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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

OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT II P.O. Drawer DD, Artesia, NIM \$8210

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	Santa Fe, New Mexico 87504-2088										
REQUEST FOR ALLOWABLE AND AUTHORIZATION											
Operator						JHAL GA		UPI No.			
Bannon Energy, Inc. c	ic.	30-039-23849									
P.O. Box 2058, Farmin	gton,	NM 874	199								
Reason(s) for Filing (Check proper best) New Well		O :-	.		Other	(Please expla	in)				
Recompletion	Oil	Change in	Dry G					,			
Change in Operator	Casinghe	nd Gas 🔀			Effect	ive Janu	ary 1,	1990			
If change of operator give name and address of previous operator							"				
IL DESCRIPTION OF WELL	AND LE	ASE									
Lease Name Marcus A	eus A Well No. Pool Name, Inci			ame, Includi	sing Formation			Lesse	Les	use Na	
Location		<u> </u>	Cour	nselors	Gallup Da	akota	Sud	Federal or Fee		78362	
Unit Letter G: 1980 Feet From The north Line and 1980 Feet From The east Line											
Section 6 Township	, 23	23N Range 6W NMPM Rio Ar									
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized Transporter of Oil	SPORTE	CR OF O	IL AN	D NATU	RAL GAS						
Giant Refining Company	or Condensate				Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Casing	phead Gas XX or Dry Gas				P. O. hox 9156, Phoenix, AZ 85068 Address (Give address to which approved copy of this form is to be sent)						
Bannon Energy, Inc.	non Energy, Inc.				3934 F.M. 1960 West			omed copy of this form is to be sent) Suite 240, Houston TX 77068			
If well produces oil or liquids, give location of tanks.	Unait G	Sec	Twp		is gas actually o	connected?	When			· ·	
If this production is commingled with that i	6	23N] 6W	yes		11	10-3-85				
IV. COMPLETION DATA			poor, gr	AE COLIMITUS	ng order amper	· —		··			
Designate Type of Completion	· (20)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v	
Date Spadded	Date Compl. Ready to Prod.			Total Depth		<u> </u>	P.B.T.D.		Ĺ		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation										
	· visimudi				,			Tubing Depth			
Perforations					J			Depth Casing S	hoe		
		TIPING	CAST	NC AND		OFI	10 120	-			
HOLE SIZE	TUBING, CASING AND C				DEPTH SET			SASKS OF LEVE			
						AN 3 0 19	100	L) SAC	CKS CEME	<u>NT</u>	
					URIO 0 1330						
					OIL CON DIV						
V. TEST DATA AND REQUES						DIST. :	•				
OIL WELL (Test must be after re Date First New Oil Rus To Tank	covery of a	otal volume	of load	oil and must	be equal to or es	sceed top allo	wable for this	depth or be for	full 24 hours	.)	
and they out this 10 test	Date of Te	: 4			Producing Meth	od (Flow, pu	mp, gas lift, a	sc.)			
Length of Tex	Tubing Pressure				Casing Beating	E C E	1 4/ /2	Granke Size			
Actual Prod. During Test	Oil - Bbls.				IN IN		u v g				
	Ou - Bots.				Water - Wolfe	JAN2 6	1990	MCF			
GAS WELL					(\)						
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Condense	EMMCE.	L DIV	Gravity of Con	densite		
Testing Method (pitot, back pr.)	rusing Pressure (Snik-m)					ופוט	3	And Assert of the Party of the	and a second second description of the second secon		
					Casing Pressure	(Shut-is)		Choke Size		i	
VL OPERATOR CERTIFIC	ATE OF	COME	LIA	NCE	<u> </u>		· 	<u></u>			
I hereby certify that the rules and mentations of the Oil Consequence						OIL CONSERVATION DIVISION					
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					JAN 3 0 1990						
10 KH L	Date Approved										
Signature	By Bir) Chang										
W. J. Holcomb Printed Name											
1-25-90	Title (505) 326-0550				SUPERVISOR DISTRICT #3						
Date	<u> </u>		phone !	√o.							
					11						

INSTRUCTIONS: This form is so 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