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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

OIL CONSERVATION DIVISION

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Bannon Energy, Inc.		Well API No. 30-039-24558
Address 3934 F.M. 1960 West, Suite 240, Houston, Texas 77068		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> <input checked="" type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Change of Address Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Both effective 6-1-90		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lybrook 19	Well No. 2R	Pool Name, Including Formation Devils Fork Gallup	Kind of Lease State, Federal or Fee	Lease No. SF 078562
Location Unit Letter D K : 2122 Feet From The south Line and 1707 Feet From The west Line Section 19 Township 24N Range 6W , NMPM , Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Giant Refining Company	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 9156, Phoenix, AZ 85068	
Name of Authorized Transporter of Casinghead Gas Bannon Energy, Inc.	or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 3934 F.M. 1960 W., Suite 240, Houston, TX. 77068	
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 19	Twp. 24N
	Rge. 6W	Is gas actually connected? yes	
If this production is commingled with that from any other lease or pool, give commingling order number:		When? 11-21-89	

IV. COMPLETION DATA

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.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)
		Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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 5-18-90 Title 713-537-9000
Date _____ Telephone No. _____

OIL CONSERVATION DIVISION

Date Approved MAY 22 1990
By Supervisor
Title SUPERVISOR DISTRICT #3

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.

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