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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210	P.O. Santa Fe, New	. Box 2 Mexic	088 2 87504-2088				
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	REQUEST FOR ALLOW	/		TION			
_	TO TRANSPORT	ØIL AN	ND NATURAL GAS				
I. Operator	10 11 11 11 11			Well API	. No. D-045-130	121	
Giant Exploration &	Production Company				J=04J=150		
P.O. Box 2810, Farming	ton, New Mexico 874	499	Other (Please explain)				
Reason(s) for Filing (Check proper box)	Change in Transporter of:		J Collet (1 terms expans)				
New Well  Recompletion	Oil Dry Gas			DCC	ive July	1 100	n
- XX	Casinghead Gas Condensate [ on Development Compar	<u> </u>	O Boy 2810 Fa			87499	
If change of operator give name  Hixo and address of previous operator	on Development Compar	ny, r.	.O. BOX 2010, 10				
II. DESCRIPTION OF WELL A	ND LEASE Well No.   Pool Name, In	ncluding F	Sormation	Kind of	Lease	Leas	e No.
Lease Name Central Bisti Un	Well No. Poor Name, in	Lower	Gallup	State, Fo	deral or Fee Lian	14-20-	603-324
Location		sout	th Line and 1900	Feet	From The we	st	Line
Unit LetterK	: 1980 Feet From The		C-	n Juan			County
Section 8 Township	25N Range	12W	, NMPM, Sa	ii oddii			
III. DESIGNATION OF TRANS	SPORTER OF OIL AND NA	ATURA	L GAS ddress (Give address to which	h approved o	opy of this form	is to be sens	,
Name of Authorized Transporter of Oil	X or Condensate		00 Poy 256 Far	minetal	n. NM 87	499	
Giant Refining Name of Authorized Transporter of Casing	head Gas X or Dry Gas [		ddress (Give address to whic	h approved o	opy of this forn	I to be sem	,
Fl Paso Natural Gas	Company	P le	PO Box 4990.	Earming   When 1	ton, NM	87499	
If well produces oil or liquids,	Unit   Sec.   I wp.	İ	Yes	i			
If this production is commingled with that i	from any other lease or pool, give corr	nmingling	order number:				
IV. COMPLETION DATA	Oil Well Gas W		New Well   Workover	Deepen	Plug Back   S	arne Res'v	Diff Res'v
Designate Type of Completion	- (X)	i_			P.B.T.D.	<del> </del>	L
Date Spudded	Date Compl. Ready to Prod.	1.	otal Depth		F.B. I.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	T	op Oil/Gas Pay		Tubing Depth		
		l_			Depth Casing	\$hoe	
Perforations			THE COURT		1		
	TUBING, CASING A TUBING SIZE	AND C	EMENTING RECORD DEPTH SET		SA	CKS CEME	NT
HOLE SIZE	CASING & TUBING SIZE					ļ	
V. TEST DATA AND REQUE	ST FOR ALLOWABLE			unhla for thi	e denth or be fo	r full 24 how	·s.)
OIL WELL (Test must be after	recovery of total volume of toda on ar	nd musi b	e equal to or exceed top and Producing Method (Flow, pu	np, gas lift, e	ic.)	,	
Date First New Oil Run To Tank	Date of Test			OK & 4.	louars.		
Length of Test	Tubing Pressure	C	Casing Present	医机器	Chote 3/2c		
	O'L PU		Water - Bbls		Gas MO		
Actual Prod. During Test	Oil - Bbls.		JU!	<u>6 1990</u>			
GAS WELL			OIL CC	M. D	Gravity of Co	ondensate	
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF	ST. 3		-	
	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size		
Testing Method (pitot, back pr.)							<del> </del>
VI. OPERATOR CERTIFIC	CATE OF COMPLIANC	E	OIL CON	ISERV	'ATION I	ÞIVISIG	DN .
I hereby certify that the rules and reg	ulations of the Oil Conservation id that the information given above				<b>յ</b> սլ 0 6 1		
is true and complete to the best of m	y knowledge and belief.		Date Approve	:d	JUL U U		
( Quintenery			Ву	3	J. d	- Jane	
Signature Aldrich L. Kuchera	President			SUPER	IVISOR DI	STRICT	18
Printed Name	(505) 326-3	3325	Title				7 0
JIJ]] // / 1990	Telephone 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 tests 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.