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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

| | TO | TDANC | PORTO!! | AND NATU | RAL GAS | 5 | | | | |
|---|--|--------------------------------------|-----------------------------|---|--|--|---------------------------------|-----------------------|------------|--|
| | TO TRANSPORT OIL AT | | | | 76174 | | | | | |
| penior Giant Exploration & 1 | Producti | on Com | pany | | | 30-045-05448 | | | | |
| Oldino Zirpini | | | | | | | | | Ì | |
| P.O. Box 2810, Farming | ton, New | Mexico | o 87499 | Other (I | lease explair | 1) | | | | |
| cason(s) for Filing (Check proper box) | Chi | ange in Tran | sporter of: | | | | | | | |
| ew Well | Oil | Dry | Gas | | | | 11. | . 1 100 | 0 | |
| ecompletion XX | Casinohead Ga | as Con | densate [] | | | | | y 1, 199 | 0 | |
| change of operator give name Hivo | n Develo | pment | Company, | P.O. Box | 2810, F | armingt | on, N.M. | 87499 | | |
| d address or previous operator | | | | | | | | | | |
| . DESCRIPTION OF WELL A | ESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including | | | | | Kind of | Kind of Lease Lease No | | | |
| case Name Central Bisti Unit | 36 Bisti Low | | | er Gallup | State, E | State, Federal or Fee 14-20-603 | | <u>603-1228</u> | | |
| ocation | | | | | | | | | • | |
| 0 | . 330_ | Fec | et From The _SC | outh Line ar | od _2310 | Fcc | t From The | east | Line | |
| Unit Letter | , | | | | | | | | County | |
| Section 9 Township | 25N | Rai | nge 12V | , NMP | м, | San Juar | <u></u> | | | |
| I. DESIGNATION OF TRANS | QATQOQ: | OF OIL | AND NATUI | RAL GAS | | | | | | |
| I. DESIGNATION OF TRANS lame of Authorized Transporter of Oil | (X) or | Condensate | | Address (Give a | difress to wh | ich approved | copy of this fo | rmus lo de sen Ann | Ψ) | |
| Giant Refining | سما | | | PO Box 2 | 56, Fai | mington | sany of this fo | erm is to be ser | u) | |
| Name of Authorized Transporter of Casingle | head Gas | | Dry Gas | Address (Give a | Earmine Farmine | rton - N | ppy of this form is to be sent) | | | |
| El Paso Natural Gas | El Paso Natural Gas Company | | | | PO Box 4990, Farmington, NM 87499 Is gas actually connected? When 7 | | | | | |
| f well produces oil or liquids, | Unit S | cc. Tw | rp. Rgc. | Yes | Old Carrie | i | | | | |
| ive location of tanks. This production is commingled with that for | | lease or noo | . give corrmingl | | : | | | | | |
| V. COMPLETION DATA | iom any outer | icase or poo | ,, 8 | | | | | la neb | Diff Res'v | |
| | | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | I L | |
| Designate Type of Completion - | - (X) | | <u></u> | Total Depth | | 1 | P.B.T.D. | L | | |
| Date Spackled | Date Compl. | Ready to Pr | od. | Total Deput | | | | | | |
| | (2) | turing Form | nation. | Top Oil/Gas Pay | | | Tubing Depth | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Pro | ame of Producing Formation | | | | | | | | |
| | <u> </u> | | | | | | Depth Casis | ng Shoe | | |
| Perforations | | | | | | | <u> </u> | | | |
| | Τī | JBING, C | ASING AND | CEMENTIN | G RECOF | RD | т | SACKS CEM | ENT | |
| HOLE SIZE | CASI | ING & TUBI | ING SIZE | ļ <u></u> | DEPTH SET | | | SAULTO GELLI | | |
| 11022 9.33 | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| V. TEST DATA AND REQUES | ST FOR A | LLOWAI | BLE | | | | | for Gill 2d hou | rs) | |
| V. TEST DATA AND REQUES OIL WELL (Test must be after r | recovery of low | al volume of | load oil and mus | si be equal to or i | exceed top al | lowable for th | s appin or be | jui jui zi iiei | | |
| Date First New Oil Run To Tank | | | | | | | | | | |
| | Date of Test | l | | Producing Me | hod (Flow, p | nump, gas iyi, | eic.) | | | |
| Date Lies Hen Ou wan 12 | Date of Test | | | 7,000 | | | Choke Size | | | |
| Length of Test | Date of Test Tubing Pres | | | 7,000 | | | Choke Size | E | | |
| Length of Test | Date of Test Tubing Pres | | | Producing Med Casing Pressur Water - Httl | | | Choke Size | E | | |
| | Date of Test | | | Casing Pressu | | | Choke Size | E | | |
| Length of Test Actual Prod. During Test | Date of Test Tubing Pres | | | Casing Pressu | | | Choke Size | | | |
| Length of Test Actual Prod. During Test GAS WELL | Tubing Pres Oit - Bbls. | sure | | Casing Pressu | T 50 1 | | Choke Size | E | | |
| Length of Test Actual Prod. During Test | Date of Test Tubing Pres Oit - Bbls. Length of T | Sourc Test | | Casing Pressur Water - Has | | C 1 V 1 6 1990 NJ. DJ | Gap MCF | Condensate | | |
| Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D | Date of Test Tubing Pres Oit - Bbls. Length of T | sure | | Casing Pressul | | C 1 V 1 6 1990 NJ. DJ | Choke Size | Condensate | | |
| Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D Testing Method (pirot, back pr.) | Tubing Pres Oit - Bbls. Length of 1 Tubing Pre | Test | in) | Casing Pressure Water - Hills Bbis. Conden | HMMCC | C N A 1920 NY T 191 ST 2 | Gas MCF | Condensate | | |
| Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D Testing Method (pitot, back pr.) | Tubing Pres Oil - Bbls. Length of Tubing Pre | Test Saure (Shu-i | in) LIANCE | Casing Pressure Water - Hills Bbis. Conden | HMMCC | C N A 1920 NY T 191 ST 2 | Gap-MCF Gravity of Onoke Siz | Condensate | ON | |
| Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D Testing Method (pitot, back pr.) VI. OPERATOR CERTIFIC | Tubing Pres Oil - Bbls. Length of T Tubing Pre | F COMP! | in) LIANCE ration | Casing Pressure Water - Hills Bbis. Conden | HMMCC | C N A 1920 NY T 191 ST 2 | Gap-MCF Gravity of Onoke Siz | Condensate | ON | |
| Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D Testing Method (pitot, back pr.) VI. OPERATOR CERTIFIC Thereby certify that the rules and reg | Tubing Pres Oil - Bbls. Length of T Tubing Pre | Test Essure (Shut-i | in) LIANCE ration | Casing Prosgu | HINE (SHULM) | 6 1920 NJ. 1)1 ST. 2 | Gap-MCF Gravity of Onoke Siz | Condensate | ON | |
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| Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D Testing Method (pitot, back pr.) VI. OPERATOR CERTIFIC Thereby certify that the rules and reg | Tubing Pres Oil - Bbls. Length of T Tubing Pre | F COMP! Oil Conservernation give | in) LIANCE ration | Casing Pressure Water - Hills Hills | HINE (SHULM) | 6 1920 NJ. 1)1 ST. 2 | Gap-MCF Gravity of Onoke Siz | Condensate | ON | |
| Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D Testing Method (pitot, back pr.) VI. OPERATOR CERTIFIC Thereby certify that the rules and region is true and complete to the best of my | Tubing Pres Oil - Bbls. Length of T Tubing Pre CATE OF ulations of the dd that the info y knowledge a | Test COMP! Oil Conservernation give | in) LIANCE valion en above | Casing Prosgu | HINE (SHULM) | 6 1920 NJ. 1)1 ST. 2 | Gap-MCF Gravity of Onoke Siz | Condensate | ON | |
| Length of Test Actual Prod. During Test GAS WELL Actual Prod. Test - MCF/D Testing Method (pitot, back pr.) VI. OPERATOR CERTIFIC 1 hereby certify that the rules and regine birds on have been complied with an is true and complete to the best of my Signature Aldrich L. Kuchera | Tubing Pres Oil - Bbls. Length of T Tubing Pre CATE OF ulations of the dd that the info y knowledge a | F COMP! Oil Conservermation give | LIANCE value above dent | Casing Pressure Balls. Condend Casing Pressure Date By | HIL CC | 6 1920 NJ. 1)1 ST. 2 | Gap-MCF Gravity of Onoke Siz | Condensate | ON | |
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- 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
- 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.