Submit 5 Cépies
Appropriate District Office
DISTRICT | P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

DISTRICT II P.O. Drawer DD, Artesia, NM 28210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Bannon Energy, Inc. 30-039-22880

3934 F.M. 1960 West, Reason(s) for Filing (Check proper box)	,_Suite 240,	Houston, T							
New Well	O	- T	XX Oi	her (Please exp	dain)				
Recompletion		a Transporter of: Dry Gas	Effect	tive 6-1-	-90				
Change in Operator If change of operator give name	Casinghead Gas	Condensate	Chang	ge of add	dress				
and address of bishions obsistor									
IL DESCRIPTION OF WELL Lesse Name									
South Plane, Inch							d of Lease No.		
Location	Mava IO O I Z I By DI C			ok Gallup Sun			Federal or Fee NOO-C-14-20		
Unit Letter B	: 750	_ Feet From The	north Li	se and16	650 F	eet From The			
Section 8 Townshi		Range 71		MPM, Rio	Arriba	·		County	
III. DESIGNATION OF TRAN	SPORTER OF C	IL AND NAT	TIRAT, GAS						
	Address (Gi	Address (Give address to which approved copy of this form is to be sent)							
Ciant Refining Company Name of Authorized Transporter of Casinghead Gas XX or Dry Gas			P. 0.	P. U. Box 9156, Phoenix, AZ 85068					
Bannon Energy, Inc.	Address (Giv	Address (Give address to which approved copy of this form is to be sent)							
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. R	Ser It dat semal	y connected?	When	?		on, TX. 770	
If this production is commingled with that IV. COMPLETION DATA	1 - 1 -	23N 7W	ye	S	L	4-26-	82		
IV. COMPLETION DATA	or and the second second	poor, give commit	ngiing older min	ber:					
Designate Type of Completion	- (X) Oil Wel	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compil. Ready to	o Prod.	Total Depth	L	<u> </u>	P.B.T.D.	<u></u>	<u> </u>	
Elevations (DF, RKB, RT, GR, etc.)	, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
Perforations									
						Depth Casin	g Shoe		
	TUBING,	CASING AN	D CEMENTI	NG RECOR	מי	<u> </u>			
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
	<u> </u>								
V. TEST DATA AND REQUES OIL WELL (Test must be often in	T FOR ALLOW	ABLE							
Date First New Oil Run To Tank	Date of Test	ist be equal to or	be equal to or exceed top allowable for this depth or be for full 24 hours.)						
	Date of 15E	Producing Method (Flow, pump, gas lift, etc.)							
Length of Test	Tubing Pressure	Casing Pressu	Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.	Water - Bbis	Water Bhie			EEFIVEN			
					M	OSE- MICH		IUI -	
GAS WELL						MAY2 2	1990		
Actual Prod. Test - MCF/D	Length of Test	Bbis. Condens	Bbis. Condensate/MIMCF			E CON CONTRACTOR			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut		, , , , , , , , , , , , , , , , , , ,						
			Casing Pressu	re (Shut-in)	!	Chok Jak	N. Carried		
VI. OPERATOR CERTIFICAL I hereby certify that the rules and regular Division beauty that the rules and regular This is a second of the rules are regular This is a second of the rules and regular This is a second of the rules are regular This is a second of the rules are regular This is a second of the rules are regular and	tions of the Oil Comme				ISEDVA	TION	20.40.0		
Triving there deed complied with and if	hat the information aim	a above		OIL CON	IOLH VA	THONE	סופואור	IN .	
is true and complete to the best of my in	nowledge and belief.		Date	Approved	J b	MAY 25	<u>100</u> 0		
Signature USHohon	rf-					- • •	4		
W.J. Holcomb	Age	ent	By_		7.	(), ()	<u>/</u>		
5-18-90 713 537-9000 Title			Title_	Title SUPERVISOR DISTRICT #3					
Date			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
- 2) 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.

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