STATE OF NEW MEXICO EVERGY MO MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78

Format 06-01-83

REQUEST FOR ALLOWARIE

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Concentration Concentratio		OCT 2 9 1986
District		CDORT OIL AND MATERIAL COR
JACK A. COLE	A.	_ OIL CON DIV
P. O. BOX 191, FARMINGTON, NEW MEXICO 87499 Presential for liting (Check proper box)	1 '	DIST 3
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((C)()))er 21. 1900	October 27, 1986	All sections of this form must be filled out completely for allowable on new and recompleted wells.
(Date) Fill out only Sections I. II. III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.		Fill out only Sections 1. II. III. and VI for changes of owner
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5736-5448 5561-5565 5457-5461 5570-5578	5605-5609 5628-56 5612-5616 5633-56				39-5646		Depth Contr	ug Shae		
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Submit 5 Copies
Appropriate District Office
DISTRICT 1
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, Antesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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I.		TO TRA	ANSP	ORT OIL		AUTHUR C table	ILATION					
Operator	TO TRANSPORT OIL				L AND INA	TONAL		API No.				
Bannon Energy Inc	non Energy Inc						-039-2406	7				
Address						·			<u> </u>			
3934 F.M. 1960 West S	uite 2	40, Ho	uston	TX 770	368							
Reason(s) for Filing (Check proper box)					Oti	ner (Please exp	lain)		·			
New Well		Change in	Transpo	rter of:								
Recompletion Change in Operator	Oil		Dry Ga									
If change of operator give name	Casinghe	ad Gas 🔀	Conden	sale								
and address of previous operator		-						·				
II. DESCRIPTION OF WELL	ANDAR											
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Section 12 Township	23 N		Range	7 W			Rio	Arriba				
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III. DESIGNATION OF TRAN	SPORTE	ER OF O	IL ANI	D NATTI	RAT. GAS							
Transported Transporter of Oil	\boxtimes	or Conder	sale		Address (Gi	re address so w	hich approved	copy of this for	is to be a			
Giant Refining Co.					PO Box	9156, Pl	hoenix A	Z85068	m & w be se	:nu)		
Name of Authorized Transporter of Casing	zhead Gas	\boxtimes	or Dry	Gas	Address (Gir	re address so w	hich approved	copy of this for	m is to be te	-=!		
Cole Development Co. If well produces oil or liquids,		,		-,	PO Box	191, Far	rmington	NM 87499)	/		
in well produces on or liquids,	Unit	Sec.			Is gas actuall	y connected?		When ?				
f this production is commingled with the	C	12	23N] 7W	yes	· · · · · · · · · · · · · · · · · · ·	111-8	36				
f this production is commingled with that it. V. COMPLETION DATA	.rom any ou	ner lease or	pool, giv	comming	ing order num	ber:	·					
		Oil Well		31/ 11) 		-,					
Designate Type of Completion	- (X)	JOH WELL	i i	as Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v		
Date Spudded	Date Com	pl. Ready to	Prod		Total Depth	L	<u></u>	<u> </u>				
		,			1000 Depair			P.B.T.D.		,		
Elevations (DF, RKB, RT, GR, etc.)	Name of F	roducing Fo	omation		Top Oil/Gas	Pay		711				
					-	•		Tubing Depth				
Perforations					<u> </u>			Depth Casing	Shoe			
									a.c.			
		rubing,	CASIN	IG AND	CEMENTI	NG RECOR	D D	.!				
HOLE SIZE	CA	SING & TL	BING S	IZE	DEPTH SET			SACKS CEMENT				
												
	 											
. TEST DATA AND REQUES	T FOR 4	HOWA	RIE	·								
OIL WELL (Test must be after re	covery of u	stal volume	oflood o		h							
Date First New Oil Run To Tank	Date of Te	d d	oj ioda oi	ana musi	Producing Method (Flow, pump, gas lift, etc.)							
		-			Troubling ivi	aca (riow, pi	ump, gas iyi, e	<i>tc.)</i>		·		
ength of Test	Tubing Pre	ssure			Casing Press	ire		Choke Size				
					Casag Fredaire			MER	5 I V	I E LW		
Actual Prod. During Test Oil - Bbls.			Water - Bbis			MC-MC-						
	<u> </u>							UU		_ 12		
GAS WELL								SEP	28198	9		
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conden	EELE/MMCF	·	Gav Vol Co	identate :	-1-4		
							í	Chie		J 5 8		
esting Method (pitot, back pr.)	Tubing Pre	saire (Shut-	in)		Casing Press.	ire (Shut-in)		Choke Size		-		
W 6777	Ĺ											
L OPERATOR CERTIFICA	ATE OF	COMP	LIAN	CE						J		
I hereby certify that the rules and regular	tions of the	Oil Conserv	ation			OIL COM	ISERV/	ATION D	IVISIO	N		
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.							SEP 28 1989					
	nowhering at	KU DELIEI,			Date	Approve	d	SEP 2	8 1989			
a What L				Date Approved								
Signature					By					1		
_W.J. Holcomb Operatin	g Agen	t for E	Bannor	ı Ener	1γ – υν – υ				Section Sectio			
Printed Name			Tiue 326-0		T		SUP	ERVISOR	DISTRIC	T #3		
September 19, 1989					Title		···					
Date 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 VI for changes of operator, well name or number, transporter, or other such changes. 4) Separate Form C-104 miner he filed for each and in