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Giant Industries Name of Authorized Transporter of Cas ElPaso Natural Gas If well produces oil or liquide, quive location of tranks. If this production is commingled wit COMPLETION DATA  Designate Type of Completion Date Spudded  Elevations (DF, FARB, RI, GR, etc., Perforations  HOLE SIZE  TEST DATA AND REQUEST FOIL, WELL Date First New Cil Run To Tanks  Length of Test  Actual Prod. Duting Test	or Condensate  Inc. Inghead Gas or Dry S CO. Unit   Sec.   Twr C   13   27 In that from any other leads on - (X)  Date Compl. Ready to P  Name of Producing Form  TUBING, CASING & TUBI  OR ALLOWABLE  Date of Teet  Tubing Pressure	y Gas XX  p. Page. 7N 9W  ease or pool, g  Gas well  cred.  CASING, AND  ING SIZE	Address (blue address P. O. BOX Address (blue address P. O. BOX Is an actually conne YES (ive commingling ord tiew Well   Workeve Total Depth Top OID Gas Pay  CEMENTING RECO DEPTH  (ter recovery of total v pich or be for full 24 ha Producing Method (F Casing Pressure Water-Bble.	9156, Plc s to which appear 990, Fall H cred? when the number  Despen  Despen  ORD  SET	Enl X. A.7. 8 ad caps of this form in 1977.  Ington, NM  1/17/7  Plug Frank   Same Ington  P.B.T.O.  Tubir : Terth  Depth Casing Shoe  SACKS C	5068 s to be sent) 87401 8 Res'v. Diff. Res'v.	
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I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

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	(Signature)
AREA	SUPERINTENDENT
	(Title)
	410 0 (1007
	(Date)

APPROVED. SUPERMISER ? TITLE \_

This form is to be filed in compliance with MULE 1104.

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or despened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections 1, II. III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.