Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources D.partment

NSTRICT II 20. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NIM \$7410 Santa Fe, New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. Bannon Energy, Inc. c/o Holcomb Oil & Gas, Inc. 30-039-23692 P.O. Box 2058, Farmington, NM 87499 Resson(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of:

Dry Gas Recompletion Oil Change in Operator Effective January 1, 1990 Casinghead Gas XX Condensate change of operator give name ad address of previous operator IL DESCRIPTION OF WELL AND LEASE Lease Name Well No. | Pool Name, Including Formation Kind of Lesse Size Federal or Fee Lam No. SF 078362 Marcus Lybrook Gallup Location Feet From The ____north 655 945 east Line and Feet From The Line 23N Section Range 7W Township Rio Arriba . NMPM. County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS or Condensate 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 Address (Give address to which approved copy of this form is to be sent)
3934 F.M. 1960 West Suite 240, Houston TX 77068 or Dry Gas Bannon Energy, Inc. If well produces oil or liquids, give location of tracks. Unit 7 23 N 7W Rge. Is gas actually connected? When ? Α yes 12-22-85 lagied with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Designate Type of Completion - (X) Deepen Plug Back Same Res'v Date Specided 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** Depth Casing Shoe NAME RECORD TUBING, CASING AND C HOLE SIZE **CASING & TUBING SIZE DEPTH SET** SACKS CEMENT JAN 3 0 1990 OIL CON. DIV. DIST. 3 . TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) Date First New Oil Run To Tank Producing Method (Flow, pump, gas lift, etc.) Length of Test **Tubing Pressure** D Actual Prod. During Test Oil - Bbls. SAMP GAS WELL Actual Prod. Test - MCF/D Leagth of Test Bbls. Condentate/MMCF Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) VL OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation 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 **JAN 30 1990** Date Approved Signature By_ Holcomb Agent, Bannon Energy SUPERVISOR DISTRICT #3 Printed Nas (505) 326-0550 1-25-90 Title_

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.

Telephone No.

- 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 walls