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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
See Instructions at Bottom of Page

	p					RVATION DIVISION O. Box 2088			
DISTRICT III 1000 Rio Brizos Rd., Aziec, NM	\$7410	Sar	nta Fe, New	Mexico 87	50 4-2088				
I. Operator	REQ	UEST FO	OR ALLOW	ABLE AND	AUTHORIZ	ATION			
-		- , , , , , ,	On I	JIL AND N	ATURAL GA		1	<u> </u>	
Bannon Energy, Inc.					ž .	Well API No. 30-043-05192			
3934 F.M. 196 Reason(s) for Filing (Check prope	60 West, Si	uite 240	Housto	.			0 043-0	13137	
Reason(s) for Filing (Check prope New Well	r bax)		, nous to		17068 her (Please explain	-			
Recompletion	O'I	Change in T	ransporter of:			-			
Change in Operator	Oil Cazinohes		Ory Gas Condensate	l riieci	ive Septem	ber 1, 19	90		
f change of operator give name and address of previous operator			-Ottoen take	J					
I. DESCRIPTION OF W	ELL AND LE								
ROGERS 24 Well No. Pool Name				oding Formation	Kind of Les	use	Lease No.		
Location			LYDEOOK	Gallup		State, Feder	al or Fee	SF 078360	
Unit LetterL	:66	50 F	est firm The	west Li	e and 1980			0.0000	
Section 24 To	ownship 23		riou ine _	Lit	e and	Feet Fro	m The	south Line	
•			ange 7		MPM, Sand	loval			
II. DESIGNATION OF T	RANSPORTE	R OF OIL	AND NAT	IDAT CAC				County	
lame of Authorized Transporter of Giant Refinin	Oil XX	or Condensat	£ [Address (Gi	e address to which	Anne	6.11		
Giant Refining Co. Vame of Authorized Transporter of Casinghead Gas [XX] or Dry Gas				Address (Give address to which approved copy of this form is to be sent) P.O. Box 256, Farmington, NM 87499 Address (Give address to which					
bannon Energy	, Inc.	XX or	Dry Gas	COS TO TOTAL COST OF THE PROPERTY OF THE PARTY OF THE PAR					
well produces oil or liquids, we location of tanks.		Sec. Tv	vp. Ree	3934 F	M. 1960 W	<u>est, Suit</u>	e 240.	Houston, TX.7	
	L			is gas actuall	y connected?	When?		TA./	
this production is commingled with COMPLETION DATA	n that from any othe	r lease or poo	l, give comming	gling order numb	er:				
		Oil Well	Gas Well						
Designate Type of Comple		ĺ	i "	New Well	Workover	Deepen Plug	Back Same	Res'v Diff Res'v	
,	Date Compl.	Ready to Pro	xd.	Total Depth					
ations (DF, RKB, RT, GR, etc.) Name of Producing Formation						P.B.T	.D.		
aforations			Formation Top Oil/Gas Pay			Tubing Depth			
	777	nnia -				Depth	Casing Sho		
HOLE SIZE CASING A TURING C			SING AND	AND CEMENTING RECORD					
		CASING & TUBING SIZE			DEPTH SET		SACKS CEMENT		
									
TEST DATA AND REQU	UEST FOR AL	LOWARI	E						
L WELL (Test must be after the First New Oil Run To Tank	ter recovery of social	volume of loa	ic. Id oil and muss	ha anusta	_				
E First New Oil Kun To Tank	her recovery of total Date of Test		77.007	Producing Mell	iceed top allowabl icd (Flow, pump, g	e for this depth o	r be for full	24 hours.)	
igth of Test	Tubing Pressu					us tyt, etc.)	•		
	round Lieses	Æ		Casing Pressure		note	Gre E	7 & !!!!	
ual Prod. During Test	Oil - Bbls.			Water - Bbls.		In .			
A C TITEL T				DUIL		C a- W	P051	350	
AS WELL usi Prod. Test - MCF/D							COLV	DIV	
	Length of Test			Bbis, Condensat	e/MMCF	110	COM	DIT.	
ng Method (pitot, back pr.)	od (pitot, back pr.) Tubing Pressure (Shut-in)				Gravity	Gravity of Special			
——————————————————————————————————————	TOUR PRESENT	e (20mt-m)		Casing Pressure	(Shut-in)	Choke 5	ize		
OPERATOR CERTIFI	CATE OF C	7) (D) 7 · ·			·				
hereby certify that the rules and re-	Emarican of the Using	OMPLIA)	NCE	\sim	00110-	D			
ivision have been complied with a true and complete to the begree of m	nd that the informati	on given abov	ve	Ol	L CONSE	HAŸĬĬŎĬ	N DIVIS	SION	
true and complete to the best of m	ry knowledge and be	dief.		Deta 1		3EP () 5 1990		
W. 7 X/20	. 0			Date A	pproved _	 	1	· · · · · · · · · · · · · · · · · · ·	
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W. J. Holcomb		ner		ъу	St	PERVISOR	DISTER		
9-4-90	505 326-	0550Title		Title			יות וטי-	13	
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INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance

Title.

505 326-0550^{Title}

Telephone No.

- 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.