

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

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

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 R o 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. 30-039-24707
Address: P.O. Box 2058, Farmington, NM 87499		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <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 Federal 18	Well No. 2	Pool Name, Including Formation Lybrook Gallup	Kind of Lease State, Federal or Fee	Lease No. SF 078360
Location Unit Letter M : 805 Feet From The south Line and 660 Feet From The west Line Section 18 Township 23N Range 6W, NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Giant Refining	<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 256, Farmington, NM 87499	
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 FM 1960 W., Suite 240, Houston, TX 77068	
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 18	Twp. 23N
		Rge. 6W	Is gas actually connected? yes
If this production is commingled with that from any other lease or pool, give commingling order number:			When? 5-14-90

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 4-23-90	Date Compl. Ready to Prod. 5-14-90	Total Depth 5720'	P.B.T.D. 5639'					
Elevations (DF, RKB, RT, GR, etc.) 6921' GL	Name of Producing Formation Gallup Mayre	Top Oil/Gas Pay 5295'	Tubing Depth 5428'					
Perforations 5254'-5501'			Depth Casing Shoe 5578'					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 1 7/8"	CASING & TUBING SIZE 8 5/8"	DEPTH SET 307	SACKS CEMENT 190sx Class B Neat					
7 7/8"	4 1/2"	5718'	925 sx 65/35 POZ					
2 3/8"		5428'						

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 5-14-90	Date of Test 5-14-90	Producing Method (Flow, pump, gas lift, etc.) pumping
Length of Test 24 hours	Tubing Pressure 50	Casing Pressure 50
Actual Prod. During Test	Oil - Bbls. 30	Water - Bbls. 0
		Choke Size 1 1/4"
		Gas- MCF 75

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)
		Choke Size MAY 15 1990

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 W. J. Holcomb Title
Date 5-14-90 Telephone No. 505 326-0550

OIL CON. DIV
DIST 3

Date Approved MAY 14 1990
By 3026 N
Title SUPERVISOR DISTRICT #3

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.