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, Anesia, NM 88210

Santa Fe, New Mexico 87504-2088

OSTRICT III OOO Rio Brazos Rd., Aziec, NM 87410	REQUEST F	OR ALLOWAB	LE AND AUTHORI	ZATION			
•	AND NATURAL GA) NATURAL GAS					
Operator							
Giant Exploration &	Production	Company			30-045-26036		
Address	ton New Me	xico 87499					
P.O. Box 2810, Farming	gcon, New He	X100 07477	Other (Please expla	ain)			
Reason(6) for Filing (Check proper box)	Change is	Transporter of:		•			
New Well Recognition	~ ~	Dry Gas					
Change in Operator	Casinghead Gas	Condensate .			ly 1, 1990		
f change of operator give name Hixo	n Developme	nt Company.	P.O. Box 2810,	Farmingt	on, N.M. 87499	9	
nd address of previous operator	on beverop						
I. DESCRIPTION OF WELL A	ND LEASE			177:4 4	Lease NOO-le	25c No.	
Lease Name	Well No.	Pool Name, Including		Kind of State, F	ederal or Fee 14-20	-5245	
A.P. Hixon C	21 1 −E	Bisti	Lower Gallup	N.	avajo		
Location			700	· -	- W Foot	Line	
Unit Letter A	. : <u>790</u>	Feet From The	North Line and 790	J Fcc	t From TheEAST	Line	
	0.511	_ 1117	, NMPM,	San Ji	uan	County	
Section 21 Township	25N	Range 11W	, INMERY,		1411		
	CDODTED OF A	III. AND NATII	RAL GAS				
III. DESIGNATION OF TRANS	Address (Give address to which approved copy of this form is to be sent)						
lame of Authorized Transporter of Oil Or Condensate			PO Box 256, Farmington, NM 87499				
Giant Refining Name of Authorized Transporter of Casinghead Gas XX or Dry Gas			Address (Give address to which approved copy of this form is to be sent)				
Name of Authorized Transporter of Casinghead Gas XX or Dry Gas El Paso Natural Gas Company			PO Box 4990, Farmington, NM 87499				
If well produces oil or liquids,	Unit Sec.	Twp. Rgc.	is gas actually connected?	When			
give location of tanks.	A 21	25N 11W	Yes	Ma	rch 20, 1987		
If this production is commingled with that I	from any other lease o	r pool, give comming	ling order number:				
IV. COMPLETION DATA	-				l no no l com noto	Diff Res'v	
	Oil Wo	II Gas Well	New Well Workover	Deepen	Plug Back Same Res'v	I Dill Kesv	
Designate Type of Completion			Total Darth		IDUTD		
Date Spudded	Date Compl. Ready	to Prod.	Total Depth		P.B.T.D.		
			Top Oil/Gas Pay		Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Trong popul		
	<u></u>		L		Depth Casing Shoc		
Perforations							
	THRING	L CASING AND	CEMENTING RECO	RD			
VOLE 8175	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
HOLE SIZE	- Crisiii -						
	 						
V. TEST DATA AND REQUES	T FOR ALLOV	VABLE		lloundle for the	s denth or be for full 24 hor	urs.)	
OIL WELL (Test must be after r	ecovery of total volum	ne of load oil and mus	Producing Method (Flow,	nump, ear lift	elc.)		
Date First New Oil Run To Tank	Date of Test		r-Toducing Michod (Flow,	,, gua (ye, (- 175	
	Tubing Pressure		Casing Pressure	<u></u>	Br Cz F	EIM	
Length of Test			(D)				
	Oil Phile	O' PUL		IN	Gas- MCF	N.S.	
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.		JUL 3 1990		
					- " CON D	W	
GAS WELL			Bbls. Condensate/MMCF		OH! COMPT	13.	
Actual Prod. Test - MCI/D	Length of Test		1		DIST. 3		
	Tubing Pressure (Shut-in)		Casing Pressure (Shul-in)		Choke Size		
lesting Method (pitot, back pr.)	Tubing Tressure (2						
	TARRE OF CO.	ADI TANCE				ON	
VI. OPERATOR CERTIFIC	LATE OF COM	VIPLIANCE	OIL CC	NSERV	'ATION DIVISI	ON	
I hereby certify that the rules and regu	ilations of the Oil Con	iservation viven above					
Division have been complied with and is true and complete to the best of my	knowledge and belie	ſ.	Date Approv	ved .	JUL 0 3 1990		
is the same complete to the same of	<i>.</i>		Date Applo				
(he a buse			∥ _{Bv}	By			
Signature			by	By			
Aldrich L. Kuchera		sident		SUPER	IVISOR DISTRICT	# 3	
Printed Name JUN 2 2 1990	(50	5) 326-3325	Title			4	
Deta		Telephone No.	11				

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 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.