

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<br><b>Bannon Energy, Inc. c/o Holcomb Oil &amp; Gas, Inc.</b>   |  | Well API No.<br><b>30-045-25066</b> |
| Address<br><b>P.O. Box 2058, Farmington, NM 87499</b>  |  |                                     |
| Reason(s) for Filing (Check proper box)<br>New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Other (Please explain)<br>Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Effective January 1, 1990<br>Change in Operator <input checked="" type="checkbox"/> Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/> |  |                                     |
| If change of operator give name and address of previous operator<br><b>Mesa Operating LTD Partnership, P.O. Box 2009 Amarillo, TX 79189</b>  |  |                                     |

II. DESCRIPTION OF WELL AND LEASE

|  |                      |  |   |                                      |
|--|----------------------|--|---|--------------------------------------|
| Lease Name<br><b>So. Blanco Navajo 26A</b>   | Well No.<br><b>4</b> | Pool Name, including Formation<br><b>Lybrook Gallup Ext.</b> | Kind of Lease<br>State, Federal or Fee<br><b>Navajo</b> | Lease No.<br><b>N00-C-14-20-8454</b> |
| Location<br>Unit Letter <b>I</b> : <b>1850</b> Feet From The <b>south</b> Line and <b>380</b> Feet From The <b>east</b> Line<br>Section <b>26</b> Township <b>24N</b> Range <b>8W</b> , NMPM, <b>San Juan</b> County |                      |  |   |                                      |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|  |  |                   |                    |                   |  |                          |
|--|--|-------------------|--------------------|-------------------|--|--------------------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/><br><b>Permian</b>                     | Address (Give address to which approved copy of this form is to be sent)<br><b>P.O. Box 1183, Houston, TX. 77251</b>                 |                   |                    |                   |  |                          |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br><b>Bannon Energy, Inc.</b> | Address (Give address to which approved copy of this form is to be sent)<br><b>3934 F.M. 1960 West, Suite 240 Houston, TX. 77068</b> |                   |                    |                   |  |                          |
| If well produces oil or liquids, give location of tanks.   | Unit<br><b>I</b>   | Sec.<br><b>26</b> | Twp.<br><b>24N</b> | Rge.<br><b>8W</b> | Is gas actually connected?<br><b>yes</b> | When?<br><b>10-14-81</b> |

If this production is commingled with that from any other lease or pool, give commingling order number.

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.                                 |

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|                                  |  |                           |  |                           |                       |            |
|----------------------------------|--|---------------------------|--|---------------------------|-----------------------|------------|
| GAS WELL                         |  | Actual Prod. Test - MCF/D |  | Length of Test            | Bbls. Condensate/MMCF | Gravity of |
| 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  
W. J. Holcomb Agent  
Printed Name Title  
2-19-90 (505) 326-0550  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **FEB 26 1990**

By Barry Sharp  
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 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 multiple completed well.