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

## State of New Mexico Energy, Minerals and Natural Resources Department

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

77068

DISTRICT II P.O. Drawer DD, Artesia, NM \$8210

## OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. Bannon Energy, Inc. Address 30-039-22743 3934 F.M. 1960 West, Suite 240, Houston, Texas Reason(s) for Filing (Check proper box) XX Other (Please explain) New Well Change in Transporter of: Recompletion Effective 6-1-90 XX Dry Gas  $\Box$ Change in Operator Change of address 

and address of previous operator											
IL DESCRIPTION OF WELL	AND LE	EASE								<del></del>	
Lesse Name			Pool Name, Including Formation				V	- 4 - 5 7	<del></del>		
	≥ 32A	1	L	ybro	k Gallup			Colo Enderel P.		ease Na	
Location			<del></del>						E-6	833	
Unit Letter O	_ :	450	. Feet Fr	om The _	south Line	and2	545	. Feet From The	east	Line	
Section 32 Townsh	i <b>p</b> 2	4N	Range	7 W	, NI	νPM.	R	io Arriba			
III. DESIGNATION OF TO A	icoop —					<del></del>			· <del>·······</del>	County	
III. DESIGNATION OF TRAP Name of Authorized Transporter of Oil	ASPORTI	CR OF O	IL AN	D NATE	RAL GAS						
- John of Oil		or Conder	anle		Address (Giw	e address 10 w	hich appro	wed copy of this	form is to be .	ent)	
Giant Refining Comp	any				P. O.	Box 9156	Phoe	enix, AZ 8	35068	<i>D</i> 2)	
Name of Authorized Transporter of Carin	ghead Gas	ΧX	or Dry	Gas 🔲	Address (Giw	address to w	hick appea	ved copy of this			
Bannon Energy, Inc.					3934 F.	M. 1960	idest	Suite 24	Orm is to be s	ent)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Ree	Is gas actually	(connected)	1,000,	West, Suite 240, Houston, TX			
	0	32	1 2 / N	1 717	1						
If this production is commingled with that  IV. COMPLETION DATA	from any of	her lease or	pool. give	Commine	ling order area		110	<del>)-</del> 20-81			
IV. COMPLETION DATA	_		, , <b>.</b>		hing order millio	<del></del>					
<b>D</b> .		Oil Well		as Well	3 37 37		<del></del>				
Designate Type of Completion	- (X)	i i	1 0	er well	New Well	Workover	Deeper	Piug Back	Same Res'v	Diff Res'v	
Date Spudded		ni Pendu in			<u> </u>			1	ĺ	i	
	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.	· <del></del>			
Elevations (DF, RKB, RT, GR, etc.)											
Elevanous (DF, RKB, RT, GR, etc.) Name of Producing Forms			mation	nation Top		op Oil/Gas Pay		Tubing Depth			
Perforations	<u> </u>							· — ing Sup	·		
								Depth Casin	o Chan		
									ig since		
		UBING.	CASIN	G AND	CEMENTIN	C PECOD	<u> </u>		· · · · · · · · · · · · · · · · · · ·	**************************************	
HOLE SIZE	TUBING, CASING AN HOLE SIZE CASING & TUBING SIZE						<u> </u>	<del></del>			
	Griding a Tobing St.				DEPTH SET			SACKS CEMENT			
	<del> </del>				<del></del>					,	
	<del>                                     </del>										
	<del> </del>			<del></del>							
V. TEST DATA AND REQUES	TEOD	* * A.V.							· · · · · · · · · · · · · · · · · · ·	<del></del>	
OIL WELL Test must be often a	I FOR A	LLOWA	BLE					<del></del>			
Date First New Oil Run To Tank	covery of so	tal volume o	of load oil	l and muss	be equal to or e	xceed too allo	mable for i	bie doneb an ba	5 6-J1 3-4 1		
Date Pha New Oil Run 10 Tank	Date of Test				be equal to or exceed top allowable for this depth or be for full 24 hours.)  Producing Method (Flow, pump, gas lift, etc.)						
						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, e.c./			
Length of Test	Tubing Pressure				Casing Pressure				-		
				and the state of t				WEI	1:		
Actual Prod. During Test	Oil - Bbls.							11	11		
					Water - Bbls.			Gas- MCF		<u>ש</u>	
CASTERVA	L	·						MAY22 19	390	_	
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF				DIV.			
	1				Sole. Coudent	MIMCE		Dist	otden tale		
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				A			THE RESERVE TO SERVE THE PARTY OF THE PARTY	Tana Pana ana 11	<u> </u>	
•				Casing Pressure (Shut-in)			Choke Size		7.7		
// ODED ATON			<del></del>				•				
L OPERATOR CERTIFICA	ATE OF	<b>COMPI</b>	LIANC	E						<del></del>	

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.

Signature W.J. Holcomb Agent Printed Name Title 5-18-90 713 537-9000 Date

OIL CONSERVATION DIVISION

MAY 2 2 1990 Date Approved \_ By\_ SUPERVISOR DISTRICT #3 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
- 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.

