Submit 5 Copies
Appropriate District Office
DISTRICT 1
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

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DISTRICT II P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

3018

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator					Well API No.					
BANNON ENERGY INCORPORATED					30-043-20845					
Address 3934 FM 1960	West	Ste #2	40 Houst	on To	vac 7	7068				
leason(s) for Filing (Check proper box)		3CE π2	40 nouse		her (Please exp		··· · · · · · · · · · · · · · · · · ·			
lew Well		Change in Tr	ansporter of:		•	•	e from Fe	deral	19-1	
lecompletion	Oil		ry Gas		Lybrook					
hange in Operator	Casinghea	nd Gas 🔲 C	ondensate							
change of operator give name d address of previous operator										
. DESCRIPTION OF WELL	AND LE	ASE								
Lease Name		1	ool Name, Includ	ing Formation			d of Lease	Le	Lease No.	
Lybrook South		16	Lybrook	Gallup			State, Federal or Fee SF07836		8360	
Ocation Unit Letter	.1975	. T.	est Error The	outh	1978	3 .	Е Е	ast	••	
				Lii					Line	
Section 19 Towns	nip 23N	R	ange 6W	, N	<mark>мрм,</mark> Sa	andova	1		County	
I. DESIGNATION OF TRA	NSPORTE									
ame of Authorized Transporter of Oil	or Condensat	• 🗆	Address (Give address to which approved copy of this form is to be sent)							
Giant Refining (Day Goe C	23722 N.Scottsdale Rd., Scottsdate AZ8							
ame of Authorized Transporter of Casi BANNON ENERGY	o rt ed "	Dry Gas	Address (Give address to which approved copy of this form is to be sent) 3934 FM 1960 West, STe240 Houston, TX770							
well produces oil or liquids,	Unit	Unit Sec. Twp. Rge. C 19 23N 6W			Is gas actually connected? When? 11/15/90					
ve location of tanks.	C		L	<u> </u>						
this production is commingled with tha /. COMPLETION DATA	t from any oth	er lease or poo	ol, give comming	ling order num	iber:					
Designate Type of Completion	ı - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v	
ate Spudded 0/14/90	Date Comp	pl. Ready to Pr	od.	Total Depth	.l	_t	P.B.T.D.		1	
· · · · · · · · · · · · · · · · · · ·		11/7/90 Name of Producing Formation			5710 Top Oil/Gas Pay			5623		
evations (DF, RKB, RT, GR, etc.) 7015 GR	Lybr	ook Ga	llup	5425			Tubing Depth 5534	5534		
erforations 5 4 2 5 – 5 5 2 1							Depth Casing S	hoe		
		UBING, C.	ASING AND	CEMENTI	NG RECO	RD				
HOLE SIZE				DEPTH SET			SACKS CEMENT			
12 1/4	8 5	/8		307						
7 7/8	4 1	/2		5710			850 850			
N/A	2 3/8			5534			N/A			
. TEST DATA AND REQUE	ST FOR A	LLOWAB	LE	1			<u>,</u>			
		<u>-</u>	oad oil and must				his depth or be for f	full 24 hours	s.)	
ate First New Oil Run To Tank 11/7/90	Date of Tes				ethod <i>(Flow,p</i> er Lift		, elc.)			
ngth of Test Tubing Pro		ssure		Casing Pressure			Choke Size			
24 Hours 300				575			N/A			
ctual Prod. During Test	Oil - Bbls.	Oil - Bbls. 45			Water - Bbis.			Gas- MCF		
AC WELL	43			1 0			NOVI 3	1000		
GAS WELL ctual Prod. Test - MCF/D Length of		Test	 	Bbls. Condensate/MMCF			Gravity of Condensate			
							CON. DIV.)			
sting Method (puot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Chok DIST. 3			
I. OPERATOR CERTIFIC	LATE OF	COMPLI	ANCE		***************************************					
I hereby certify that the rules and regu				(OIL CO	VSERV	ATION DI	VISIO	N	
Division have been complied with and is true and complete to the best of my	that the infor	mation given a					VOV 2 0	agn		
0001.1					Date Approved					
Signature Allehaland				Original Signed by CHARLES GHOLSON By						
Printed Name	77D 0-	eration	Ųe	Title	DEPUTY (DIL 8. GAS	inspector, dis	T. 43		
		OnoTelepho					· · · · · · · · · · · · · · · · · · ·			
TT/8/AO [/ 3)	53/-9	()()() resebuc	ANG 1 TU.	11						

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.