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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hoobs, 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, Anteria, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

T	REC	10E21 F	OH AL	TOMA	BLE AND	AUTHOR	IZATION				
Operator		TO TR	ANSP(DRT OI	L AND NA	TURAL G	AS				
Bannon Energy, Inc.							3	api No. 039 – 23701		<u>-</u>	
3934 F.M. 1960 West, Suit	e 240. Ho	uston TX	77068							· · · · · · · · · · · · · · · · · · ·	
Reason(s) for Filing (Check proper box)	<u> </u>	77000			h /D/					
New Well	,	Change is	n Transpo	rter of:		her (Please exp	Kain)				
Recompletion	Change in Transporter of: Oil Dry Gas										
Change in Operator	Casinghe	ead Gas 😾									
f change of operator give name											
and address of previous operator				<u></u>							
II. DESCRIPTION OF WELL	L AND LE	EASE									
Lease Name	WEIL NO.			ame, Includ	ling Formation		Kind	Kind of Lease No.			
Marcus 3		3	Lyb	orook-Ga	Lup			Federal or Fee SF078354			
Location										······································	
Unit Letter I	:183	0'	_ Feet Fro	om The $\frac{S}{L}$	outh Li	20d	F	et From The _	East	T:	
C 7	0.01							~: : : : : : : : : : : : : : : : : : :		Line	
Section 7 Towns	thip Z3N	ip 23N		Range 6W		, NMPM,		Rio Arriba County			
II. DESIGNATION OF TOA	NCDODT	ED OF O	TY 4379	O 37. mm							
II. DESIGNATION OF TRA Nume of Authorized Transporter of Oil		or Conde	IL ANI	D NATU							
Giant Refining Co.					Address (Give address to which approved copy of this form is to be sent)						
N. CALL					PO Box 9156, Phoenix AZ 85068						
Cole Development Co.					Address (Give address to which approved copy of this form is to be sent) PO Box 191, Farmington NM 87499					1)	
If well produces oil or liquids,	Unit	Sec.	Twp. Rge.		Is gas actually connected?						
ive location of tanks.	l T	17	23N	6W	yes	ty connected!	When	? ust 15, 198	20		
f this production is commingled with the V. COMPLETION DATA	at from any o	ther lease or	pool, give	e comming	ling order num	iber:	Augi	151 17, 170			
Designate Town of C	~-	Oil Wel	1 0	ias Well	New Weil	Workover	Deepen	Plug Back :	Same Periu	him bassa	
Designate Type of Completio	n - (X)	_1	İ		i) Dapa	i ing mace j.	Petitic Vez A	Diff Res'v	
Date Spudded	Date Con	npl. Ready to	o Prod.		Total Depth			P.B.T.D.		<u> </u>	
Florefore (DE RKB PE CO			·								
Elevations (DF, RKB, RT, GR, etc.)	Name of	Producing F	omution		Top Oil/Gas	Pay		Tubing Depth	Tubing Depth		
Perforations								· .			
_								Depth Casing	Shoe		
		TIDDIC	CACD	10 1170							
HOLE SIZE	TUBING, CASING ANT HOLE SIZE CASING & TUBING SIZE										
THOSE OILE	CASING & TUBING SIZE					DEPTH SET	<u> </u>	S	ACKS CEME	NT	
										· · · · · · · · · · · · · · · · · · ·	
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	<u> </u>				 			-		···	
. TEST DATA AND REQUI	ST FOR	ALLOW	ABLE			+					
OIL WELL (Test must be after				il and musi	t be equal to o	r exceed top all	lowable for this	s denth or he fo	r 6,11 24 haven	. 1	
IL WELL (Test must be after recovery of total volume of load oil and mate First New Oil Run To Tank Date of Test					Producing Method (Flow, purp, gas lift, et			uc.)	· jmi 24 /10m3	··/	
							170 - 34				
ength of Test	Tubing Pressure				Casing Pressure			Cho	S C IS I	WE	
1.0								K	. W & 8		
Actual Prod. During Test	Oil - Bbls	Oil - Bbls.			Water - Bbls.			GasUAF		-	
								5	SEP281	989	
GAS WELL										F 16 #	
Actual Prod. Test - MCF/D	Length of	Test			Bbis. Conde	cate/MMCF		Gravity of Co	<u>. CUIN.</u>	UIV.	
							,	0.27.11.7 01 02	od Dist.	3	
esting Method (pitot, back pr.)	Tubing P	Tubing Pressure (Shut-in)				यक (Shul-in)		Choke Size			
VL OPERATOR CERTIFIC	CATE O	F COME	LLAN	CE				<u> </u>			
I hereby certify that the rules and reg	ulations of the	e Oil Conser	vation			OIL COM	VSERV.	ATION E	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.											
are one and contiplete to the pest of m	y knowledge :	and belief.			Date	Approve	e4	SEP 2	8 1383		
11111 l						- , .pp.046	, u	·	<u> </u>	<u> </u>	
Signature Ny No Cu	-				D.		3	. 17 6	Dan /	,	
W. J. Holcomb Operating A	gent for 1	Rannon Fr	nerm, T	nc	By_				3		
Printed Name	SWILL LUL	CHURNII EI	Title	-411-			SUP	ERVISOR	DISTRICT	#3	
September 19, 1989		<u>(505)</u> 326			Title					· ·	
Date		Tele	poone No	`	11						

the state of the s 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 with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I. H. El. and VI for changes of operator, well name or number transport of curumous changes.