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Appropriate District Office
DISTRICT I
P.O. Bux 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

OIL CONSERVATION DIVISION DISTRICT II P.O. Diawer DD, Antenia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		O TRA	NS	PORT C	IL AND N	IA7	TURAL GA	4S				
Operator Operator								Well	API No.			
Bannon Energy, Inc.	· 								30-039-	-24030		
3934 F.M. 1960 West, S	Suite 2	40, Ho	ust	on TX 7	77068							
Reason(s) for Filing (Check proper box) New V'ell						Othe	n (Please expla	iin)		·		
Recompletion	Oil	Change in	Trans Dry	sporter of:	· ·							
Change in Operator	Casinghead	i Gas 💢]							
I change of operator give name and address of previous operator												
•												
IL DESCRIPTION OF WELL A	AND LEA		Pool	Name Inch	idiaa Tamasi			1	of Lease			
Marcus A		Well No. Pool Name, Including 10 Lybrook Gall					*			SF078	ease No.	
Locatica			1070	DIOOK O	аттир					31070	J02	
Unit Letter I	: 2090)	. Feet	From The	South	Line	and 360	F	et From The	East	Line	
Section 1 Township	23N		D	7U								
				ge 7W			ирм,	KIO	Arriba		County	
III. I ESIGNATION OF TRANS Name of Authorized Transporter of Oil				ND NAT	URAL GA	S						
Giant Refining	\bowtie	or Conden	1 Sale		l l		address to wh			orm is to be se	nı)	
Name of Authorized Transporter of Casinghead Gas or Dry Gas						PO Box 9156, Phoenix AZ 85068 Address (Give address to which approved copy of this form is to be sent)						
ole Development Co.					PO Bo	PO Box 191, Farmington NM 87499						
If well produces oil or liquids, give location of tanks.	quide, Unit Sec		* · · · · · · · · · · · · · · · · · · ·		e Is gas act yes			When	? -24-86			
f this production is commingled with that f						umb	ner:					
V. COMPLETION DATA	_									·		
Designate Type of Completion -	· 000	Oil Well		Gas Well	New W	cil	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	l. Ready to	Prod		Total Dep	xh		<u> </u>	I DRED	<u></u>	<u> </u>	
<u> </u>									P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	tions (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay				Tubing Depth		
Perforations										Depth Casing Shoe		
									Depth Cash	ig snoe		
1015075	TUBING, CASING AND (CEMENTING RECORD						
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET				SACKS CEMENT		
									 		·	
V. TEST DATA AND REQUES	T FOD A	LLOW	ADI	r								
OIL VELL (Test must be after re					ust be equal to	o or	exceed ion allo	ouable for thi	s denth or he	for full 24 hour	1	
Date First New Oil Run To Tank	Date of Tes				Producing	Ме	thod (Flow, pu	mp, gas lift,	ec.)	OF 1411 24 NOW	3-/	
Length of Test										API	MED	
sough or rest	Tubing Pressure				Casing Pr	Casing Pressure				W.EREIGE		
Actual Prod. During Test	During Test Oil - Bbls.					Water - Bbis.				SEP 2 8 1989		
									5			
GAS WELL Actual Prod. Test - MCF/D Length of Test										OIL CON. DIV.		
Family 101 101 101 1010 1010	Length of	est			Bbis. Con	ideni	ELE/MMCF		Gravity of C	∘0191 . 3		
Testing Method (pitot, back pr.)	Tubing Pres	sure (Shu	l-in)		Casing Pr	ctti	re (Shut-in)		Choke Size	·· · · · · · · · · · · · · · · · · · ·		
			·									
VL OPERATOR CERTIFICA	ATE OF	COME	LLA	NCE		_		ICEDV	ATION		NA I	
I hereby certify that the rules and regula Div sion have been complied with and t	hat the infor	mation giv	vation en abc) ove		(OIL CON	IOERV.	AHON	חומומום)N	
is true and complete to the jest of my knowledge and belief.					D-	Date Approved				CFD 2.9 1000		
4.041						Date ApprovedSEP 28 1989						
Signature						By						
W. I. Holcomb Operating Agent for Bannon Energ												
Printed Name September 19, 1989 Title 505-326-0550					-[]	ile .		SUF	PERVISOR	R DISTAIC	T #3	
Date:			phone									

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, II, III, and VI for changes of operator, well name or number, transporter or other such changes.
 4) Separate Form C 104 must be fixed for each need in multiple page 1 min.