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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

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

I.

Operator Holcomb Oil & Gas	Well API No. 30-043-05192
Address PO box 2058 Farmington NM 87499	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change of operator effective Change in Operator <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> August 1, 1989	
If change of operator give name and address of previous operator Bannon Energy Inc., 3934 FM 1960 West Houston TX 77068	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Rogers 24	Well No. 1	Pool Name, Including Formation Lybrook Gallup	Kind of Lease State/Federal or Fee	Lease No. SF-078360
Location Unit Letter L : 660' Feet From The West Line and 1980' Feet From The South Line Section 24 Township 23N Range 7W , NMPM, Sandoval County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Conoco	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) PO Box 1429 Bloomfield NM 87413				
Name of Authorized Transporter of Casinghead Gas	or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 24	Twp. 23N	Rge. 7W	Is gas actually connected? no	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)	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

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	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.	MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	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 W. J. Holcomb	President
Printed Name 8-15-89	Title (505) 326-0550
Date	Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 21 1989

By Original Signed by FRANK T. CHAVEZ

Title

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.