Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

DISTRICT II P.O. Drawer DD, Arlesia, NM \$8210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Operator		TO TRA	ANSPO	ORT OIL	AND NA	TURAL GA	4S					
	Bannon Energy, Inc. c/o Holcomb Oil & Gas					Tno			API No.			
Address								30-039-22758				
P.O. Box 2058, Farmington, NM 87499 Resson(s) for Filing (Check proper box)												
New Well Change in Transporter of												
Recompletion	Completion Oil Dry Gas C Effective January 1, 1990											
Change in Operator XX Casinghead Gas XX Condensate												
and address of previous operate. Mesa Operating LTD Partnership, P.O. Box 2009 Amarillo, TX 79189												
IL DESCRIPTION OF WELL AND LEASE												
Lease Name	Well No. Pool Name, Including				ng Formation			Kind of Lease		rase No.		
South Blanco Navajo :	31 1 Lybrook G				allup Ex	SHa.	State Federal or Fee		NOO-C-14-20-84			
Unit Letter D	. 84	40			north	50	^					
	:840 Feet From The				north Line and 500			est From The West Line				
Section 31 Township	24	4 N	Range	7W	, N	мем,	Rio Arr	iba		County		
III. DESIGNATION OF TRANSPORTER OF OUR LAW AND ALL												
	Address (Give address to which approved copy of this form is to be sent)											
Permian Name of Authorized Transporter of Casing	P.O. Box 1183, Houston, TX 77251											
Bannon Energy, Inc.	Address (Give address to which approved copy of this form is to be sent) 3934 F.M. 1960 West, Suite 240 Houston, TX.77068											
If well produces oil or liquids, give location of tanks.	Unit	Sec.	747 24N	Rec	Is gas actually		When					
	I D	31		1 /W	yes		i wasa	8-17-81				
If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA												
		Oil Well	ı G	as Well	New Well	Workover	D	202	<u> </u>	E		
Designate Type of Completion Date Spudded		_i	Ì		ĺ	Watove	Deepen	ring sack	Same Res'v	Diff Res'y		
Space.	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay							
Perforations						•			Tubing Depth			
								Depth Casin	Shoe			
TUBING, CASING AND (VC PECOR						
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT				
								- CHOICO ODMENT				
												
						-			 -			
V. TEST DATA AND REQUES OIL WELL (Test most be often on	T FOR	ALLOW	ABLE		·			·				
Date First New Oil Rua To Tank	to a guar 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.) Producing Method (Flow, pump, gas lift, etc.)						
					the state of the s							
Length of Test	Tubing Pressure				Casing Pressu	ire		Chaire Sine	P 8 75 1	(a)		
Actual Prod. During Test	al Prod. During Test Oil - Bbis.				Water - Bbis) CERAEIII				
- Buis.					Water - Bolk			FFR2 6 1990				
GAS WELL					<u> </u>			FEB2	6 1990			
Actual Prod. Test - MCF/D	Length of Test				Bbls. Conden	sate/MMCF			Man Di	V		
Testing Method (pitot, back pr.)	Internal Control of the Control of t				Casing Pressure (Shut-in)			DI	ST. 3	da rawa Espera		
Tubing Pressure (Shut-in)								Choke Size		*		
VL OPERATOR CERTIFIC	ATE OF	COM	OT TABLE	CTE	-							
VI. OPERATOR CERTIFICATE OF COMPLIANCE 1 hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION							
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.												
					Date Approved FEB 26 1990							
Workstand					1							
W. J. Holcomb Agent					By Bin Shang							
Printed Name Title					SUPERVISOR DISTRICT #3							
2-19-90 (505) 326-0550					Title.					- 4		
		Tele	phone No									
INSTRUCTIONS: This form	- i 1	<i>c</i>										

s 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.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter or other such changes

 4) Section I is the first factor of particles of the same of