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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 ■ Instructio

OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM \$7410

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

Santa Fe, New Mexico 87504-2088

I.	REQU	UEST FO	R AL	LOWAI	BLE AND AUTHORIZA L AND NATURAL GAS	TION		
Bannon Energy, Inc.					· · · · · · · · · · · · · · · · · · ·	Well API No.		
Address						30-045-250	66	
3934 F.M. 1960 West, Reason(s) for Filing (Check proper box)	Suite	240, Ho	usto	n, Tex				
New Well		Change in 7	[IZ REDO	rter of:	XX Other (Please explain)			
Recompletion	Oil	XX 1	Dry Gas		Effective 6-1-90			
Change in Operator  If change of operator give name	Casinghea	ad Gas 🔲 (	Conden	nte 🗌	Change of address		· .	
and address of previous operator				·				
II. DESCRIPTION OF WELL Lease Name	AND LE							
	o 26A	Well No. ]			ing Formation	Kind of Lease State, Federal or Fe	Lease No.	
Location		<u> </u>			•	State, redetal of re	NOO-C-14-20-845	
Unit LetterI	_:185	50 1	Feet Fro	m The	south Line and 380 .	Feet From The	east	
Section 26 Townshi	<sub>B</sub> 2	24N ,	Range	8W			Line	
					, NMPM,	San Juan	County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTE	OF OF OIL	ANI	NATU	RAL GAS			
Giant Refining Compa		or contacting	1		Address (Give address to which P. O. Box 9156, P	phoenix A7 8	orm is to be sent)	
Name of Authorized Transporter of Casing Bannon Energy, Inc.	rhead Gas	XX c	or Dry (	Ges 🗀	Address (Give address to which	approved copy of this fo	orm is to be sent)	
If well produces oil or liquids	Unit	Sec. 17	`wp.	- Par	3934 F.M. 1960 We	est, Suite 24	0, Houston, TX. 77	
give location of tanks.	i I	26 <b>j</b> 2-	4Ň	18W	Is gas actually connected?  yes	When? 10-14-81		
If this production is commingled with that IV. COMPLETION DATA	from any oth	ner lease or po	ol, give	comming	ing order number:			
Designate Type of Completion	- (X)	Oil Well	G	as Well	New Well   Workover   I	Deepen   Plug Back	Same Res'v Diff Res'v	
Date Spudded	Date Comp	pl. Ready to P	70d.		Total Depth	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of B							
	Manne Of 12	ne of Producing Formation			Top Oil/Gas Pay	Tubing Dept	Tubing Depth	
Perforations	<del></del>					Depth Casin	g Shoe	
	T	UBING, C	ASIN	G AND	CEMENTING RECORD			
HOLE SIZE	CAS	SING & TUB	ING SI	ZE	DEPTH SET		SACKS CEMENT	
	<del> </del>							
V. TEST DATA AND REQUES	T FOR A	LIOWAE	) F					
OIL WELL (Test must be after re	covery of to	tal volume of	load oi	l and must	be equal to or exceed top allowab	de for this death on he d		
Date First New Oil Run To Tank	Date of Tes	£		<del></del>	Producing Method (Flow, pump,	gas lift, etc.)	or just 24 Role's.)	
Length of Test	Tubing Pres	£SUR	<del></del>	<del></del> -	Casing Pressure	and Doke Size		
Actual Prod. During Test	Oil - Bbls.		-	<del>_</del>	Water - Bbls.	JEGR Gas-MCF	VED	
C . C		<del></del> -			<u>u</u>	MAY22 10		
GAS WELL Actual Prod. Test - MCF/D						mn a a		
THE TOT TOT AND MICHED	Length of I	Test.			Bbls. Condensate/MMCF	OIL CON.	DIV	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)	Choke Size		
VI. OPERATOR CERTIFICA	ATE OF	CUMDI	I A NI	- I				
I hereby certify that the rules and regular	tions of the (	Oil Consessor	:	ناد	OIL CONSE	ERVATION (	DIVISION	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						MAY 2		
1011	1				Date Approved _	L	N 1000	
Simoton			<u> </u>		<b>D</b>	7 (		
Signature W.J. Holcomb		Ager	ıt		By		- 1	
Printed Name 5-18-90	710 50-	Ti	Lle		Title	SUPERVISOR	DISTRICT #3	
Date	713 537	7-9000 Telepho	ma Na		11110			

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.

