Submit 5 Copies
Appropriate District Office
DISTRICT 1
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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

,	REQ					AUTHORI					
<u>[</u>		TO TRA	NSI	PORT O	L AND NA	TURAL GA		DI No.			
Operator Giant Exploration & Production Company						Well API No. 30-045-27240					
Address P.O. Box 2810, Farm:	ington,	New Me	xico	87499)						
Reason(s) for Filing (Check proper box)	_			On	ner (Please expla	in)				
New Well		Change in		. —							
Recompletion Change in Operator	Oil Caringhe	ad Gas 🗌	Dry (Effecti	ve July	1. 1990			
					P O B	ox 2810,			. 87499	3	
and address of previous operator	txon bev	eropile	11.	Joinparry	, I.O. D	7X 2010,	Tarming	.011, 141111	0143	<u></u>	
II. DESCRIPTION OF WELL	L AND LE	ASE									
Lease Name		Well No. Pool Name, Includi				ng Formation Kind of			adamt on Eng		
Pete Morrow		l Basin Fru			uitland	itland Coal			SF	078064	
Location Unit LetterL	: 1850)	. Feet	From The _	South Li	nc and1190)· Fo	et From The	West	Line	
Section 1 Town	ship	25N	Rang	ge 12W	۸,	мрм, S	San Juan			County	
	Nenone	ED OF 6		NITS NI ASSIS	IDAL CAC						
III. DESIGNATION OF TRA Name of Authorized Transporter of Oil		FR OF O or Conder		MD NAT	Address (G)	ve address to wi	hich approved	copy of this for	rm is to be se	nt)	
trans or Authorized Transporter of Ori		Or Conde			,			12 / 10			
Name of Authorized Transporter of Ca	singhead Gas		or D	ry Gas [XX]	Address (G	ve address so wi	hich approved	copy of this for	rm is to be se	nt)	
Giant Exploration & Production Company EPG					PO Box 2840, Farmington, NM 87499						
If well produces oil or liquids, give location of tanks.	Unit L	Sec.	Twp	. Rgc 5N 12W	:. Is gas actual Yes	lly connected?	When	? June 30,	1989		
If this production is commingled with the						nber:					
IV. COMPLETION DATA			•								
Designate Type of Completion	on - (X)	Oil Well	i	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Con	Date Compl. Ready to Prod.				Total Depth					
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
Perforations								Depth Casing	Shoc		
		TURING	CAS	SING ANI	CEMENT	ING RECOR	D.	<u>!</u>			
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
FIOCE SIZE		0/10/11/2 2 7 5 5 1 1 2									
U TUCT DATA AND DECIL	CCT FOR	ALLOW	ARI	IF.	J			L			
V. TEST DATA AND REQU	ENT FOR	ISLAUYY . Iolal volume	of los	دء ad oil and mu	st be equal to o	r exceed top alle	owable for this	depth or be fo	or full 24 hou	rs.)	
DIL WELL (Test must be after recovery of total volume of load oil and must Date First New Oil Run To Tank Date of Test					Producing N	lethod (Flow, p	urp, gas lift, e	ic.)			
								T22-1		<u> </u>	
Length of Test	Tubing P	Tubing Pressure				surc	(5T)	Choke Size	IVE		
Actual Prod. During Test	Oil - Bbls	Oil - Bbls.			Water - Bbl	Water - Bbls.				U	
-								1111 9	1990 —		
GAS WELL								JUL 0			
Actual Prod. Test - MCF/D	Length o	Length of Test				nsate/MMCF	(M. CO	curre	4.00°,	
Testing Method (pitot, back pr.)	Tubing P	Tubing Pressure (Shut-in)				sure (Shut-in)	! ! ! !	Choke Size	to	* • •	
VI. OPERATOR CERTIF	ICATE O	F COM!	PI 14	ANCE	1		ioca	ATION!			
I hereby certify that the rules and re						OIL CO	A2FHA	AHONL	אפוזור	NΥ	
Division have been complied with a	and that the inl	formation gi					1	ប ោក	าดุดุก		
is true and complete to the best of r	ny knowledge	and belief.			Dat	e Approve	ed	网 协治	199h —		
doniel	(u	N		era	р.,		4	/ _/	1000		
Signature Aldrich L. Kuchera		Pres	ider	1t	By.		SUDED	MISINE I	6. g . is to . pt	11	
Printed Name N 2 2 1990				6-3325	Title	e	BUE	VISOR DE VISOR DE	STRICT	73	
Date		Tel	iephon	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 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.