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

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

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

ATTENDED REPORT
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

3061/N
11-28-89

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Bannon Energy Incorporated c/o Holcomb Oil and Gas Inc.	Well API No. 30-039-24537
Address P. O. Box 2058, Farmington, New Mexico 87499	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator _____	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Nancy 14	Well No. 1R	Pool Name, Including Formation Lybrook Gallup	Kind of Lease Indian State, Federal or Fee	Lease No. SF078360
Location Unit Letter <u>B</u> : <u>797</u> Feet From The <u>North</u> Line and <u>1682</u> Feet From The <u>East</u> Line Section <u>14</u> Township <u>3North</u> Range <u>7West</u> , NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Conoco	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1267, Ponca City, OK 74603				
Name of Authorized Transporter of Casinghead Gas Cole Development Company	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 191, Farmington, New Mexico 87499				
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 14	Twp. 3N	Rge. 7W	Is gas actually connected? yest	When? 10-27-89

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded 10-9-89	Date Compl. Ready to Prod. 10-28-89	Total Depth 5700'		P.B.T.D. 5652					
Elevations (DF, RKB, RT, GR, etc.) 7106 GR	Name of Producing Formation Mayre Gallup	Top Oil/Gas Pay 5420		Tubing Depth 5680					
Perforations 5508-5610					Depth Casing Shoe 5680				
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE 12 1/4	CASING & TUBING SIZE 8-5/8"		DEPTH SET 304		SACKS CEMENT See Attached				
7-7/8	4 1/2		5680						
	2 3/8		5621						

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)			
Date First New Oil Run To Tank 10-28-89	Date of Test 11-1-89	Producing Method (Flow, pump, gas lift, etc.) pumping	
Length of Test 24 hours	Tubing Pressure 0	Casing Pressure 400	Choke Size N/A
Actual Prod. During Test	Oil - Bbls. 40 BOPD	Water - Bbls.	150 MCFD

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature
W. J. Holcomb, Agent for Bannon Energy Inc.
Printed Name
11-3-89
Date
Title
(505)326-0550
Telephone No.

OIL CONSERVATION DIVISION

Date Approved **NOV 13 1989**

By Original Signed by FRANK T. CHAVEZ

Title SUPERVISOR DISTRICT III

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.