Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.C. Box 1980, Hobbs, NIM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

DISTRICT II P.O. Drawer DD, Antenia, NIM \$8210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT	<u> </u>				
1000 Rio I	Brazos Rd.	Aztec,	NM	27410	

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	<u> </u>	TO TRA	NSP	ORT OIL	AND NAT	TURAL G	AS						
Operator TO TRANSPORT OIL AND NATURAL GAS Well A													
Bannon Energy, Inc. c/o Holcomb Oil & Gas, Inc.						30-045-25043							
P.O. Box 2058, Farmington, NM 87499													
Reason(s) for Filing (Check proper box) Other (Please explain)													
New Well		Change in	Transp	orter of:		•	•	. 1 100	•				
Recompletion	Oil		Dry G	as 🔲	EI	fective	January	1, 1990	J				
Change in Operator XX	If change of property size arms												
and address of previous operator Mess	a Opera	ting L	TD P	artners	hip, P.O	. Box 20	009 Amar	illo, TX	79189				
IL DESCRIPTION OF WELL													
Lease Name	NID LE		Pool N	Jame Includi	na Formation		W:-4						
South Blanco Federal	Well No. Pool Name, Including 5 Lybrook Gal							of Lease Federal or Fee	NM 1	2233			
Location													
Unit LetterL	: 198	30	Feet F	rom The	south	and	970	et From The _	west	. .			
Section 25 Townshire		2 6 37						_		Line			
Section 25 Township	<u> </u>	24N	Range	<u> </u>	AM , NA	ΛΡΜ,	San Juan	- 1		County			
III. DESIGNATION OF TRANSPORTER OF OU AND NATURAL CAS													
verse or versourses thesebouet of Off		or Conde	mie.		Address (Giw	e address to w	hich approved	copy of this fa	rm is to be se	er()			
Permian					P.O. B	ox 1183,	, Housto	n, TX 7	7251	•			
Name of Authorized Transporter of Casing Bannon Energy, Inc.	Name of Authorized Transporter of Casinghead Gas A or Dry Gas					e address to w	hich approved	come of this fo	erm is to be se	rd)			
If well produces oil or liquids	Unit	Sec	T						Houston	7TX.77068			
give location of tunks.	i L		Twp. 24N	Rgc. 8W	is gas actually yes	y connected?	When	-	31-81	 -			
If this production is commingled with that I						DET.		10-2	, I . O.I				
IV. COMPLETION DATA									······································				
Designate Type of Completion	- 00	Oil Well		Gas Well	New Well	Workover	Doepen	Plug Back	Same Res'v	Diff Res'v			
Date Spudded		pi. Ready u	P		Total Depth	L	1	Ļ	<u> </u>	<u> </u>			
•	- Com	р. нежу ц	o FTOOL		ioni nebru			P.B.T.D.	-				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas	Top Oil/Gas Pay			<u> </u>					
								. —	Tubing Depth				
Perforations								Depth Casin	g Shoe				
		TIDA:C	<u> </u>	n.c=									
HOLE SIZE					CEMENT			γ					
	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT						
				····	 			* · · · · · · · · · · · · · · · · · · ·					
V TEST DATA AND DECLINE	T FOR	A 1 1 A 111	101-										
V. TEST DATA AND REQUES OIL WELL (Test most be often to					. h								
OIL WELL (Test must be after n Date First New Oil Rus To Tank	Date of Te	est	J 1000	ou and mus	Producing M	exceed top all ethod (Flow, p	rowsbie for the	s depth or be	jor full 24 hou	rs.)			
	<u> </u>						7- 1 7-1	-v					
Length of Test	Tubing Pressure			Casing Press	ın	r.	Off Sp	EIW	FIM				
Actual Prod. During Test	Part			\ <u></u>			TI RE		-1111				
	Oil - Bbls	•			Water - Bbls.	•	I	Bas- MCF	o e 1000	التيا			
GAS WELL	<u>L</u>	-					····	1 FEB	2 6 1990				
Actual Prod. Test - MCF/D	Leagth of	Test			TBG: A			CH C	ON. D	NV.			
	-ugui di	1 COL			Bbis. Condex	IBLE/MMCF		Carry of	T. T.	Harry Ch.			
Testing Method (pitot, back pr.)	Tubing Pr	essure (Shu	t-in)		Casing Press	ure (Shut-in)		Choke Size					
		•	-										
VL OPERATOR CERTIFIC	ATE O	F COM	PLIA	NCF	٠ ا			1		•			
I hereby certify that the rules and paralletions of the Oil Conservation				(OIL CONSERVATION DIVISION								
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			FEB 26 1990										
// ^				Date	Approve	ed	I LU A						
_ N I Dalcon 1.						• •		. \ _	1) /				
Signature					By_			<u> ハ), ∈</u>	•				
W. J. Holcomb Printed Name		Age				1	SUPE	RVISOR	DISTRICT	13			
2 - 19-90	(505)	326-0	Tide 550		Title					-			
Date			ephone	No.									
					_11								

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 well