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

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

7068

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410		S	anta Fo	e, New M	lexico 8750	04-2088					
I.	REQ	UEST F	OR A	LLOWA ORT OI	BLE AND A	AUTHORI TURAL GA	ZATION				
Operator	EAITO ITA	TORAL GA		API No.							
Bannon Energy, In	30-039-22587										
Reason(s) for Filing (Check proper box)	Suite	240, I	loust	on, Tex	<u>kas</u> 7706	58					
New Well					XX Oth	es (Please expla	iir)				
Recompletion	Oil	Change is प्रय	Dry G		rec .		_				
Change in Operator	Casinghe	ad Gas	Conde		Address	ive 6-1-9 Change	0				
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL Lease Name	AND LE										
South Blanco Federa	deral 31 Well No. Pool Name, Included Lybroc				ing Formation k Gallup			of Lease Federal or Fed	of Lease No. Federal or Fee NM 33005		
Location	18:	20					1		MH 33	005	
Unit LetterH	orth Line and 960 Feet From The east Line										
Section 31 Township	Section 31 Township 24N Range 7W						Rio	Arriba		County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTI	ER OF O	IL AN	D NATU	RAL GAS						
Giant Refining Company or Condensate					Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Control of Control					P. O. Box 9156, Phoenix, AZ 85068 Address (Give address to which approved copy of this form is to be sent)						
Bannon Energy, Inc.	nead Gas AA or Dry Gas				3934 F.	e address to wh M. 1960	ich approved Nest - S	copy of this fo	rm is to be s	ert)	
If well produces oil or liquids, give location of tanks.	Unuit Sec.		Twp.	Rge.	3934 F.M. 1960 West, S Is gas actually connected? When				, nous (.on, 1x.	
If this production is commingled with that i		her lease or	24N		<u> </u>	yes	110-2	9-81			
IV. COMPLETION DATA			poor, gr	ve consuling	ing order mumb	>er:					
Designate Type of Completion	· (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.	M*		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas F	Pay		Tubing David	Table David		
Perforations								Tubing Depth			
								Depth Casing	Shoe		
NO FORE	CEMENTING RECORD										
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE				L .	DEPTH SET		SACKS CEMENT			
											
V. TEST DATA AND REQUES	T FOR	VII OW	N. D.								
OIL WELL (Test must be after re	i FUK A	LLLUW A	ABLE					•		···	
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Te	st rounce	oj loga e	ou and must	Producing Mei	exceed top allow thod (Flow, pun	vable for this	depth or be fo	r full 24 hou	rs.)	
Length of Test					,	-10- (1. 1011, p.)		EC	IVE	n	
renktu or ien					Casing Pressure Water - Bbis			Choke Size			
Actual Prod. During Test								GMAY2	2 1990		
								AL CON DIV.			
GAS WELL Actual Prod. Test - MCF/D								THE COL	L 3		
Flott Test - MCF/D	Length of Test				Bbis. Condensate/MMCF			Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)						
					Cating Pressur	e (Shut-in)		Choke Size			
VL OPERATOR CERTIFICA	TE OF	COMP	LIAN	CE							
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.					OIL CONSERVATION DIVISION Date Approved MAY 2 2 1990						
										••	
										Signature W.J. Holcomb Agent	
Printed Name							SUPER	VISOR D	STRICT	13	
5-18-90 71	3 537-	9000			Title_	· · · · · · · · · · · · · · · · · · ·					

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
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.

Telephone No.

- 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