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Appropriate District Office
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DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department
OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

305214

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR

Operator Bannon Energy, Incorporated c/o Holcomb Oil & Gas		Well API No.
Address P.O. Box 2058, Farmington NM 87499		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Other (Please explain) <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Transporter of: Completion Test Data Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Grace Federal 6	Well No. 1R	Pool Name, including Formation Lybrook Gallup	Kind of Lease State, Federal or Fee	Lease No. SF078362
Location Unit Letter K : 1745 Feet From The South Line and 2150 Feet From The West Line Section 6 Township 23 North Range 6 West , NMPL, 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"/> Conoco, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. 1429, Bloomfield, NM 87413				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Cole Development Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 191 Farmington, NM 87499				
If well produces oil or liquids, give location of tanks	Unit K	Sec. 6	Twp. 23N	Rge. 6W	Is gas actually connected? When ?

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 9-10-89	Date Compl. Ready to Prod. 9-29-89		Total Depth 5750'		P.B.T.D. 5706'			
Elevations (DF, RKB, RT, GR, etc.) 6881' GR	Name of Producing Formation Mayre Gallup		Top Oil/Gas Pay 2230		Tubing Depth 2611			
Perforations 5510-5530'; 5530-5590'					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
7 7/8	4 1/2		5750'		1st stage 315 sx 65/35 poz			
12 1/2	8 5/8		302'		followed by 100 sx 50/50 poz			
	2 3/8		2611		2nd stage 580 sx 65/35 poz			
					followed by 50 sx Class B			

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 9-29-89	Date of Test 9-30-89	Producing Method (Flow, pump, gas lift, etc.) Producing gas lift	
Length of Test 24 hrs.	Tubing Pressure 200	Casing Pressure 400	Choke Size N/A
Actual Prod. During Test	Oil - Bbls. 14	Water - Bbls. 0	Gas - MCF 250

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.

W. J. Holcomb
W. J. Holcomb, Operating Agent, Bannon
10-9-89 (505) 326-0550
Date Telephone No.

OIL CONSERVATION DIVISION
OIL CON. DIV.
Date Approved OCT 19 1989 DIST. 3
Original Signed by FRANK T. CHAVEZ
By
Title SUPERVISOR DISTRICT *

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.