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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

BANNON ENERGY INCORPORATED
Address
3934 F.M. 1960 West, Suite 240, Houston, Texas 77068
Reason(s) for filing (Check proper box)
New Well ☐
Recompletion ☐
Change in Ownership ☒
Change in Transporter of:
Oil ☐ Dry Gas ☐
Casinghead Gas ☒ Condensate ☐
Other (Please explain)
change of ownership give name and address of previous owner **Tiffany Gas Company, P. O. Box 50, Farmington, N.M. 87499**

DESCRIPTION OF WELL AND LEASE
Well Name
Benn 9
Well No. **1** Pool Name, including Formation
Lybrook Gallup
Kind of Lease
State, Federal or Fee **Federal NMO 80273**
Lease No.
Unit Letter **H** ; **2210** Feet From The **North** Line and **330** Feet From The **East**
Line of Section **9** Township **23 North** Range **7 West** , NMPM, **Rio Arriba** County

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Conoco Inc.
Address (Give address to which approved copy of this form is to be sent)
P. O. Box 1429, Bloomfield, N.M. 87413
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Bannon Energy Incorporated
Address (Give address to which approved copy of this form is to be sent)
3934 F.M. 1960 West, Suite 240, Houston, Tx. 77068
Well produces oil or liquids, location of tanks. Unit **H** Sec. **9** Twp. **23N** Rge. **7W**
Is gas actually connected? **Yes** When **11/61**

COMPLETION DATA
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.
Spudded
Date Compl. Ready to Prod.
Total Depth
P.B.T.D.
Name of Producing Formation
Top Oil/Gas Pay
Tubing Depth
Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE
CASING & TUBING SIZE
DEPTH SET
SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE
(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 of Test
Producing Method (Flow, pumpjack, lift, etc.)
Tubing Pressure
Casing Pressure
Choke Size
Oil - Bbls.
Water - Bbls.
Gas - MCF

TEST DATA
Date of Test
Length of Test
Bbls. Condensate/MMCF
Gravity of Condensate
Tubing Pressure (shut-in)
Casing Pressure (shut-in)
Choke Size

DATE OF COMPLIANCE
I certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given is true and complete to the best of my knowledge and belief.
Operating Agent for Bannon Energy Inc.
August 2, 1988
(Date)

OIL CONSERVATION COMMISSION
APPROVED **AUG 04 1988**
BY **Supervisor**
TITLE **SUPERVISION DISTRICT # 3**

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter.