

Submit 5 Copies  
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

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Bannon Energy, Incorporated c/o Holcomb Oil & Gas		Well API No. 30-039-24539
Address P.O. Box 2058, Farmington NM 87499		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <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 Grace Federal 1	Well No. 1R	Pool Name, including Formation Lybrook Gallup	Kind of Lease State, Federal or Fee	Lease No. SF078362
Location Unit Letter E : 2250 Feet From The North Line and 500 Feet From The West Line Section 1 Township 23North Range 7West, NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Conoco Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1429, Bloomfield, NM 87413					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Cole Development Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 191 Farmington, NM 87499					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 1	Twp. 23N	Rge. 7W	Is gas actually connected?	When?

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 9-6-89	Date Compl. Ready to Prod. 10-5-89		Total Depth 5603'		P.B.T.D. 5557'			
Elevations (DF, RKB, RT, GR, etc.) 6810' GR	Name of Producing Formation Gallup		Top Oil/Gas Pay		Tubing Depth 5460'			
Perforations 5430-5470; 5388-5408'					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 7 7/8	CASING & TUBING SIZE 4 1/2		DEPTH SET 5602'		SACKS CEMENT 325 sx 65/35 poz 100 sx 50/50 poz; 2nd stage 650 sx 65/35 50 sx Class B neat 220 sx Cl. B neat			

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 10-5-89	Date of Test 10-15-89	Producing Method (Flow, pump, gas lift, etc.) pumping	
Length of Test 24 hrs.	Tubing Pressure pumping	Casing Pressure 120	Choke Size N/A
Actual Prod. During Test	Oil - Bbls. 25	Water - Bbls. 0	Gas - MCF 33

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate - MCF	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.

W. J. Holcomb  
Signature  
W. J. Holcomb, Operating Agent, Bannon  
Printed Name  
10-19-89  
Date  
(505) 326-0550  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved

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.