

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

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

# OIL CONSERVATION DIVISION

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

3020/10

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------|
| Operator<br><b>Bannon Energy Incorporated</b>                                                                                                                                                                                                                                                                                                                |  | Well API No.<br><b>30-039-24801</b>                                                                                        |
| Address<br><b>3934 F.M. 1960 West, Suite 240, Houston, Texas 77068</b>                                                                                                                                                                                                                                                                                       |  |                                                                                                                            |
| Reason(s) for Filing (Check proper box)<br>New Well <input checked="" type="checkbox"/><br>Recompletion <input type="checkbox"/><br>Change in Operator <input type="checkbox"/><br>Change in Transporter of:<br>Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/><br>Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |  | <input checked="" type="checkbox"/> Other (Please explain)<br><b>Changes Name From Federal 13-2<br/>to Lybrook South 6</b> |
| If change of operator give name<br>and address of previous operator                                                                                                                                                                                                                                                                                          |  |                                                                                                                            |

## II. DESCRIPTION OF WELL AND LEASE

|                                                                                                                                                                                                                         |                      |                                                         |                                                          |                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------------------------------------|----------------------------------------------------------|-------------------------------|
| Lease Name<br><b>LYBROOK SOUTH</b>                                                                                                                                                                                      | Well No.<br><b>6</b> | Pool Name, including Formation<br><b>Lybrook Gallup</b> | Kind of Lease<br>State, Federal or Fee<br><b>Federal</b> | Lease No.<br><b>SF-078360</b> |
| Location<br>Unit Letter <b>K</b> : <b>2260</b> Feet From The <b>South</b> Line and <b>1635</b> Feet From The <b>West</b> Line<br>Section <b>13</b> Township <b>23N</b> Range <b>7W</b> , NMPM, <b>Rio Arriba</b> 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"/><br><b>Giant Refining Company</b>             | Address (Give address to which approved copy of this form is to be sent)<br><b>P.O. Box 9156, Phoenix, AZ 85068</b>             |                   |                    |                   |                                          |       |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br><b>Bannon Energy Incorporated</b> | Address (Give address to which approved copy of this form is to be sent)<br><b>3934 F.M. 1960W, Ste. 240, Houston, TX 77068</b> |                   |                    |                   |                                          |       |
| If well produces oil or liquids,<br>give location of tanks.                                                                                                   | Unit<br><b>0</b>                                                                                                                | Sec.<br><b>14</b> | Twp.<br><b>23N</b> | Rge.<br><b>7W</b> | Is gas actually connected?<br><b>YES</b> | When? |

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)<br><b>X</b>               | Oil Well <input checked="" type="checkbox"/>  | Gas Well <input type="checkbox"/> | New Well <input checked="" type="checkbox"/> | Workover <input type="checkbox"/> | Deepen <input type="checkbox"/>  | Plug Back <input type="checkbox"/> | Same Res'v <input type="checkbox"/> | Diff Res'v <input type="checkbox"/> |
| Date Spudded<br><b>9/29/90</b>                               | Date Compl. Ready to Prod.<br><b>10/15/90</b> |                                   | Total Depth<br><b>5735</b>                   |                                   | P.B.T.D.<br><b>5680</b>          |                                    |                                     |                                     |
| Elevations (DF, RKB, RT, GR, etc.)<br><b>6984 GR</b>         | Name of Producing Formation<br><b>Gallup</b>  |                                   | Top Oil/Gas Pay<br><b>5312</b>               |                                   | Tubing Depth                     |                                    |                                     |                                     |
| Perforations<br><b>5426-34, 5312, 14, 5482, 83, 5504, 06</b> |                                               |                                   |                                              |                                   | Depth Casing Shoe<br><b>5725</b> |                                    |                                     |                                     |

## TUBING, CASING AND CEMENTING RECORD

|               |                      |             |              |
|---------------|----------------------|-------------|--------------|
| HOLE SIZE     | CASING & TUBING SIZE | DEPTH SET   | SACKS CEMENT |
| <b>12 1/4</b> | <b>8 5/8</b>         | <b>307</b>  | <b>250</b>   |
| <b>7 7/8</b>  | <b>4 1/2</b>         | <b>5725</b> | <b>900</b>   |
| <b>N/A</b>    | <b>2 3/8</b>         |             | <b>N/A</b>   |

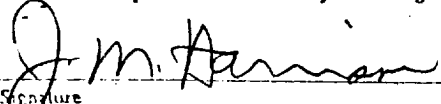
## V. TEST DATA AND REQUEST FOR ALLOWABLE

|                                                                                                                                               |                                 |                                                                 |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-----------------------------------------------------------------|--------------------------|
| OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed total volume of load oil for full 24 hours.) |                                 |                                                                 |                          |
| Date First New Oil Run To Tank<br><b>10/15/90</b>                                                                                             | Date of Test<br><b>10/15/90</b> | Producing Method (Flow, pump, gas lift, etc.)<br><b>Pumping</b> | Choke Size<br><b>N/A</b> |
| Length of Test<br><b>24 hours</b>                                                                                                             | Tubing Pressure<br><b>150</b>   | Casing Pressure<br><b>400</b>                                   | Gas-MCF<br><b>130</b>    |
| Actual Prod. During Test                                                                                                                      | Oil - Bbls.<br><b>50</b>        | Water - Bbls.<br><b>4</b>                                       |                          |

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| GAS WELL                         |                           |                           |                       |
| Actual Prod. Test - MCF/D        | Length of Test            | Bbls. Condensate/MCF      | Gravity 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  
**J. M. Harrison** Operations Manager  
Printed Name  
Date **October 29, 1990** Telephone No. **(713) 537-9000**

## OIL CONSERVATION DIVISION

Date Approved **NOV 13 1990**  
By **Original Signed by CHARLES SHOLSON**  
Title **DEPUTY OIL & GAS INSPECTOR, DIST. #3**

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.