Submit 3 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

706

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

OIL CONSERVATION DIVISION P.O. Box 2088
Santa Fe New Mexico, 87

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			- 1		rexico 8/30						
I.	REC	UEST F	OR A	LOWA	BLE AND	AUTHORI	ZATION				
Operator		TOTA	ANSP	ORT OI	L AND NA	TURAL GA			•		
Bannon Energy, Ir				i	API No.						
Address	30-039-22881										
3934 F.M. 1960 West, Reason(s) for Filing (Check proper box)	Suite	240, H	lousto	n, Tex							
New Well		Change is	Transco	a.C.	A Oth	et (Please explo	iin)				
Recompletion	Oil		Dry Ga			lve 6-1-9					
Change in Operator	Casingle		Conden		Chang	ge of Add	iress				
If change of operator give name and address of previous operator											
IL DESCRIPTION OF WELL	ANDII	TACE					-				
Lease Name Well No. Pr			Pool N	Pool Name, Including Formation				Kind of Lease Lease No.			
South Blanco Navaj	<u>08</u>	3			k Gallup			Federal or Fee	1	-14-20-56	
Unit Letter H		1650			_				<u> </u>	14 20-50	
Unit Letter	- :	1030	. Feet Fr	om The	north _{Line}	and 330	F	cet From The	east	Line	
Section 8 Townshi	p .	23N	Range	7 W	. NA	MPM, Rio	Arriba				
III. DESIGNATION OF TRAN	icnon	SD 05 0					HILLDA			County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPURIT	or Conde	IL AN	D NATU	RAL GAS		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
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 Casinghead Gas (AX) or Dry Gas Bannon Energy, Inc.					Address (Give address to which approved copy of this form is to be sent)					mt):	
If well produces oil or liquids				3934 F.M. 1960 West, S			Suite 240, Houston, TX.				
give location of tanks.	Unait H	Sec.	Twp. 23N	; /W	is gas actually yes		When	4-15-8	22		
I this production is commingled with that	from any or	her lease or	pool, giv	e comming!	ling order numb	 er:	L	7 13 (72		
IV. COMPLETION DATA					·						
Designate Type of Completion	- (X)	Oil Well	i i	ias Well	New Well	Workover	Deepen	Plug Back Sa	ime Res'v	Diff Res'v	
Date Speeded	Date Corr	pl. Ready to	Prod.		Total Depth			P.B.T.D.		<u></u>	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing 1								r.b.1.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casing S			
								Debru Casing 2	iboe		
HOLE SIZE	T	TUBING,	CASIN	IG AND	CEMENTIN	IG RECORI)	·!			
HOLE SIZE CASING & TUBING SIZE						DEPTH SET		SACKS CEMENT			
		· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·					
. TEST DATA AND REQUES	TEOD	AT LOW	DI P								
IL WELL (Test must be after re	I FOR A	ALLUWA Mal volume	ABLE of load o	il and mine	ha amata						
Date First New Oil Run To Tank	be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)										
ength of Test	<u></u>					_	7 6 - 49 1 -	,			
enden a tex	Tubing Pressure				Casing Pressure			DATE	EIV	FIR	
Actual Prod. During Test	Oil - Bbls.				Water - Bbis			MCF			
							•	MAY2	2 1990		
GAS WELL								011 00			
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Condens	LE/MMCF	, , ,	Gravity of Co.	M. D	IV.	
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)						<u> </u>	D10	7-9-	;	
	(AIM-III)			Casing Pressure (Shut-in)			Choke Size				
L OPERATOR CERTIFICA	ATE OF	COMP	IAN	~				<u></u>			
I nereby certify that the rules and require	tions of the	Oil Canana	!		0	IL CONS	SERVA	ATION DI	VISIO	N	
Division have been complied with and this true and complete to the best of my in	hat the infor	mation give	n above					MAY 221		•	
10/		vaid.			Date /	Approved		mmi 66	33U		
Whole	omb			1	}			w) d.			
Signature W.J. Holcomb					Ву						
Printed Name		Age	int Tille				SUPER	IVISOR DIS	TRICT	#3	
5-18-90 . 7	13 537	-9000			Title_					<u> </u>	
		Telen	bone No		1						

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.

OIL CON. DIV.

The second section of the section of th