

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir,
Use "APPLICATION FOR PERMIT--" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	8. Well Name and No. Carson Unit 19 Well No. 21
2. Name of Operator Giant Exploration & Production Company	9. API Well No. 30-045-13273
3. Address and Telephone No. P.O. Box 2810, Farmington, New Mexico 87499 (505)326-3325	10. Field and Pool, or Exploratory Area Bisti Lower Gallup
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 660' FNL, 1980' FWL, Sec.19, T25N, R11W	11. County or Parish, State San Juan, New Mexico

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other <u>Fracture Stimulation</u>	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

The subject well's perforations (4866'-92', 4900'-08') were fracture stimulated down casing with a crosslinked gel carrying 85,180# 20/40 mesh sand on 11/20/95. The well was hung on pump after cleaning out the wellbore.

RECEIVED
DEC 11 1995
OIL CORRELATION
BUREAU

RECEIVED
BUREAU ROOM
95 DEC -5 AM 11:55
070 FARMINGTON, NM

14. I hereby certify that the foregoing is true and correct

Signed <u>Paul R. Williams</u>	Title <u>Area Engineer</u>	Date <u>DEC 04 1995</u>
(This space for Federal or State office use)		
Approved by _____	Title _____	Date _____
Conditions of approval, if any:		

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any manner within its jurisdiction.

*See Instruction on Reverse Side

ACCEPTED FOR RECORD

DEC 7 1995

NMOCD

FARMINGTON DISTRICT OFFICE