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

State of New Mexico Energy, Minerals and Natural Resources Department

DISTRICT II P.O. District DD, Arlesia, NIM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Santa Fe, New Mexico 87504-2088											
I.	REQU	EST FO	OR ALL	OWAE	LE AND A	AUTHOR	RIZATIO	NC			
TO TRANSPORT OIL AND NATURAL GAS								Well API No.			
Bannon Energy, Inc. c/o Holcomb Oil & Gas, Inc.						30-039-24030					
P.O. Box 2058, Farmin Reason(s) for Filing (Check proper box)	gton, N	M 874	99								
New Well		Change in	Transport	er of:	Othi	a (Please ex	olain)				
Recompletion Oil Dry Gas Change in Operator Caninghead Gas XX Condensate Effective January 1, 1990											
If change is Operator give same and address of previous operator	Casinghese	Gus XX	Condens	ite 🗌	Filec	tive Jai	nuary	1, 1990			
IL DESCRIPTION OF WELL	ANDIE	CE							-		
Lease Name	עיט עניג	Well No.	Pool Nan	ne, Includi:	ng Formation X			Kind of Lases	ind of Lease No.		
Marcus A		10	Lyb	rook (Gallup			San Federal or Fee		078362	
Unit LetterI	2090		. Feet From	n The	outh	and	360		east		
Section 1 Township	23N			7W			Arril	Feet From The		Line	
Section 1 Township 23N Range 7W , NMPM, Rio Arriba County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized Transporter of QU	RAL GAS Address (Give address to which approved copy of this form is to be sent)										
Giant Refining Compa				P. 0	box 9	156,	Phoenix, AZ 8	n is to be se 35068	u)		
Name of Authorized Transporter of Caring Bannon Energy, Inc.	head Gas XXI or Dry Gas			as 🗀	Address (Gin	e <i>address to</i> 1	which app	roved copy of this form	red copy of this form is to be sent) Suite 240, Houston TX 7706		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp		is gas actually			When?	HOUS COL	1 1X //UB	
If this production is comminged with that !		er lease or	23N	7W	yes			6-24-86			
IV. COMPLETION DATA											
Designate Type of Completion	- (X)	Oil Well	Ga	s Well	New Well	Workover	Dec	pen Plug Back S	une Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.				Total Depth	L		P.B.T.D.		<u> </u>	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations											
								Depth Casing	Stoce		
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				CEMPT	<u> </u>	<u>u</u> /	i in			
	OASING & TOBING SIZE				- IN -	DEFINSE		SA SA	SACKS CEMENT		
					J	AN 3 0	990				
					711	CON	DI	V .			
V. TEST DATA AND REQUES OIL WELL (Test result by other to	DIST. 3										
Date First New Oil Rua To Tank	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		· · · · · · · · · · · · · · · · · · ·					р	· • • • • • • • • • • • • • • • • • • •			
Length of 148	Tubing Pressure				Cuid Black	EGE	IA	Spoke Size			
Actual Prof. During Test	Oil - Bbls.				Water bis	JAN2 6	1000	MCF			
GAS WELL	<u> </u>								·		
Actual Prod. Test - MCF/D	Leagth of	est			Bbls. Coodes	CON	Gravity of Con	densite			
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Bbis. Condensate Add(). Casing Pressure (Shut-in)				Other		
						(-A1UE-18)		Choke Size		:	
VI. OPERATOR CERTIFICATE OF COMPLIANCE)II	NOT				
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION						
is true and complete to the best of my knowledge and belief.					Date Approved JAN 3 0 1990						
- WALL					Date Approved						
Signature W. J. Holcomb	Agent, Bannon Energy				By						
Printed Name 1-25-90	_		Title	rer 8	Title		SUP	ERVISOR DIST	RICT #	3	
Deta	(505)		phone No.		III TILLE					4	
			*	-	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.

4) Separate Form C-104 must be filed for each pool in multiply completed wells