

OIL CONSERVATION DIVISION

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Bannon Energy, Inc. c/o Holcomb Oil & Gas, Inc.		Well API No. 30-039-24573
Address P.O. Box 2058, Farmington, NM 87499		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input 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 STATE 16	Well No. 3	Pool Name, Including Formation Counselors Gallup Dakota	Kind of Lease State, Federal or Fee	Lease No. E-1207-1
Location Unit Letter L : 1888 Feet From The South Line and 747 Feet From The West Line Section 16 Township 23N Range 6W, NMPL, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Giant Refining Co. <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 9156, Phoenix, AZ 85068					
Name of Authorized Transporter of Casinghead Gas Cole Development Co. <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	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 L	Sec. 16	Twp. 23N	Rge. 6W	Is gas actually connected? yes	When? 12-13-89

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 XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 11-22-89	Date Compl. Ready to Prod. 12-13-89	Total Depth 5652'		P.B.T.D. 5590'				
Elevations (DF, RKB, RT, GR, etc.) 6868' GR	Name of Producing Formation Mayre Gallup		Top Oil/Gas Pay 5100'		Tubing Depth 5515'			
Perforations 5408'-5412', 5450'-5462', & 5477'-5492'					Depth Casing Shoe 5643'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12 1/2"	CASING & TUBING SIZE 8 5/8"		DEPTH SET 314'		SACKS CEMENT 190 sx. Class B			
7 7/8"	4 1/2"		5643'		935 Sx. 65/35, 100 sx.			
	2 3/8"		5515'		50/50 & 50 sx. B			

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 12-13-89	Date of Test 12-13-89	Producing Method (Flow, pump, gas lift, etc.) Gas lift	
Length of Test 24 hrs.	Tubing Pressure 400	Casing Pressure 400	Choke Size 16/64"
Actual Prod. During Test	Oil - Bbls. 38	Water - Bbls. 0	Gas - MCF 14

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gross 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 Agent  
Printed Name 12-12-89 505-326-0550 Title  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 15 1989

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