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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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 <b>BANNON ENERGY INCORPORATED</b>	
Address <b>3934 F.M. 1960 West, Suite 240, Houston, Texas 77068</b>	
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**

DESCRIPTION OF WELL AND LEASE

Lease Name <b>Mc Bee 7</b>	Well No. <b>2</b>	Pool Name, Including Formation <b>Lybrook Gallup</b>	Kind of Lease State, Federal or Fee <b>Federal</b>	Lease No. <b>SF078359</b>
Location				
Unit Letter <b>L</b> ; <b>1780</b> Feet From The <b>South</b> Line and <b>790</b> Feet From The <b>West</b>				
Line of Section <b>7</b> Township <b>23 North</b> Range <b>6 West</b> , NMPM, <b>Rio Arriba</b> County				

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) <b>P. O. Box 1429, Bloomfield, N.M. 87413</b>					
<b>Conoco Inc.</b>						
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) <b>3934 F.M. 1960 West, Suite 240, Houston, Tx. 77068</b>					
<b>Bannon Energy Incorporated</b>						
If well produces oil or liquids, give location of tanks.	Unit <b>L</b>	Sec. <b>7</b>	Twp. <b>23N</b>	Rge. <b>6W</b>	Is gas actually connected? <b>Yes</b>	When <b>8/81</b>

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

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				

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 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

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

CERTIFICATE OF COMPLIANCE

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.

*W. H. Hunt*  
(Signature)

Operating Agent for Bannon Energy Inc.

August 2, 1988  
(Date)

OIL CONSERVATION COMMISSION

APPROVED **AUG 04 1988**, 19

BY *[Signature]*

TITLE **SUPERVISION DISTRICT #3**

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

If this is a request for allowable for a newly drilled or deepened 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 I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.