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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator BANNON ENERGY INCORPORATED c/o HOLCOMB OIL & GAS, INC.		Well API No.
Address P. O. BOX 2058, FARMINGTON, NEW MEXICO 87499		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	WELL NAME CHANGE FROM RINCON 8 TO MARCUS 12
Recompletion <input type="checkbox"/>		
Change in Operator <input checked="" type="checkbox"/>		
If change of operator give name and address of previous operator JACK A. COLE, P.O. BOX 191, FARMINGTON, NEW MEXICO 87499		

II. DESCRIPTION OF WELL AND LEASE

Lease Name MARCUS	Well No. 12	Pool Name, including Formation LYBROOK GALLUP	Kind of Lease FEDERAL State, Federal or Fee	Lease No. SF-078362
Location Unit Letter C : 930 Feet From The NORTH Line and 2160 Feet From The WEST Line Section 6 Township 23N Range 6W , NMPM, RIO ARRIBA 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"/> GIANT REFINING COMPANY	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 256, FARMINGTON, NEW MEXICO 87499					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> COLE DEVELOPMENT COMPANY	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 191, FARMINGTON, NEW MEXICO 87499					
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 6	Twp. 23N	Rge. 6W	Is gas actually connected? YES	When? JUNE 2, 1989

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 5-31-89	Date Compl. Ready to Prod. 6-27-89		Total Depth 5807		P.B.T.D. 5794			
Elevations (DF, RKB, RT, GR, etc.) 6947 GR	Name of Producing Formation GALLUP		Top Oil/Gas Pay 5460		Tubing Depth 5655			
Perforations 5460-73, 5590-5604, 5655-68					Depth Casing Shoe 5800			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	8 5/8 24.0 LB.		263.68		250 SKS.		259 FT. 3	
7 7/8	4 1/2 10.50 LB.		5800.11		1050 SKS.		2205 FT. 3	
	2 3/8		5655					

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 6-27-89	Date of Test 7-9-89	Producing Method (Flow, pump, gas lift, etc.) FLOWING	
Length of Test 24 HOURS	Tubing Pressure 120	Casing Pressure 425	Choke Size 48/64
Actual Prod. During Test	Oil - Bbls. 14	Water - Bbls. ---	Gas - MCF 185

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
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.

Dewayne Blancett
Signature
DEWAYNE BLANCETT, PRODUCTION SUPERINTENDENT
Printed Name
SEPTEMBER 27, 1989 (505) 325-1415
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved SEP 28 1989

By Original Signed by FRANK T. CHAVEZ

Title SUPERVISOR DISTRICT # 1

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.