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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, NM 88210

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

I. Operator	REC	UEST F	OR A	LLOWA ORT O	ABLE AND	AUTHOR	RIZATI GAS	ION					
Bannon Energy Inc.							Well API No.						
Address 3934 FM 1960 West, Suite 240, Houston TX 77068								30	0-039-2384	49			
Reason(s) for Filing (Check proper box)	uite 24	O, Hous	ston	TX 770			· <del></del> -						
New Well		Change in	n Transp	onter of:	Ot.	her (Please ex	rplain)				<del></del>		
Recompletion  Change in Operator	Oil		Dry G	🗆									
If change of operator give name	Casingh	ead Gas 🔀	Conde	nsate									
and address of previous operator													
II. DESCRIPTION OF WELI	AND LI												
Marcus A	Well No.   Pool Name, Includi				0 11				of Lease No.				
Location	·		COUL	261012	Gallup	Dakota		State,	Federal or Fee	SF0783	362		
Unit LetterG	. 1980	)	_ Feet Fr	om The	North Li	198	80	-	et From The	Cast			
Section 6 Towns	nip 23N			6W							Line		
			Range			МРМ,		10	Arriba ————		County		
III. DESIGNATION OF TRAD	NSPORT	OF OF O	IL AN	D NATU	JRAL GAS								
Giant Refining Co.	Address (Give address to which approved copy of this form is to be sent) PO Box 9156, Phoenix AZ 85068												
Name of Authorized Transporter of Casi	Authorized Transporter of Casinghead Gas or Dry Gas									opy of this form is to be sent)			
Cole Development Co.  If well produces oil or liquids,	produces oil or limits					PO Box 191, Farmington				NM 87499			
give location of tanks.	Unait   G	Sec.   6	Twp. 23N	Rge.   6W	Is gas actual	y connected?		When					
If this production is commingled with that  IV. COMPLETION DATA	from any o	ther lease or	pool, giv	e comming	lyes ding order num	ber			10	-3-85			
IV. COMPLETION DATA									· · · · · · · · · · · · · · · · · · ·	<del></del>			
Designate Type of Completion	ı - (X)	Oil Well	(	las Well	New Well	Workover	Dec	реп	Plug Back   Sa	ıme Res'v	Diff Res'v		
Date Spudded	Date Con	pl. Ready to	Prod		Total Depth		_L		P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			***					
Perforations					Top One as Pay				Tubing Depth				
retorations				·	<del></del>				Depth Casing S	hoe			
		TUBING	CASIN	IG AND	CEMENTY	NC DECO	D.D.		<u> </u>				
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT				
			· · · - · ·										
V TECT DATA AND DECKE						<del></del>			·		·····		
V. TEST DATA AND REQUE OIL WELL (Test must be after:	ST FOR A	ALLOWA	ABLE										
Date First New Oil Run To Tank	t be equal to or exceed top allowable for this depth or be for full 24 hours.)  Producing Method (Flow, pump, gas lift, etc.)												
Length of Test	71. 5			·			- 1, 4-		ir and the same				
	Tubing Pressure				Casing Pressure  Water - Bbls.				Choke Size				
Actual Prod. During Test									Gas- MCF				
GAS WELL						····			<u> </u>	<u> </u>			
Actual Prod. Test - MCF/D	Length of	T							· ·		,		
					Bbls. Condensate/MMCF				Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pressure (Shui-in)			Casing Pressure (Shut-in)				Choke Size					
VI OPERATOR CERTIFIC	'A TE OF	- CO) m			-	·					•		
VI. OPERATOR CERTIFIC  I hereby certify that the rules and regul	ations of the	Oil Concern	:	CE			NSEE	R\/Δ	TION DI	VISIO	K.I.		
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					OIL CONSERVAT					A IQIÓ	1.4		
/ Oller or my knowledge and belief.					Date Approved				SEP 28 1989				
- Us/Holing						tropic				_			
W.J. Holcomb, Operating Agent for Bannon Ener					By 3.1) d								
Filmed Name	Title SUPERVISOR DISTRICT /3												
September 19, 1989 Date			)326- hone No		ll Hue-								
Telephone 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 V. for changes of operator, well name or number, praparotter or other such changes.

  4) Separate Form C 204 minutes of the changes of operator, well name or number, praparotter or other such changes.