

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator: <u>ALEX CAMPBELL &amp; MICON PRODUCTION</u>		Well API No. <u>26028</u> <u>30-045-30628</u>
Address: <u>P.O. Box 220, FLORA VISTA NM 87415</u>		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of operator give name and address of previous operator \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name: <u>TUNKIN FEDERAL</u>	Well No. <u>1E</u>	Pool Name, Including Formation <u>71599 BASIN DAKOTA</u>	Kind of Lease <u>State, Federal or Fee</u>	Lease No. <u>Nm02691</u>
Location: Unit Letter <u>H</u> : <u>1450</u> Feet From The <u>NORTH</u> Line and <u>790'</u> Feet From The <u>EAST</u> Line				
Section <u>23</u> Township <u>27 NORTH</u> Range <u>12 WEST, NMPM, SAN JUAN</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 2206 FARMINGTON 87401</u>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 990 FARMINGTON 87401</u>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size <u>1 1/2" VED</u>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	MMCF <u>1991</u>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Mike Paimwater  
Signature AGENT  
Printed Name 4/15/91 Title 505-330-3835  
Date Telephone No.

OIL CONSERVATION DIVISION  
APR 19 1991

Date Approved \_\_\_\_\_  
By Brian D. Chang  
Title SUPERVISOR DISTRICT #3

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 with Rule 111.
- 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.

CMD :  
OG6WCMP

ONGARD  
C104-AUTHORIZATION TO TRANSPORT

09/20/94 13:45:51  
OGOAD -EMEK

OGRID Idn : 355 API Well No : 30 45 26028 Pool Code : 71599  
Operator Name : ALEX N CAMPBELL  
Prop Name : TONKIN FEDERAL Well No : 001E  
B.H. Location: UL : H Sec : 23 Twp : 27N Range : 12W Lot Idn :  
Prod Method (F/P) : F C104 Aprvl Dte : Gas Conn Dte :  
NFO Permit No : NFO Eff Dte : NFO Exp Date :  
Remove POD from WC: N Remove Transporter from POD : N  
Sel:

Transporter Idn : 9018 Name : GIANT REFINERY  
Point of Disp : 653210 Transporter type (G/O/W) : O  
Transporter Idn : 7057 Name : EL PASO NATURAL GAS CO  
Point of Disp : 653230 Transporter type (G/O/W) : G  
Transporter Idn : Name :  
Point of Disp : 653250 Transporter type (G/O/W) :  
Production Test : First Oil Prod Dte : 12-01-1984 Gas Dlv Date: 12-01-1984  
Test Date : Tubing Pressure : Choke Size :  
Oil(BOPD) : Gas(MCFD) : Water(BPD) :  
AOF(MCFD) :

E0005: Enter data to modify or PF keys to scroll

PF01 HELP	PF02	PF03 EXIT	PF04 GoTo	PF05	PF06 CONFIRM
PF07	PF08	PF09 COMMENT	PF10	PF11	PF12 NXTRNSP

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240  
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DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department  
**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

OPERATOR'S MONTHLY REPORT  
Form C-115 - Revised 1/1/89  
See Distribution and Code  
Information Bottom of Page

Company GIANT EXPLORATION & PRODUCTION COMPANY Address Box 2810, Farmington, NM Zip 87499 For Month, Oct 1991 Page 26 of 131  
or Operator

POOL NAME (Underline) *Lease Name WELL NO. UNIT SEC. TWP RNG	WELL STATUS	INJECTION		PRODUCTION			DISPOSITION OF GAS			DISPOSITION OF OIL								
		VOLUME	PRESS.	BARRELS OIL/COND. PRODUCED	BARRELS OF WATER PRODUCED	GAS PRODUCED (MCF)	DAYS PROD.	SOLD	TRANS- POR- TER	OTHER	C O D E	OIL ON HAND AT BEG. OF MONTH	BARRELS TO TRANS- POR- TER	TRANS- POR- TER	OTHER	C O D E	OIL ON HAND AT END OF MONTH	
LEASE NAME - Include State Land Lease Number or Federal Lease Number																		
<u>BISTI LOWER GALLUP</u>																		
BETSY CEIGER																		
NM 25446																		
1 D-18-25N-12W																		
P				218	25	73	31	0	73	U	175	213	Giant	0			180	

DISTRIBUTION	STATUS CODE	OTHER GAS DISPOSITION CODE	OTHER OIL DISPOSITION CODE
Original OCD Santa Fe	F..... FLOWING	X..... USED OFF LEASE	C..... CIRCULATING OIL
One Copy OCD Dist. Office	P..... PUMPING	D..... USED FOR DRILLING	L..... LOST
in which lease is located	G..... GAS LIFT	G..... GAS LIFT	S..... SEDIMENTATION (B.S. & W)
One Copy to Transporter (s)	S..... SHUT IN	L..... LOST (MCF ESTIMATED)	E..... EXPLANATION ATTACHED
DATE DUE	T..... TEMP ABANDONED	R..... REPRESSURING OR	T..... THEFT
To be postmarked by 24th day of next	D..... DISCONTINUED	P..... PRESSURE MAINTENANCE	
succeeding month.		V..... VENTED	
		U..... USED ON LEASE	

I HEREBY CERTIFY THAT THE INFORMATION GIVEN IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE	
Earlene J. Bickford (505) 326-3325	PHONE NUMBER
Administrative Manager	POSITION
<u>Earlene J. Bickford</u>	SIGNATURE
NOV 22 1991	DATE