Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

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

State of New Mexico Energy, Minerals and Natural Resources Department Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

## OIL CONSERVATION DIVISION

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

1000 Rio Brazos Rd., Aziec, NM 87410	REQUEST FOR	R ALLOWAE	BLE AND AUT	<b>THORIZ</b>	ATION			
I			AND NATUR		S	DUNG		
Operator Bannon En	erav Inco	ed	Weil API No. 30-039-2				-00	
Address 3934 F.M.	1960 Wes	t, Suit	e 240,	Hous	ton.	Texas	7706	8
Reason(s) for Filing (Check proper box)			Other (P	lease explai	r)			
New Well Recompletion	Change in Tr	ansporter of:	Effec	tive	10-1	-90		
Change in Operator	Caringhead Gas C	onden mate						
If change of operator give name and address of previous operator a	10 Oiland Ga	5 Compan	P.O. 1	BOX 16	510, N	1 id land	$1, T \times 7$	9702
IL DESCRIPTION OF WELL	AND LEASE	THICKIE	TIELD COMP	MANY	1 25: 1			zase No.
Lease Name Jica Rilla	Well No. 190	od Name, Includi N. Lindre	ng Formation th Gallup	- Duko	State,	Federal or Fe	thus)	eact III
Location	7		•					
Unit Letter	: <u>500</u> r	et From The 🔼	orth Line and	<u> 160</u>	<u>∪</u> Fe	et From The	<u>vves</u> [	Line
Section 7 Townshi	p 24N R	ange 4 M	/ , NMPM	<u>Ki</u>	o Arr	169		County
III. DESIGNATION OF TRAN			RAL GAS			-California	<i>.</i>	
Name of Authorized Transporter of Oil or Condensate			Address (Give address to which approved copy of this form is to be sent) P.O. Box 4289, Farmington, NM 87401					
Name of Authorized Transporter of Casinghead Gas Or Dry Gas			Address (Give address to which approved copy of this form is to be sent) P.O. Box 4990, Farming ton, NM 87499					
El Paso Natural Ga		wp. Rge.	Is gas actually con		When		1010(87	7477
If well produces oil or liquids, give location of tanks.	i A 15 12	4 N 4 W	Yes		i			
If this production is commingled with that:  IV. COMPLETION DATA	from any other lease or poo	d, give comming	ing order number.				<u> </u>	
	Oil Well	Gas Well	New Well W	orkover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion	- (X) Date Compl. Ready to Pr	<u> </u>	Total Depth	1		P.B.T.D.	1	1
Date Spudded	Date Compt. Ready to Fr	ou.	•					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Form	Top Oil/Gas Pay			Tubing Depth			
Perforations			1			Depth Casis	ng Shoe	-
	TURING C	ASING AND	CEMENTING	RECORL	)	1	·	
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
					1,			
V. TEST DATA AND REQUES	ST FOR ALLOWAR	LE				1		
OIL WELL (Test must be after r	recovery of total volume of	load oil and must	be equal to or exce	ed top allow	vable for thi	s depth or be	for full 24 hou	rs.)
Date First New Oil Run To Tank	Date of Test	Producing Method	(Flow, pun					
Length of Test	Tubing Pressure	Casing Pressure			Choke Size			
A sout Band Daving Tord	Oil - Bbis.		Water - Bbis.	ANO3	1991	Gas- MCF		<del></del>
Actual Prod. During Test	Oil - Bois.		9					
GAS WELL			OIL		J. Div			
Actual Prod. Test - MCF/D	Length of Test	Bbis. Condensate/MACISI.			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in	Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE OF COMPI	IANCE		0011	055:	ATION	D0.40.0	
I hereby certify that the rules and regulations of the Oil Conservation			OIL CONSERVATION DIVISION					
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			Date A	oprovec	<b>i</b> .	JAN 03	1991	
DAD I A	0						0 /	
Signatura		1 :	By		0	<u> </u>	L. STRICT	
Printed Name		ela.	Title		SUPER	VISOR D	ISTRICT	#3
1-2-91	7/3-537-	9000	INE_					
Date	1 elepty	DOE LAO.	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.