Aprecipitate District Office
DiSTRICT J
P.O. Box 1980, Hobbs, NM 88240

Energy, Minerals and Natural Resources Department

Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

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

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

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No Operator ARCO OIL AND GAS COMPANY, DIV, OF ATLANTIC RICHFIELD CO. 3003922034 Address 1816 E . MOJAVE. FARMINGTON. NEW MEXICO 87401 Resson(s) for Filing (Check proper box) Other (Please explain) Change is Transporter of: New Well Dry Gas Recompletion Oil Change in Operator Casinghead Gas Condensate EFFECTIVE 2/11/91 If change of operator give name
Bannon Energy Inc., 3934 FM 1960 West, Suite 240, Houston, TExas 70068-3539
and address of previous operator II. DESCRIPTION OF WELL AND LEASE Lesse Name Well No. | Pool Name, Including Formation Kind of Lease Lease No. State, Federal or Fee JICARILLA M 103 W. LINDRITH GAL DK CONTRACT 111 Location 980 2150 __ Feet From The __SOUTH __ Line and __ Unit Letter __ Feet From The _ WEST , NMPM, Township 24N Range 414 RID ARRIBA County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate MERIDIAN OIL COMPANY P 0 BOX 4289 FARMINGTON, NM. 87401 Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas EL PASO NATURAL GAS COMPANY P 0 BOX 4990, FARMINGTON, N.M. 87499 If well produces oil or liquids, Twp When? Sec. Ree. Is gas actually connected? l Vait give location of tanks. Α 24N 4W YES If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Weil Workover | Deepen Plug Back Same Res'v Diff Res'v Designate Type of Completion - (X) Total Denth Date Spudded Date Compl. Ready to Prod. P.B.T.D. Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD SACKS CEMENT HOLE SIZE CASING & TUBING SIZE . 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 First New Oil Rus To Tank Producing Method (Flow, pump, gas lift, etc.) Date of Test Leagth of Test **Tubing Pressure** Actual Prod. During Test Oil - Bhis. 991 **FFR25** GAS WELL OIL CONLIDEX Actual Prod. Test - MCF/D DIST 10 Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE **OIL CONSERVATION DIVISION** I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above FEB 2 5 1991 is true and complete to the best of my knowledge and belief. Date Approved . Signature PAUL TUCKER By_ PROD SUPERVISOR SUPERVISOR DISTRICT #3 Printed Name FEBRUARY 13, 1991 (505) 597-4300 Title. Caste Telephone No.

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.