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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

State of New Mexico Energy, Minerals and Natural Resources Department

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

068

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator							Well	API No.		<del></del> :	
Bannon Energy, Inc.								30-039-24544			
			_				<del></del>				
3934 F.M. 1960 W Reason(s) for Filing (Check proper I	est, Suit	te 240,	Houston,	, T		068					
New Well	eu.)	Change is	• T		KX Oth	er (Please expl	ain)				
Recompletion	Oil		n Transporter of Dry Gas		Change	e of Add	ress				
Change in Operator		ead Gas	Condensate		Both	effective	e 6-1-9	0			
If change of operator give name and address of previous operator			Condentate	<u> </u>							
•	<del> </del>		<del></del>				<del></del>		·		
II. DESCRIPTION OF WE Lease Name	LL AND LI		<u></u>								
McBee 7		Well No. Pool Name, Inch					Kind	Kind of Lease		Lease No.	
Location		Lybrook			Gallup			State, Federal or Fee		SF 078362	
Unit LetterC	:	330	. Feet From The	Į.	north ,	2130	)		west		
Section 7 Town	231	2311				•	eet From The _		Line		
Secuoli / 100	vaship 23N	<u> </u>	Range 6W	··	, N	мрм, Ri	lo Arril	oa		County	
III. DESIGNATION OF TE	RANSPORT	ER OF O	IL AND NA	ו דיר ו	RAL GAS						
and a second state of the following of the	אסיסי ויי	or Conde	neate		Address (Giv	e address to wi	hick approve	d copy of this fo	- is to be		
Giant Refining Co	ompany				P. O.	Box 9156	. Phoe	nix, AZ 8	35068	(enu)	
Name of Authorized Transporter of C Bannon Energy, It	Caninghead Gas	XXX	or Dry Gas		Address (Giv	e address to wi	hich approve	d copy of this fo	is to be a	2001	
If well produces oil or liquids,			<del></del>		3934 1	<u>• M • 1960</u>	) W., S	uite 240,	Houst	on, TX.	
give location of tanks.	Unit C	Sec.   7	Twp. Rge. 23N 6W		Is gas actually connected?			When?			
If this production is commingled with	that from any o	ther lease or	pool, give come		ing order numb	<u> </u>			10-	-3-89	
IV. COMPLETION DATA						<del></del>				<del></del>	
Designate Type of Complete	ion - (X)	Oil Well	Gas We	:11	New Well	Workover	Deepen	Piug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Con	npl. Ready to	Prod.		Total Depth	L	<u> </u>	P.B.T.D.	<del></del>		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			15.1.5.			
	That of	realise of Fromiding Pormation				-ay		Tubing Depth			
Perforations	<del></del>								Depth Casing Shoe		
	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·					Casing	, Since		
HOLE SIZE	<del></del>	TUBING,	CASING A	ND	CEMENTIN	NG RECOR	D	<del></del>			
HOLE SIZE	C/	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
					· · · · · · · · · · · · · · · · · · ·						
			<del></del>								
			<del></del>								
V. TEST DATA AND REQU	JEST FOR	ALLOWA	ABLE					<u> </u>			
OIL WELL (Test must be at	ter recovery of t	otal volume	of load oil and r	musi i	be equal to or	exceed top allo	wahle for thi	e desch as ha fa	- 6-11 34 1	•	
Date First New Oil Run To Tank	Date of Te	র			Producing Me	thod (Flow, pur	rup, gas lift, e	ic.)	Juli 24 hou	rs.)	
ength of Test	Tuki n	Table									
	luoing Ph	Tubing Pressure				Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			FRE	INI		
		On - Bots.				Mater - Bolz					
GAS WELL					<del></del>			11111111111			
Actual Prod. Test - MCF/D	Length of	Length of Test				Bbls. Condensate/MMCF			MAY2 2 1990		
					- wind			Gravity of Condensate			
esting Method (pitox, back pr.)	Tubing Pro	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			7. 01		
W 0777					_			Choke			
I. OPERATOR CERTIF	ICATE OF	COMP	LIANCE					<del> </del>	·		
I hereby certify that the rules and re	gulations of the	Oil Concent	ntion.		0	IL CON	SERVA	ATION D	IVISIC	N	
Division have been complied with a is true and complete to the best of r	and that the information in the control of the cont	mation give:	n above							•	
	, montoge a	M Delici.			Date .	Approved	l	MAY 22	1330		
/1 W A bet	comb									***************************************	
Signature W. J. Holcomb Agent					By Bind) (Change						
Printed Name					SUPERVISOR DISTRICT 43						
5-18-90	713-5	<b>37-</b> 9000	) Tine		Title_					<i>-</i>	
Date		Telepi	hone 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 must be filed for each pool in multiply completed wells.

