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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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

| STRICT III | | Santa | re, Ne | w Me | X1CO 8/304 | 1-2088 | | | | |
|---|-------------------------------|---------------------------------------|-----------------------|---|--|---------------------|---|-------------------|-----------------|---------------------------------------|
| 00 Rio Brazos Rd., Aztec, NM 87410 | REQUE | EST FOR | R ALLO | WAB | LE AND A | UTHORIZ | ATION | | | |
| | T | OTRAN | SPORT | OIL | AND NAT | URAL GA | | K | | · · · · · · · · · · · · · · · · · · · |
| BANNON ENERGY, INC. | | | | | Well API No. 30-039-24 | | | | 193 | |
| dress | | | | | <u> </u> | | | | | |
| 3934 F.M. 1960 Wes | t, Suit | e 240, | Houst | on, | Texas 77 | 068 | | | | |
| ason(s) for Filing (Check proper box) | | · · · · · · · · · · · · · · · · · · · | | e. | X Other | (Please expla | in) | | | |
| w Well | Oil | Change in Tra | ansporter o ry Gas | ":: | | ge in own | | | | |
| completion \(\square\) ange in Operator \(\square\) | Casinghead | | ondensate | $\overline{\Box}$ | All Janu | changes ary 1, 1 | effect1 989 | ve date | | |
| | | | O. Box | 191 | ., Farmin | | | | | |
| DESCRIPTION OF WELL A | | | | | | | | | | |
| ease Name | Well No. Pool Name, Including | | | | ng Formation Kind of | | | Lease | | ase No. |
| Marcus "A" | | 12 | Counse | elors | GallupI |)akota | State, a | ederal or Fee | SF 07 | 8302 |
| Unit LetterB | :_860 | Fe | eet From T | he No | orth Line | and 22 | 70 F ∞ | t From The | East | Line |
| Section 5 Township | 23N | R | ange 61 | J | , NM | IPM, | Ri | o Arrib | <u>a</u> | County |
| I. DESIGNATION OF TRANS | SPORTER | R OF OIL | AND N | ATU | RAL GAS | | | | | |
| ame of Authorized Transporter of Oil | or Condensate | | | | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| Gary Energy | | | | 115 Inverness Dr., East, Englewood, CO 80112 Address (Give address to which approved copy of this form is 10 be sent) | | | | | 80112 | |
| ame of Authorized Transporter of Casing as Company of New | nead Gas Tor Dry Gas Mexico | | | P.O. Box 26400, Albuque | | | erque, NM 87125 | | | |
| well produces oil or liquids, e location of tanks. | | Sec. T | wp. | _ | Is gas actually connected? When | | | ? 2/21/87 | | |
| this production is commingled with that f | rom any other | er lease or po | 23N ol, give co | 6W mming | | | | ///1/0/ | | |
| /. COMPLETION DATA | | | | | | | | | ı | <u> </u> |
| Designate Type of Completion | - (X) | Oil Well | Gas \ | Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v |
| ate Spudded | Date Compl. Ready to Prod. | | | Total Depth | | | P.B.T.D. | | | |
| levations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | | | | Top Oil/Gas Pay | | | Tubing Depth | | |
| erforations | | | | | | | | Depth Casing Shoe | | |
| CITO ACCOUNT | | | | | | W-W | | | | |
| | TUBING, CASING AND | | | | | | | SACKS CEMENT | | |
| HOLE SIZE | CASING & TUBING SIZE | | | DEPTH SET | | | SAUNS CEMENT | | | |
| | | | | | | | , <u>, , , , , , , , , , , , , , , , , , </u> | | | |
| | - | | | | | | | | | |
| | | | | | | | | | | |
| . TEST DATA AND REQUES | ST FOR A | LLOWA | BLE | | | | | in dorah b - | for 6.11 24 k | ore) |
| OIL WELL (Test must be after r | | | f load oil a | ind mus | Producing M | exceed top all | owavie jor thi ump, eas lift | elc.) | jor juit 24 nou | 3 ./ |
| Date First New Oil Run To Tank | Date of Test | | | Producing Method (Flow, pump, gas lift, etc.) | | | | | | |
| ength of Test | Tubing Pressure | | | Casing Pressure | | | Choke Size | | | |
| Actual Prod. During Test | Oil - Bbls. | | | | Water - Bbis. | | | Gas-MCF | | |
| GAS WELL | | | | | | | | | | |
| Actual Prod. Test - MCF/D | Length of Test | | | Bbls. Condensate/MMCF | | | Gravity of Condensate | | | |
| Festing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | | | | Casing Pressure (Shut-in) | | | Choke Size | | |
| VI. OPERATOR CERTIFIC I hereby certify that the rules and regular polyticing have been complied with and | lations of the | Oil Conserv | ation | E | | OIL CO | NSERV | 'ATION | DIVISIO | NC |

is true and complete to the best of my knowledge and belief.

Signature W. J. Holcomb, Operating Agent for Bannon Energy, Inc. Title Printed Name

<u>326-0</u>550 March 7. 1989 Telephone No. Date Approved _ TORTOT #3

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.

Title

- 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.