 1993 Telephone No.

OIL CONSERVATION DIVISION

SEP 27 1993

Date Approved

By

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 test 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.