Submit 5 Copies
Apprepriate 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

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DISTRICT II P.O. Drawer DD, Antesia, 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 BANNON ENERGY	INCORPORA	TED					-039 - 051	101		
Address 3934 FM 1960 W	est, Ste#	240 I	louston,	TX 7	7068					
Reason(s) for Filing (Check proper box)				X Othe	er (Please explai	n)		···		
New Well Change in Transporter of:					Change of Operator & Owner					
F	Oil	Dry	·	Chan	ge or of	peraco.	E & Owne	3.1		
Recompletion	Casinghead Ga									
										
If change of operator give name and address of previous operator	Beo, J	re.								
II. DESCRIPTION OF WELL		<u> </u>						· · · · · ·	 1	
Lease Name	Well No. Pool Name, Including						Kind of Lease Lease No. State, Federal or Fee			
Campos		1	Lybrook	Gallu	p	State,		SF 0	78272-N	
Location J Unit Letter	1650	Fee	Sc et From The	uth Lin	1650 e and) F•	et From The	East	Line	
Section 10 Towns	hip 23N	Ra	nge 7 W	, NI	MPM, Rio	Arrib	a		County	
III DECICNATION OF TRA	NCDODTED (OF OH	AND NATH	DAL GAS						
III. DESIGNATION OF TRANSPORTER OF OIL AND NATUR					Address (Give address to which approved copy of this form is to be sent) P O Box 256 Farmington, NM 87499					
Giant Refining Co. 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 Bannon Energy Incorporated					3934 FM 1960 West Ste240 Houston TX 7					
If well produces oil or liquids, give location of tanks.	Unit Sec		7 p. Rge. 23N 7W	Is gas actually connected? When ? yes early 1960's						
If this production is commingled with th IV. COMPLETION DATA	at from any other le	ease or poo	l, give comming	ling order num	iber:					
Designate Type of Completion		il Well	Gas Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v	
Date Spudded	Date Compl. R	eady to Pn	J xd.	Total Depth	J		P.B.T.D.		L	
Date species									1	
Elevations (DF, RKB, RT, GR, etc.)	Name of Produ	icing Form	ation	Top Oil/Gas Pay			Tubing Depth			
Perforations				<u> </u>			Depth Casing	Shoe		
	7711	NING C	A SING A NID	CEMENT	NG RECOR	D				
	TUBING, CASING AND			CEMENT		<u> </u>	1 2	CKS CEME	NT	
HOLE SIZE	CASIN	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
V. TEST DATA AND REQU	EST FOR ALI	LOWAB	LE	<u> </u>			<u> </u>			
	er recovery of total	volume of t	load oil and mus					r full 24 hour	5.)	
Date First New Oil Run To Tank	Date of Test			Producing M	lethod (Flow, pu	ump, gas lýt,	elc.)			
Length of Test	Tubing Pressu	re		Casing Pressure			M. E. (BEIV	I E II.	
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbls.			JUN2 5 1991		
				ļ			ل ال	MZ 9 133	11	
GAS WELL								1400	M	
Actual Prod. Test - MCF/D	Length of Tes	Length of Test			Bbls. Condensate/MMCF			DIST. 3		
Testing Method (pitot, back pr.)	Tubing Pressu	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIF					OIL CON	ISERV	ATION [DIVISIO	N	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above				11						
is true and complete to the best of my knowledge and belief.				Dat	Date Approved MAY 28 1991					
Rillehaband				∥ By_		Original Sig	ined by CHAP	CLES GHOLS	OM.	
Signature SR VP Production Russell A. Chabaud Title					DEDUTY ON & GAS INSPECTOR DIST. #3					
Printed Name 05/28/91	(713)	537	-9000	Title	9					
Date		Teleph	ione No.							
				April 1 Acres						

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.