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| TRANSPORTER       | OIL   |   |  |
|                   | GAS   |   |  |
| OPERATOR          |       |   |  |
| PRORATION OFFICE  |       |   |  |

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

| Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| N.M. 87499                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Lease No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| F•Federal SF078362                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| West                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| ba County                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| copy of this form is to be sent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 1d, N.M. 87413 copy of this form is to be sent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 240, Houston, Tx. 77068                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| lug Back   Same Res'v. Diff. Res'v.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| .B.T.D.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| epth Casing Shoe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| SACKS CEMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| must be equal to or exceed top allow-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| hoke Size                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| ds-MCF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| The Management of the Control of the |
| iravity of Condensate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Choke Size                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| AUG 04 1988                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| U.S.G.S.                                                                                                                                                                                                       | AUTHORIZATION TO TRAI                       | NSPORT OIL AND NATURAL G                                                | SAS .                                       |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------|--|
| LAND OFFICE OIL                                                                                                                                                                                                |                                             |                                                                         |                                             |  |
| TRANSPORTER GAS                                                                                                                                                                                                |                                             |                                                                         |                                             |  |
| OPERATOR                                                                                                                                                                                                       |                                             |                                                                         |                                             |  |
| PRORATION OFFICE Operator                                                                                                                                                                                      |                                             |                                                                         |                                             |  |
| BANNON ENERGY                                                                                                                                                                                                  | INCORPORATED                                |                                                                         |                                             |  |
| 3934 F.M. 1960                                                                                                                                                                                                 | West, Suite 240, Hou                        | ston, Texas 77068                                                       |                                             |  |
| Reason(s) for filing (Check proper box)                                                                                                                                                                        |                                             | Other (Please explain)                                                  |                                             |  |
| New Well Recompletion                                                                                                                                                                                          | Change in Transporter of: Oil Dry Gas       |                                                                         |                                             |  |
| Change in Ownership                                                                                                                                                                                            | Casinghead Gas X Condens                    | sate                                                                    |                                             |  |
| If change of ownership give name<br>and address of previous owner                                                                                                                                              | Tiffany Gas Company,                        | P. O. Box 50, Farmington                                                | n, N.M. 87499                               |  |
| DESCRIPTION OF WELL AND I                                                                                                                                                                                      | LEASE                                       |                                                                         |                                             |  |
| Lease Name                                                                                                                                                                                                     | Well No. Pool Name, Including Fo  1 Lybrook |                                                                         | Legse No.   Legse No.                       |  |
| Grace Federal 12                                                                                                                                                                                               | 1 Lybrook                                   |                                                                         | rederar Sro/0502                            |  |
| Unit Letter D : 86                                                                                                                                                                                             | Feet From The North Line                    | e and 860 Feet From 1                                                   | <sub>The</sub> West                         |  |
| Line of Section 12 Tow                                                                                                                                                                                         | mship 23 North Range 7                      | West , NMPM, Rio Ar                                                     | criba County                                |  |
| DESIGNATION OF TRANSPORT                                                                                                                                                                                       | TER OF OIL AND NATURAL GAS                  | S<br>Address (Give address to which approx                              | ued conv of this form is to be sent         |  |
| Name of Authorized Transporter of Oil Conoco Inc.                                                                                                                                                              | or Condensate :                             | P. O. Box 1429, Bloomf                                                  | t .                                         |  |
| Name of Authorized Transporter of Cas                                                                                                                                                                          | singhead Gas 🛴 or Dry Gas 🦳                 | Address (Give address to which appro-                                   |                                             |  |
| Bannon Energy Incorpo                                                                                                                                                                                          |                                             | 3934 F.M. 1960 West, Su:                                                | ite 240, Houston, Tx. 770                   |  |
| If well produces oil or liquids, give location of tanks.                                                                                                                                                       | Unit Sec. Twp. Rge. D 12 23N 7W             | Yes                                                                     | 8/81                                        |  |
| If this production is commingled wit                                                                                                                                                                           | th that from any other lease or pool,       | give commingling order number:                                          |                                             |  |
| COMPLETION DATA                                                                                                                                                                                                | Oil Well Gas Well                           | New Well Workover Deepen                                                | Plug Back   Same Res'v. Diff. Res'v.        |  |
| Designate Type of Completion                                                                                                                                                                                   |                                             | <u> </u>                                                                |                                             |  |
| 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                                                                                                                                                                                                   |                                             | <u> </u>                                                                | Depth Casing Shoe                           |  |
|                                                                                                                                                                                                                |                                             |                                                                         |                                             |  |
| HOLE SIZE                                                                                                                                                                                                      | CASING & TUBING SIZE                        | DEPTH SET                                                               | SACKS CEMENT                                |  |
|                                                                                                                                                                                                                |                                             |                                                                         |                                             |  |
|                                                                                                                                                                                                                |                                             |                                                                         |                                             |  |
|                                                                                                                                                                                                                |                                             |                                                                         |                                             |  |
| TEST DATA AND REQUEST FO                                                                                                                                                                                       | OR ALLOWABLE (Test must be af               | fter recovery of total volume of load oil oth or be for full 24 hours)  | and must be equal to or exceed top allow-   |  |
| OIL WELL Date First New Oil Run To Tanks                                                                                                                                                                       | Date of Test                                | Producing Method (Flow, pump, gas li                                    | ft, etc.)                                   |  |
|                                                                                                                                                                                                                | Tubing Pressure                             | Casing Pressure                                                         | Choke Size                                  |  |
| Length of Test                                                                                                                                                                                                 | I doubly Pressure                           |                                                                         |                                             |  |
| Actual Prod. During Test                                                                                                                                                                                       | Oil-Bbls.                                   | Water-Bbls. AUG 0 4 1988                                                | Gas-MCF                                     |  |
|                                                                                                                                                                                                                |                                             |                                                                         | · · ·                                       |  |
| GAS WELL                                                                                                                                                                                                       |                                             | and any                                                                 |                                             |  |
| Actual Prod. Test-MCF/D                                                                                                                                                                                        | Length of Test                              | Bbls. Condensate/MMCP                                                   | Gravity of Condensate                       |  |
| Testing Method (pitot, back pr.)                                                                                                                                                                               | Tubing Pressure (Shut-in)                   | Casing Pressure (Shut-in)                                               | Choke Size                                  |  |
| CERTIFICATE OF COMPLIAN                                                                                                                                                                                        | CE                                          | OIL CONSERVA                                                            | ATION COMMISSION<br>AUG 04 1988             |  |
| I hereby certify that the rules and regulations of the Oil Conservation  Commission have been complied with and that the information given  shows is true and complete to the best of my knowledge and belief. |                                             |                                                                         |                                             |  |
|                                                                                                                                                                                                                |                                             |                                                                         |                                             |  |
| on time and annihings on the                                                                                                                                                                                   |                                             | SUPERVISION DISTRIBUTE # =                                              |                                             |  |
| , ~ /                                                                                                                                                                                                          | ,                                           | <b> </b>                                                                |                                             |  |
| WHO                                                                                                                                                                                                            | hont                                        | This form is to be filed in compliance with RULE 1104.                  |                                             |  |
| (Sign                                                                                                                                                                                                          | ent for Bannon Energy Inc                   | tests taken on the well in acco                                         |                                             |  |
| (Ti                                                                                                                                                                                                            | itle)                                       | All sections of this form my                                            | ust be filled out completely for allowells. |  |
| August 2, 19                                                                                                                                                                                                   | 88                                          | Fill out only Sections I. I                                             | I. III. and VI for changes of owner,        |  |
| (Date)                                                                                                                                                                                                         |                                             | well name or number, or transporter, or other such change of condition. |                                             |  |