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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Bannon Energy c/o Holcomb Oil & Gas, Inc.	Well API No. 30-039-24619
Address P.O. Box 2058, Farmington, NM 87499	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Change in Transporter of: 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 Mesa 25	Well No. 25-5	Pool Name, Including Formation Escrito Gallup Assoc.	Kind of Lease State, Federal or Fee	Lease No. SF 078532
Location Unit Letter P : 790' Feet From The south Line and 330 Feet From The east Line Section 25 Township 24N Range 7W, 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	Address (Give address to which approved copy of this form is to be sent) P.O. Box 9156, Phoenix, AZ 85068				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Bannon Energy, Inc.	Address (Give address to which approved copy of this form is to be sent) 3934 F.M. 1960 W. Suite 240, Houston, TX 77068				
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 25	Twp. 24N	Rge. 7W	Is gas actually connected? When? yes 4-30-90

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 XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 4-3-90	Date Compl. Ready to Prod. 4-30-90		Total Depth 5740'		P.B.T.D. 5640'			
Elevations (DF, RKB, RT, GR, etc.) 6743' GL	Name of Producing Formation Mayre Gallup		Top Oil/Gas Pay 5254'		Tubing Depth 5586'			
Perforations 5533-36, 5484-86, 5462-77					Depth Casing Shoe 5736'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12 1/4"	CASING & TUBING SIZE 8 5/8"		DEPTH SET 311'		SACKS CEMENT 190 sx Calss B neat			
7 7/8"	4 1/2"		5736'		20 Bbls. mud. 900 sx			
	2 3/8"		5586'		Pacesetter Lite & 125			
					sx. Tail 13# gal.			

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 4-30-90	Date of Test 4-23-90	Producing Method (Flow, pump, gas lift, etc.) gas lift	
Length of Test 24 hours	Tubing Pressure 300	Casing Pressure 225	Choke Size 1/4"
Actual Prod. During Test 20	Oil - Bbls. 20	Water - Bbls. 10	Gas - MCF 100

GAS WELL

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

Signature
W. J. Holcomb Agent
dated Name
5-1-90 505 326-0550 Title
Telephone No.

OIL CON. DIV.
OIL CONSERVATION DIVISION

Date Approved 5-2-90

By

Title SUPERVISOR DISTRICT III

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

All sections of this form must be filled out for allowable on new and recompleted wells.

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

Separate Form C-104 must be filed for each pool in multiply completed wells.

Q331323

5-1-80

VIA WCO

1-12-80