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TRANSPORTER	OIL	
	GAS	
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator BANNON ENERGY INCORPORATED	
Address 3934 F.M. 1960 West, Suite 240, Houston, Texas 77068	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner **Tiffany Gas Company, P. O. Box 50, Farmington, N.M. 87499**

I. DESCRIPTION OF WELL AND LEASE				
Lease Name Grace Federal 1	Well No. 1	Pool Name, Including Formation Lybrook Gallup	Kind of Lease State, Federal or Fee Federal SF	Lease No. Q78362
Location				
Unit Letter E ; 1650 Feet From The North Line and 840 Feet From The West				
Line of Section 1 Township 23 North Range 7 West , NMPM, Rio Arriba County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Conoco Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1429, Bloomfield, N.M. 87413					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Bannon Energy Incorporated	Address (Give address to which approved copy of this form is to be sent) 3934 F.M. 1960 West, Suite 240, Houston, Tx. 77068					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 1	Twp. 23N	Rge. 7W	Is gas actually connected? Yes	When 8/81

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

V. 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 tpb allowable for this depth or be for full flow)	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, Pump, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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OIL CON. DIV.
DIST. 3

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. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED AUG 04 1988 , 19	
Operating Agent for Bannon Energy Inc.		BY [Signature]	
August 2, 1988		TITLE SUPERVISION DISTRICT # 3	
(Date)		This form is to be filed in compliance with RULE 110A.	
		If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviat 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 I, II, III, and VI for changes of owner, well name or number, or transporter or other such change of condition.	