Appropriate District Office DISTRICTI

P.O. Box 1980, Hobbs, NM 88240

DISTRICTII

P.O. Drawer DD, Artesia, NM 88210 DISTRICTIII

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

			. <u></u> .		****	T		
Operator Giant Exploration & Production Company					Well API No. 30-045-05518			
Adress								
	310, Farmington,	New Mexico	87499		7 61 (
Reason(s) for Filing (Check prope New Well	n(s) for Filing (Check proper box) Yell Change in Transporter of:				Other (please explain)			
Recompletion	l Oil		Dry Gas	F	7			
Change in Operator	Casinghea	nd Gas	X Condensate	, [<u> </u>	Operator chan	ged July 1, 1990	
f change of operator give name								
and address of previous operator		Hixon Develops	nent Company,	P.O. Box 2810	, Farmington,	NM-87499		
II. DESCRIPTION OF V	VELL AND LE	ASE	= .	1 .	Cind of Lease		Lease No.	
Lease Name Central Bisti Unit	1	Well No. Pool Name, Including Formatic 13 Bisti Lower Gallup			State, Federal or Fe			
	1.5	Bisti Lower Ga	mup		nate, redetar	n rer ederar	1441 030234	
Location	660 E 4E	n The North L	·d	660	Feet From 7	The East	Line	
Unit Letter A:			ane and		an Juan	Inc Last	County	
Section 9 Tow	vnship 25N	Ran 12W	,	NMPM, S	ali Juali		County	
T DEGLOVATION OF	TO A MODONT	ED OF OH	AND MAT	TIDAT CA	c			
III. DESIGNATION OF Name of Authorized Transporter of			AND NAI			h approved copy of this fo	rm is to be sent)	
Giant Refining X				P.O. Box 256, Farmington, NM 87499				
Name of Authorized Transporter of Casinghead Gas or Dry Gas				Address (Give address to which approved copy of this form is to be sent) P.O. Box 2810, Farmington, NM 87499				
Giant Exploration & Produ		X		1			99	
If well produces oil or liquids, give location of tanks	Unit Sec.	Twp.	Rge.	Is gas actually Yes	connected?	When?		
If this production is commingled wi	th that from any othe	r lease or pool. 9	ive comminglin	1	r:	.•		
•		, g	,	•				
V. COMPLETION DAT			T	Г			D'CD	
Designate Type of Completion - (X)	Oil Well Gas Well	l New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Data Sauddad	Date Compl. Read	v to Prod		Total Depth		P.B.T.D.	l	
Date Spudded	pudded Date Compl. Ready to Prod.							
Elevations (DF,RKB,RT,GR,etc.) Name of Producing Formation				Top Oil/Gas Pay		Tubing Dept	Tubing Depth	
Perforations					······································	Depth Casing	g Shoe	
TION TO STORE	TUBING, CASING AND CEME			DEPTH SET		MACRSC	A A SIGEMENT V	
HOLE SIZE	CASING & TO	CASING & TUBING SIZE			DEFITTOET			
							0 1 1000	
	<u> </u>					SEP	2 4 1993	
V. TEST DATA AND R	FOLIEST FOR	ALLOWAR	RI.E.			OILC		
	r recovery of total volume of			on allowable for this	denth or he for full			
OIL WELL (Test must be after Date First New Oil Run To Tank		load oil and must be e	Admin to or enceed to	Producing M	ethod (Flow, p	ump, gas lift, etc.)		
				0 : 5		Choke Size		
Length of Test	Tubing Pressure			Casing Pressure		Choke Size	CHOKE SIZE	
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.		Gas - MCI	Gas - MCF	
GAS WELL	Ty at em			Dhla Condar	anto MMCE	Gravity of Co	and a state of the	
Actual Prod. Test - MCF/D	Length of Tes			Bbls. Condensate/MMCF		Gravity of G	Oravity of condonsate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)				
		ON CONTRACTOR	77	<u> </u>				
VI. OPERATOR CERTI	FICATE OF C	OMPLIANC	JE •	(OII CONSE	ERVATION DI	VISION	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					SEP 2 4·1993			
is true and compelte to the bes	t of my knowlegde an	nd belie£		Doto	Annroyad		41993	
(AR)				Date	Approved		1	
Simplifie				Ву	-	3:1) 6	Thomas -	
Signature Jeffrey R. Vaughan Vice President Operations						21105014000	0.030.03	
Printed Name	Title			Title _		SUPERVISOR	DISTRICT	
8EP 2 3 1993	(505)32	6-3325						
Date	Telephon	e No.						

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.
- 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, trasporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.