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

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

<u>. </u>		U IHANS	SPORT OIL	ANU NA	UNAL GA	Well A	PI No.			
Operator Bannon En	annon Energy Incorporat					30	-039-22162-00			
3934 F.M. 1960 West, Suite 240, Houston, 1exas 17068										
(eason(s) for Filing (Check proper box) Other (Please explain)										
New Well	C	hange in Tra	asporter of:	T (1	ectiva	10.	1-00)		
Recompletion Change in Operator	Oil Coringhaud									
Change in Operator Casinghead Gas Condensate If change of operator give name and address of previous operator a D. vision of Atlantic Richfield Company II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease INDIAN Lease No.										
and address of previous operator	IS ION OF	Atlan	tic Rich	Field Co	MANY					
II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Lease Name Kind of Lease ND AN Lease No.										
Jicarilla W. Lindreth Gallup-Dukota State, recension ree (contract III										
Unit Letter :										
Section 8 Township 24N Range 4W, NMPM, Rio 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							ing to N	NM 8	7401	
Menidian Oil Company 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 tow, NM 87499						
El Paso Natural Gas Company W well produces oil or liquids, Unit Sec Twp. Rge.				Is gas actually connected? When?						
give location of tanks.	AL	<u>5</u> 12	4NI 4W	Yes						
If this production is commingled with that	from any other	r lease or poo	i, give commingli	ing order numi	Der:					
IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion Date Spudded	signate Type of Completion - (X) Date Compl. Ready to Prod.			Total Depth P.B.T.D.				_1		
	Name of Producing Formation			Top Oil/Gas Pay			Tubing Dep	Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.)	valions (DF, RAB, R1, OR, atc.)						Depth Casing Shoe			
Perforations										
	TUBING, CASING AND					CEMENTING RECORD				
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
	<u> </u>			-			 			
										
						·				
V. TEST DATA AND REQUE OIL WELL (Test must be after	ST FOR A	LLOWAE	LE lood oil and must	be equal to of	exceed top allo	owable for thi	s depth or be	for full 24 hou	rs.)	
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Test			Producing M	ethod (Flow, pi	emp, gas lift, e	etc.)			
				Casing Page	EEF	INE	Groke Size			
Length of Test	Tubing Pres	Tubing Pressure			<u> </u>			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bolk JANO 3 1991			Gas: MCF		
GAS WELL OIL CON. DIV										
Actual Prod. Test - MCF/D	Length of 1	est		Bbis. Condensate/MMDIST. 3			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pres	ssure (Shut-in)	Casing Pressure (Shut-in)			Choke Size			
MA ODED A TOD CEDITED	CATE OF	COMP	IANCE	┧┌───		10551	AT:01:	D0 (10)		
VI. OPERATOR CERTIFICATE OF COMPLIANCE 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							JAN 0 3	1991		
is true and complete to the best of m	1	KI DEIKI.		Dat	e Approve			1		
Signature					But) Chang					
Signature R. A. Chabaud	V.P.	oper.	ations	By_				ISTRICT		
Printed Name		-537-5	iue	Title						
1-6-71	1,5	Telent	one No.	il						

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.