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

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION DISTRICT II
P.O. Drawer DD, Artesia, NM \$8210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	nead	TO TRA	UH ALI NSPC	LOWAE	BLE AN	DA	UTH	ORIZ	ZATI	ON						
Operator						IM	UHA	LGA		Well A	UPI No.				<u>. </u>	
Bannon Energy, Inc. c	/o Holo							30-039-24545								
P.O. Box 2058, Farmin	gton, N	IM 874	199													
Reason(s) for Filing (Check proper hox) New Well						Other	(Pleas	expla	in)							
Recompletion	Oil	Change in		Insporter of:												
Change in Operator	Oil Dry Gas Casinghead Gas XX Condensate				Effective January 1, 1990											
If change of operator give name and address of previous operator													<u> </u>			
							·				·					
IL DESCRIPTION OF WELL.	AND LE		15	- · · · · · · · · · · · · · · · · · · ·												
McBee 7		Well No. 5Y	Lybro	me, Includi ook Ga	ng Formation 11up						Lesse Federal of Fe		Lease No.			
Location				I									FF 078362			
Unit LetterE	. :	<u> </u>	. Feet From	north Line and745					E.	et From The	We	west				
Section 7 Township	. 23N	ľ		Dd a Amuth												
			Range	6W		, NMI	PM,	K10	ALI	ıba				Cou	aty	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil CC or Condenses Address (Girc address a list																
Conoco Oil	\boxtimes	Address (Give address to which approved copy of this form is to b									rt)					
Name of Authorized Transporter of Casing	bead Gas	[XX	or Dry C		P. O. Box 1429 B1					Loomfield, NM 87413						
Bannon Energy, Inc.					Address (Give address to which ap 3934 F.M. 1960 Wes				ich <i>ap</i> j West	Su:	copy of this f ite 240.	Germeis . Ho	<i>to be se</i> US to:	n TX	7706	
If well produces oil or liquids, give location of tanks.	Unsit E	Sec.	23N	Rge. 6W	is gas act	و لالس	ಯಾಂದ	ed?		When	?				.,,,,	
If this production is commingled with that f	TOER RELY OLD	er lease or			ing order =	res					10-19-89	,				
IV. COMPLETION DATA						MING	٠.									
Designate Type of Completion	- (20)	Oil Well	G	s Well	New W	ell	Worko	rer	Dec	pen	Plug Back	Same	Res'v	Diff R	es'y	
Date Spudded	Date Compl. Ready to		Prod.		Total Depth											
Flunding /DF BYS 55 55			34						P.B.T.D.							
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	roducing Fo		Top Oil/Gas Pay						Tubing Dep	¢h					
Perforations	<u> </u>									·	Dorth Cod			·		
											Depth Casin	ng 2000				
HOLE SIZE	<u>T</u>	W	TN(GORH	COLL	5	\boldsymbol{y}									
HOLE GLE	CAS	DEPTH SET						SACKS CEMENT								
						AN:	301	190		<u> </u>	<u> </u>				·	
	<u> </u>				~:+				-							
V. TEST DATA AND REQUES	T FOR A	LLOW	ARLE		OIL		<u>MC</u>		٧.							
UIL WELL (Test must be after recovery of total volume of load oil and must be small																
Date First New Oil Run To Tank	Date of Tes	4	Producing	Meth	od (Flo	w, pun	φ, χα	(c.)	, <u>, , , , , , , , , , , , , , , , , , </u>	24 100	3.)					
Length of Test	Tubing Pre			<u> </u>	TA	S	A	7 1	50							
	POLIC			Casing Pri	Th	/ L	U	E 1	V	Godd Size						
Actual Prod. During Test	Oil - Bbls.	Water - B	bik).	IN2	G 10	200	Gas MCF								
GAS WELL										_						
Actual Prod. Test - MCF/D							DIL	CC	M.	DI	V					
		igur or rest				Bbls. Condennie/MMCDIST					3. Gravity of Condensite					
Testing Method (pitot, back pr.)	Tubing Pre	Pressure (Shut-in)				essure.	(Shut-	(a)			Choke Size		-	• }		
VI OPED 4 TOP COM	<u> </u>													,		
VI. OPERATOR CERTIFIC.	ATE OF	COMP	LIAN	CE		\sim	II	ON.			TION					
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 complied to the control of the oil Conservation.						O		ON	○ □		ATION			M		
is true and complete to the best of my knowledge and belief.						Date ApprovedJAN 3 0 1990										
- hlatter		116 /	יוקקר													
Signature						,			3	بميند). e	ham				
W. J. Holcomb Printed Name	Agent, Bannon Energy					SUPERVISOR DISTRICT #3										
1-25-90	(505)	326-05	Tille 50		Tit	le_						- 1 1 1	-			
Date		Tele	phone 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 about