Submit 5 Copies
Appropriate District Office
DISTRICT I O. Box 1980, Hobbs, NM \$8240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instruction

OIL CONSERVATION DIVISION

P.O. Box 2088

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

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

Santa Fe, New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION

I. TO TRANSPORT OIL AND NATURAL GAS										
·× · · · · · · · · · · · · · · · · · ·						' Well A		1 No. 039-22256-00		
Bannon En	ergy	INCO	rporat	ed_						
Bannon Energy Incorporated 30-039-22256-00 Address 3934 F.M. 1960 West, Suite 240, Houston, Texas 77068										
Reason(s) for Filing (Check proper box) Other (Please explain)										
New Well Change in Transporter of: Dry Gas Dry Gas Defice 10-1-90										
Kamplane S										
Change in Operator Casinghead Gas Condensate DO Roy 1610 Mill 17X 79702										
If change of operator give name ARCO O'land Gas Company, P.O. Box 1610, Midland, TX, 79702 and address of previous operator a D, vision of Aflantic Richtield Company THE DESCRIPTION OF WELL AND LEASE										
IL DESCRIPTION OF WELL AND LEASE										
Lease Name Well No. Pool Name, Including Formation Kind of Lease INDIAN Lease No.										
Location T 7150 - South 1 1850 For From The East line										
5 24N 4W NAME RIO Arriba County										
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS No. of Authorized Transports of Oil Of Condensate Address (Give address to which approved copy of this form is to be sent)										
Name of Authorized Transporter of Oil	\boxtimes	or Condens	te	ADDITESS (UI)	× 4289	Farm	i'ng to N	NM 8	7401	
Meridian Oil Compa	N Y	× ×	or Dry Gas	Address (Giv	e address to wh	ich approved	copy of this f	orm is so be se	ent)	
Name of Authorized Transporter of Casing El Paso Natural Ga	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4990, Farming tow, NM 87499									
If well produces oil or liquids,	Unit				y connected?	When				
give location of tanks.	A_{\perp}	~	24 NI 4W	Ye:						
If this production is commingled with that from any other lease or pool, give commingling order number:										
IV. COMPLETION DATA		10:: #! !!	Con Well	New Wall	Workover	Doepen	Plue Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	Oil Well	Gas Well	146m mer		20,700]	İ	
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.			
	N. Chadada Farada			Top Oil/Gas Pay			Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation										
Perforations					Depth Casing Shoe					
	-	TIDING (CASING AND	CEMENT	NG RECOR	D	<u>'</u> ,			
	TUBING, CASING AND CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
HOLE SIZE	- CA	CASING & TUBING SIZE								
							ļ			
							-	_ ,		
				<u> </u>			<u> </u>			
V. TEST DATA AND REQUES	ST FOR A	LLOWA	BLE	he agreed to o	r exceed too all	owable for the	s depth or be	for full 24 hou	ors.)	
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top unowante for this depit of the second oil and must be equal to or exceed top unowante for this depit of the second oil and must be equal to or exceed top unowante for this depit of the second oil and must be equal to or exceed top unowante for this depit of the second oil and must be equal to or exceed top unowante for this depit of the second oil and must be equal to or exceed top unowante for this depit of the second oil and must be equal to or exceed top unowante for this depit of the second oil and must be equal to or exceed top unowante for this depit of the second oil and must be equal to or exceed top unowante for this depit of the second oil and must be equal to or exceed top unowante for this depit of the second oil and must be equal to or exceed top unowante for the second oil and must be equal to or exceed top unowante for the second oil and must be equal to or exceed top unowante for the second oil and must be equal to or exceed top unowante for the second oil and must be equal to or exceed top unowante for the second oil and must be equal to or exceed top unowante for the second oil and must be equal to or exceed to oil and the second										
Date First New Oil Run To Tank	te First New Oil Run To Tank Date of Test									
Length of Test	Tubing Pre	SEUTE		Casing Pressure to the 2			Schoke Size			
				2000			Gas- MCF			
Actual Prod. During Test	Oil - Bbls.			Water - Bbla. JAN 0 3 1991			Gas- MCF			
	<u> </u>			<u> </u>	OIL CO	ם מכ	W			
GAS WELL								Condensale		
Actual Prod. Test - MCF/D	Length of	Test		Bbls. Condensate/MMCIDIST. 3			Gravity of Condensate			
	Tubing Pre	coine (Shirt-	in)	Casing Pressure (Shut-in)			Choke Size	Choke Size		
Testing Method (pitot, back pr.) Tubing Pressure (Shut-m)										
VI. OPERATOR CERTIFICATE OF COMPLIANCE						NSFRV	ATION	DIVISIO	ON	
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.				Date ApprovedJAN 0 3 1991						
PM lo haban of				\sim \sim \sim \sim						
Signature R. A. Chabava V.P. Operations				SUPERVISOR DISTRICT #3						
Printed Name Title					.	JUFEN		JINIUI	+ J 	
/-2-9/ Date	//3		phone 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.