

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

**OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

**I. OPERATOR**

Operator Bannon Energy, Inc. c/o Holcomb Oil & Gas, Inc.	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 type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Dry Gas <input type="checkbox"/> Effective 1-1-90
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input checked="" 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. SF 078362
Location Unit Letter <u>E</u> : <u>2250</u> Feet From The <u>north</u> Line and <u>500</u> Feet From The <u>west</u> Line Section <u>1</u> Township <u>23N</u> Range <u>7W</u> , <u>NMPM</u> , Rio Arriba County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil Conoco Oil <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 1429 Bloomfield, NM 87413			
Name of Authorized Transporter of Casinghead Gas Bannon Energy, Inc. <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 3934 F.M. 1960 West Suite 240, Houston TX 77068			
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 1	Twp. 23N	Rge. 7W
Is gas actually connected? yes	When? 10-5-89			

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations:						Depth Casing Shoe		
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

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JAN 30 1990  
OIL CON. DIV  
DIST. 3

**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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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**GAS WELL**

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF/D	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  
Printed Name: W. J. Holcomb Agent, Bannon Energy  
Date: 1-25-90 Title: (505) 326-0550  
Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved: JAN 30 1990

By: [Signature]  
Title: SUPERVISOR DISTRICT #3

**INSTRUCTIONS:** This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.