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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 <b>BANNON ENERGY INCORPORATED</b>	Well API No.
Address 3934 FM 1960 WEST, SUITE 240, HOUSTON, TEXAS 77068	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <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 <b>LYBROOK FEDERAL 24</b>	Well No. <b>5</b>	Pool Name, Including Formation <b>DEVILS FORK ASSOC. <i>Assoc. Lease</i></b>	Kind of Lease <b>State, Federal or XXX</b>	Lease No. <b>NM-83502</b>
Location Unit Letter <b>I</b> : <b>1791</b> Feet From The <b>SOUTH</b> Line and <b>869</b> Feet From The <b>EAST</b> Line Section <b>24</b> Township <b>24N</b> Range <b>7W</b> , <b>NMPM</b> , <b>RIO ARRIBA</b> 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"/> <b>GIANT REFINING</b>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>BANNON ENERGY</b>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit <b>I</b>	Sec. <b>24</b>
	Twp. <b>24N</b>	Rge. <b>7W</b>
	Is gas actually connected? <b>YES</b>	When? <b>5-20-91</b>

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 <b>X</b>	Gas Well	New Well <b>X</b>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded <b>5-11-91</b>	Date Compl. Ready to Prod. <b>6-3-91</b>		Total Depth <b>5660</b>		P.B.T.D. <b>5611</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>6671 GR 6683 KB</b>	Name of Producing Formation <b>DEVILS FORK - GALLUP</b>		Top Oil/Gas Pay <b>5486</b>		Tubing Depth <b>5543</b>			
Perforations <b>5486-98</b>					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>12 1/4"</b>	<b>8 5/8" 24.0 lb</b>		<b>276</b>		<b>250 sx 295 ft<sup>3</sup></b>			
<b>7 7/8"</b>	<b>4 1/2" 11.60 J-55</b>		<b>5657</b>		<b>900 sx 2166 ft<sup>3</sup></b>			
	<b>2 3/8"</b>		<b>5543</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.)

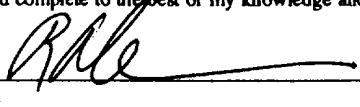
Date First New Oil Run To Tank <b>6-3-91</b>	Date of Test <b>6-5-91</b>	Producing Method (Flow, pump, gas lift, etc.) <b>PUMP</b>	
Length of Test <b>24 HOURS</b>	Tubing Pressure <b>64 psi</b>	Casing Pressure <b>64 psi</b>	Choke Size <b>48/64</b>
Actual Prod. During Test	Oil - Bbls. <b>5</b>	Water - Bbls. <b>0</b>	Gas - MCF <b>35</b>

### 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.

Signature   
**RUSSELL A. CHABAUD** SR VP PRODUCTION  
Printed Name Title  
**3-6-92** (713) 537-9000  
Date Telephone No.

### OIL CONSERVATION DIVISION

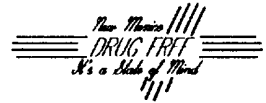
Date Approved **MAR 16 1992**

By **ORIGINAL SIGNED BY ERNIE BUSCH**

Title **JOINT OIL & GAS INSPECTOR, DIST. #3**

### 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.



STATE OF NEW MEXICO

ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT

OIL CONSERVATION DIVISION  
AZTEC DISTRICT OFFICE

BRUCE KING  
GOVERNOR

ANITA LOCKWOOD  
CABINET SECRETARY

1000 RIO BRAZOS ROAD  
AZTEC, NEW MEXICO 87410  
(505) 334-6178

## FAX TRANSMITTAL SHEET

DATE: 5/20/92

TO: Banner

FROM: Alice Duggan

FAX: 505-334-6170

COMMENTS: you might check with  
Wagget Survey for C-104's that you  
haven't received because I think we  
were directed to send approved C-104's  
to them here in Farmington at that time.

NUMBER OF PAGES INCLUDING COVER: \_\_\_\_\_