Submit 5 Conies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

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

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

Santa Fe, New Mexico 87504-2088

I. Operator	REQUES	TRANSPOR	OWA	ABLE AND	AUTHOF	RIZATIO	N		
			11 0	ir WIND IN	4 I UHAL C	BAS			
Giant Exploratio					Well API No.				
P.O. Box 2810, F Reason(s) for Filing (Check proper	armington, NM	87499					0-045-28897		
New Mell				0	her (Picase exp	olain)			
Recompletion	Oil	nge in Transporter  Dry Gas	٥(:		•	,			
Change in Operator	Casinghead Ga	E Condensate							
f change of operator give name ad address of previous operator		• Conconsate	<u> </u>						
I. DESCRIPTION OF W	TY I IND TO					ŧ			
West Bisti Coal 1	1 Well No. Pool Name, Including Form 2 Basin Fruitland					Kir	id of Lease	<u> </u>	
ccation		TLU.	itiand Coal			to, Fodoral or Foo	MM - 3131		
Unit Letter K	: <u>1850'</u>	— Feet Error 1	D S	South Li	2.5	1.01			
Section 11 To	ownship 25N			Lir	oc and23	10,	Feet From The	West	
			.3W	. N	MPM, Sa	n Juan		0	
II. DESIGNATION OF T	RANSPORTER O	FOIL AND N	IATTI	RAT CAS				Соц:::	
	البا	ondensate	<u></u>	Address (Gi	e address to w	hich anne	ed copy of this form		
lance of Authorized Transporter of	Casinghead Gas			-i					
Draile Exploration	& Production	or Dry Gas		Address (Giv	e address to w	iich approv	ed commodified		
Giant Exploration & Production Company  vell produces oil or liquids, Unit Sec. Twp. Re- location of tanks.			D .	Address (Give address to which appreprior P.O. Box 2810, Farm Is gas actually connected?			ington, NM 87499		
			age.			Who	en?	0,499	
this production is commingled with 7. COMPLETION DATA	that from any other leas	e or pool, give cor	nmingl	ing order num	xr		05-22-93		
Designate Type of Comple	tion - (X)	Well Gas W	Yell	New Well	Workover	1 5			
ate Spudded	Date Compl. Rea	X X		X		Dеереа 	Plug Back   Sa	me Res'y Diff Re	
12-28-8892	05-20-9	05-20-93		Total Depth			P.B.T.D.		
evations (DF, RKB, RT, GR, cic.) 6340 GLE	Name of Producing	Name of Producing Formation			1400 ' Top OlVGas Pay			1355!	
nomions	Basin Fruitland Coal			1230'			Tubing Depth		
1230' - 1246'							1233 <sup>1</sup> Dopth Casing Si	7.000	
HOLE SIZE	TUBIN	NG, CASING A	AND (	CEMENTIN	NG RECOR	<del></del>			
8-3/4"	97101110	CASING & TUBING SIZE		DEPTH SET			CAONO OTTO		
6-1/4 <sup>0</sup>		4-1/2"		127.50'			SACKS CEMENT  See Exhibit "A"O(		
	4-1/2"			1395.28			See Exhibit "A" 7		
TROT DATA AND BROW									
TEST DATA AND REQUE	JEST FOR ALLO	WABLE				· · · · · · · · · · · · · · · · · · ·			
to First New Oil Run To Tank	Date of Test	me of load oil and	must b	re equal to or e	xcced top allor	wible for 00	e death as is a		
	Date of Test		Į	Producing Met	h⊙d (Flow, pun	ip, gas lift, i	MEC	FION	
igh of Test	Tubing Pressure	Tubing Pressure		Casing Pressure				Se Z I	
ual Prod. During Test	-	·			2	•	JUN 1 1993		
	Oil - Bbls.	Oil - Bbls.							
AS WELL	<del></del>						OIL CON. DIV.		
ual Prod. Test - MCF/D	Length of Test						DIS	ST. 3	
98	24 ho	urs		3bls. Condensa			Gravity of Conde	nsato	
ing Method (pitot, back pr.) ack pressure	Tubing Pressure (Si	nut-in)		asing Pressure	<u>(Shut ta)</u>				
	205 ps	i		205	· (ount-ta)	1	Choke Size		
OPERATOR CERTIF	ICATE OF COM	PLIANCE					1/2"		
hereby certify that the rules and re Division have been complied with a strue and complete to the best of r	gulations of the Oil Con-	ervation			IL CONS	SERVA	ALION DÌA	/ISION	
	in Allowicoge and belief.			Date'	Approved	.11	UL 29 19	93	
Gala C.	Inth			- Luis F	,				
ignatur John C. Corbett	Senior Vice	Proceed	-	Ву	Uriginal	Signed by	FRANK T. CHA	VEZ	
100									
Fished Name 5 /2 6 / 0 2		Title	-	*T':+! =	SUPFRVI	מות פחף	TD:0-		
risting Name	(505) 326	Title	_	Title_	SUPERVI	SOR DIS	TRICT#3		

- 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 of