

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

Operator		TO TRANSPORT OIL AND NATURAL GAS	
Bannon Energy, Inc.		Well API No. 30-039-24563	
Address 3934 F.M. 1960 West, Suite 240, Houston, Texas 77068			
Reason(s) for Filing (Check proper box)		<input checked="" type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:		
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	Change of Address	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	Both effective 6-1-90	
If change of operator give name and address of previous operator			

II. DESCRIPTION OF WELL AND LEASE

Lease Name McBee 7		Well No. 3	Pool Name, Including Formation Lybrook Gallup	Kind of Lease State, Federal or Fee	Lease No. SF 078359
Location Unit Letter <u>M</u> : <u>625</u> Feet From The <u>south</u> Line and <u>440</u> Feet From The <u>west</u> Line Section <u>7</u> Township <u>23N</u> Range <u>6W</u> , <u>NMPM</u> , <u>Rio Arriba</u> 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"/>					Address (Give address to which approved copy of this form is to be sent)	
Giant Refining Company					P. O. Box 9156, Phoenix, AZ 85068	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
Bannon Energy, Inc.					3934 F.M. 1960 W., Suite 240, Houston, TX. 77068	
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 7	Twp. 23N	Rge. 6W	Is gas actually connected? yes	When? 11-20-89
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			
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE
ON THIS:

OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed 10% 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 WELL


Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	<div style="text-align: right;">MAY 22 1990</div> <div style="text-align: center;">Gravity of Condensate</div>
Testing Method (<i>pitot, back pr.</i>)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	<div style="text-align: center;">OIL CON. DIV.</div> <div style="text-align: center;">DIST. 3</div>
WELL OPERATOR CERTIFICATE OF COMPLIANCE			

V. 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 713-537-9000
Printed Name 5-18-90 Title
Date _____ Telephone No. _____

OIL CONSERVATION DIVISION

Date Approved MAY 22 1990
By 
Title SUPERVISOR DISTRICT #3

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104
1) Request for all records of the following:

- 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.

VIA MOBILE
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Figure 1. The effect of the concentration of the *Agrobacterium* suspension on the transformation efficiency of *Agrobacterium* strains. The number of transformed cells was determined by the number of colonies obtained on the selective medium. The results are the mean of three independent experiments. Error bars represent standard deviation.