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Appropriate District Office
Listrict 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

DISTRICT II P.O. Drawer DD, Antesia, NIM 88210

## OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM \$7410		Santa 1	Fe, New M	lexico 875	04-2088								
I.	REQUE	ST FOR	ALLOWAI	BLE AND	AUTHORI TURAL G	IZATI	ON						
Operator										II API No.			
Bannon Energy, In	amon Energy, Inc.				30-				0-045-25098				
3934 F.M. 1960 West	Suite 2	40, Hous	ton, Tex	xas 770	68								
Reason(s) for Filing (Check proper box) New Well				AA Ou	nes (Please exp	lain)			<del></del>	·			
Recompletion	Oil C	hange in Trans XX Dry	sporter of:	Effect	ive 6-1-	<b>-</b> 90					į		
Change in Operator	Casinghead (		densate	Chang	ge of add	dress	3						
if change of operator give name and address of previous operator						<del></del>		· <u> </u>					
IL DESCRIPTION OF WELL	AND LEAS	E			<del></del>			<del></del>	<del> :</del>				
Lease Name	Well No. Pool Name, Inclu							ind of Lease Lease No.			_		
South Blanco Navajo	25 2 Lybro			ok Gallup			State, Federal or Fee NOO-C-14-2				8452		
Unit Letter 0	:_330	Fea	From The	south Lin	e and20	00	Feet	From The					
Section 25 Townsh	ge 8W	<b>.</b>	. CD. /			1106							
					МРМ,		San	Juan		County			
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTER	OF OIL A	ND NATU	RAL GAS									
Giant Refining Comp	an <del>y</del>	Condensale		Address (Give address to which approved P. O. Box 9156. Phoen i				opy of this f	orm is to be	seni)	7		
Name of Authorized Transporter of Casin	ny Gas 🔲	P. O. Box 9156, Phoenix, AZ 85068  Address (Give address to which approved copy of this form is to be sent)							_				
Bannon Energy, Inc.  If well produces oil or liquids,				3934 F	.M. 1960	West	t, Su	ite 24	O, Hous	ton, TX.	77068		
ive location of tanks.	Unit   Se			Is gas actual	y connected?	ļ	When?				7		
f this production is commingled with that	from any other l	24N	give commine	line order num	her		9-17	-81					
V. COMPLETION DATA					····								
Designate Type of Completion	- (X)	Dil Well	Gas Well	New Well	Workover	Dœ	pen	Plug Back	Same Res'v	Diff Res'v	٦.		
Date Spudded	Date Compl. I	Ready to Prod.	<del></del>	Total Depth	L	<u> </u>	<del></del>	P.B.T.D.	<u> </u>		_		
Elevations (DF, RKB, RT, GR, etc.)				Top Oil/Gas Pay									
Perforations									Tubing Depth				
_							1	Depth Casin	g Shoe		7		
	TUI	BING, CAS	ING AND	CEMENTI	NG RECOR	PD.				·	_		
HOLE SIZE	CASIN	CASING & TUBING SIZE			DEPTH SET				SACKS CEMENT				
	ļ <u>.</u>							STORE DEMERT!					
		<del></del> .									]		
		<del> </del>		<del></del>					·	<del>-</del>	4		
IL WELL Test must be often	T FOR ALI	OWABL	E	1	<del></del>	·	ا		· <u> </u>				
OLL WELL (Test must be after r Date First New Oil Run To Tank	Date of Test	volume of load	d oil and must	be equal to or	exceed top allo	owable f	for this a	lepih or be f	or full 24 ho	nos.)			
	Date of 1eg			Producing M	thod (Flow, pu	ump, gas	s lift, etc.	.)			7		
ength of Test	Tubing Pressure			Casing Press.	(2)		Doke Size			4			
Actual Prod. During Test	Oil - Bbls.			(D) E				<b>6</b> E	VE	M			
	On - Bois.			Water - Bbls.		N		Gas- MCF		U	7		
GAS WELL	<del></del>		<del></del>		<del></del>		M/	<del>1722</del> 1	990-				
Actual Prod. Test - MCF/D	Length of Test	<del></del>		Bbis. Conden	sate/MMCF		The state of	GON	-04		_		
								DIST 9					
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)				Choke Size					
L OPERATOR CERTIFIC	ATE OF C	ON ADIT Y	Atom	<b> </b>				<del>- ,</del>	·				
I hereby certify that the rules and regul:	ations of the Oil	Consequation		(	OIL CON	JSEF	RVΔ.	TION	אוסועור	NI.			
DIVINOR have been complied with and that the information given above							M	IAY 22	1990	JIN			
is true and complete to the best of my knowledge and belief.				Date Approved									
hall the and	1						4	) e			_		
Signature	<u></u>	<del></del>		∥ By_		_		•	and and				
W.J. Holcomb	<del></del>	Agent		'-	· <del></del>	50	PERV	ISOR D	STRICT	13	-		

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.

Title

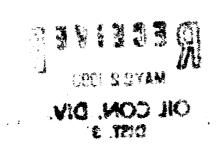
2) All sections of this form must be filled out for allowable on new and recompleted wells.

537-9000

Telephone No.

- 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.

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