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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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator	_					30-	PI No. -039–2405	6		
BANNON ENERGY, INC	<u>c.</u>									
Address 3934 F.M. 1960 We:	et Suite 2	40. H	ouston.	Texas 7	7068					
Reason(s) for Filing (Check proper box)	st, built 2	10, 1			r (Please expla	in)				
New Well	Change	in Trans	porter of:		ge in ow					
Recompletion	Oil [ve date								
Change in Operator	Casinghead Gas Condensate All changes effective January 1, 1989									
If change of operator give name	k A. Cole,	P. 0.	Box 191	. Farmi	ngton, Ni	1 87499				
						····				
II. DESCRIPTION OF WELL AND LEASE						T YE' . A .	Lease No.			
Lease Name Marcus								Rederal or Fee SF 078362		
Location										
_	410		No	nth r	e and215	Λ τ.	E The	Fast	Line	
Unit LetterB	: 410	Feet	From The INC	AT CII LID	2 and	<u> </u>	et From The	павс	1_111C	
Section 12 Township	23 N	Rang	_e 7W	, N	MPM, Rio	Arriba			County	
III. DESIGNATION OF TRAN			ND NATUI	RAL GAS						
Name of Authorized Transporter of Oil	X	densate		Address (Give address to which approved copy of this form is to be sent) P.O. Box 9156, Phoenix, AZ 85068						
Giant Refining Com				l						
Name of Authorized Transporter of Casinghead Gas X or Dry Gas					Address (Give address to which approved copy of this form is to be sent) P. O. Box 26400, Albuquuerque, NM 87125					
Gas Company of New Mexico If well produces oil or liquids, Unit Sec. Twp. Rge.					y connected?	When				
give location of tanks.	B 12 23N 7W			Yes	•		10/21/86			
If this production is commingled with that				ing order num	ber:					
IV. COMPLETION DATA					_,				<u> </u>	
Designate Time of Completion	Oil W	/ell	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	Date Compl. Read	u to Prod		Total Depth	<u> </u>		P.B.T.D.		<u> </u>	
Date Spudded	Date Compt. Read	y io riod	-	Total Dopus			r.b.1.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth		
Perforations							Depth Casing	Shoe		
,										
				CEMENT	NG RECOR			10/0 051		
HOLE SIZE	CASING 8	TUBING	G SIZE		DEPTH SET		3	ACKS CEM	ENI	
				 					_, ,	
	 									
V. TEST DATA AND REQUE	ST FOR ALLO	WABL	Æ							
OIL WELL (Test must be after	recovery of total volu	me of loc	ad oil and must	be equal to o	r exceed top all	owable for thi	s depth or be f	or full 24 hou	7S.)	
Date First New Oil Run To Tank	Date of Test			Producing M	lethod (Flow, p	ump, gas lift, i	etc.)			
	Tubing Pressure			Casing Press	7170		Choke Size			
Length of Test				Casing Fies	MIC .					
Actual Prod. During Test	Oil - Bbls.	·····		Water - Bbl	<u></u>	5 650	Gar MCE	WE	10	
Patient Flott During Foot	On Bois.			0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			EVE	VE		
CACHELL										
GAS WELL Actual Prod. Test - MCF/D				Bbls. Condensate/MMCF			MARJ. 2.1889.			
Patient Floor Ton - Wilder								CON DIV		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)				LCON. DIV		
							DIST. 3			
VI. OPERATOR CERTIFIC	CATE OF CO	MPLL	ANCE		011 001	UOEDV	ATION	רוי אוכול	NI.	
I hereby certify that the rules and regu	liations of the Oil Co	nservatio	en.		OIL COI	12EHA	AHON	אפועוט	אוכ	
Division have been complied with and	that the information	given ab	oove					- · · · · · ·		
is true and complete to the best of my knowledge and belief.				Dat	e Approve	ed				
1.(11111.1						and the		J. 25000		
Signature				∥ By.			ph. 1 35	The second of	(1	
Signature W. J. Holcomb, Operating	Agent for Bar			•		CHOPE	RVIBLORI	DISTRIC	T#3	
Printed Name	,,,,,,	Titl		Title	ə	نته ۱۷ ت				
March 7, 1989	(505) 3	Telephor								
Date		TOTOPINA	170.	11						

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 filed for each pool in multiply completed wells.