Submit 5 Copies
Appropriate District Office
DISTRICT I
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

DISTRICT II P.O. Drawer DD, Artesia, NIM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Azlec, NM 87410

Santa Fe, New Mexico 87504-2088

I.	neu	TOTE	ANCD		ABLE AND	AUTHOR	IZATION						
Operator		10 15	ANOF	ONIO	IL AND NA	TURAL G		4 50 51		·			
Bannon Energy, I	Well API No. 30-039-22548												
Address 1000 F								J-039 - 22	548				
- 3934 F.M. 1960 West Reason(s) for Filing (Check proper box)	, Suite	240,	Houst	on, Te							į		
New Well		Change i	a Transpo			ner (Please exp							
Recompletion	Oil	XX	Dry Ga	atter of:		ive 6-1-							
Change in Operator	Casinghe		Conden		Clia	nge of a	aress						
If change of operator give name and address of previous operator													
•	4370 -												
IL DESCRIPTION OF WELL Lease Name	AND LE	Well No.	Deel M			·							
					ok Gallup			Kind of Lease State, Federal or Fee		Lease No.			
Location		.l		7 2 2 0	ok Garraj	<u> </u>	3.25	Teneral of In	N00-C	-14-20-	<u>56</u> ∳7		
Unit Letter A	_ :33	10	_ Feet Fr	om The ¹	north Li	. and 33	0 _		Annt				
Section 8 Townshi	. 221				——— U	e and	F	ect From The	east	Line	:]		
Section O Townsh	ip 23N		Range	7W	, N	MPM, Rio	Arriba			County			
III. DESIGNATION OF TRAN	SPORTE	ROFO	TT AND	D NIATT	MAT GAG					<u> </u>			
I was a contract of our		or Conde	nenie	DIVATO	Address (Gi	e address to w	hich arms						
Giant Refining Company					Address (Give address to which approved copy of this form is to be sent) P. O. Box 9156, Phoenix, AZ 85068								
Name of Authorized Transporter of Casin Bannon Energy, Inc.	ghead Gas	XX	AX or Dry Gas		Address (Gin	e address so wi	tick appropria	d come of this form in the land					
If well produces oil or liquide	Unit				3234 F	1900	West, S	st, Suite 240, Houston, TX.					
give location of tanks.	ΙΔ Ι	Sec. 8	Twp.	Rge 7W	- It gas actuall	y connected?	When	?		· · · · · · · · · · · · · · · · · · ·	7		
If this production is commingled with that IV. COMPLETION DATA	from any ou	er lease or	pool, give	commins	ling order num	yes		3-25-	81	··			
IV. COMPLETION DATA						····							
Designate Type of Completion	- (20	Oil Well	G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	_		
Date Spudded		ni. Ready to	Prod		Total Depth			Ĺ			1		
		Date Compl. Ready to Prod.						P.B.T.D.		<u> </u>	\neg		
Elevations (DF, RKB, RT, GR, etc.)	Name of P	roducing Fo	ormation		Top Oil/Gas Pay								
Perforations								Tubing Depth					
								Depth Casin	g Shoe				
TIPING CASING AN													
HOLE SIZE	CASING & TUBING SIZE			G AND	CEMENTING RECORD						7		
	ONGRIG & TOBING SIZE				DEPTH SET			SACKS CEMENT					
								 		•	_		
									· · · · · · · · · · · · · · · · · · ·		-		
V. TEST DATA AND REQUES	TEODA	HOW	DIE								\dashv		
OIL WELL (Test must be after re	COVERY of Sol	LLLUYY A	NDLE of load ai	1 and	. 1								
Date First New Oil Run To Tank	Date of Test				be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)								
					Transfer in	and prom, pur	rφ, gas iyi, e	(c.)					
Length of Test	Tubing Pressure				Casing Pressure			Chair Sine	1 10 0		-		
Actual Prod. During Test	Oil Phi					(U)			IVE	M	1		
	Oil - Bbls.				Water - Bbls			Gas- MCF			┦ .		
GAS WELL	L	-		·	<u> </u>			MAY22	1990				
Actual Prod. Test - MCF/D	l ength of T						~						
	Length of Test				Bbls. Condensate/MMCF			Grand Nacobiv.					
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			DIST. 3					
	·					c (34104-10)		Choke Size			7		
L OPERATOR CERTIFICA	ATE OF	COMPI	JANC	F	 								
i nereny certify that the rules and regular	tions of the C	VI C	- • •		∥ c	IL CON	SERVA	TION F	DIVISIO	N			
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					OIL CONSERVATION DIVISION								
and manage and Dellet.					Date ApprovedMAY 2 2 1990								
last Holean	me A	_							1				
Signature					Ву		3	0,0	Grann of				
W.J. Holcomb Agent					SUPERVISOR DISTRICT #3								
5-18-90 713 537-9000					Title_		-JUI LI			, ,			
Date			home No.										

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
- 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.

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