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DISTRICT!
P.O. Box 1980, Hobbs, NM 82240

## 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, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

1000 Rio Brazos Rd., Aziec, NM 87410				MEXICO 9/3						
I.	REQ	UEST F TO TR	OR ALLOW	ABLE AND	AUTHORI	ZATIO	N			
Openior TO TRANSPORT OIL  Bannon Energy, Inc. c/o Holcomb Oil & Gas					Well API No.					
Address			30-045-25219							
P.O. Box 2058, Reason(s) for Filing (Check proper box)	rarming	con, N	M 87499							
New Well	Change in Transporter of:				Other (Please explain)					
Recompletion Change in Operator	Oil C		J Dry Gas 🗔	] E	fiective	Janua	ry 1, 1990			
76			Coodennate [	<u> </u>	<del></del>	<del></del>				
			ID Partner	ship, P.O	Box 20	09 Ama	rillo, TX 7	9189		
IL DESCRIPTION OF WELL	AND LE						-			
South Blanco Federa	1 26	Well No. Pool Name, Including Formation 4 Lybrook Gallup Ext.					nd of Lease	Lease No.		
Location			Lybrook	Gallup EX	<u>.                                    </u>		te Federal or Fee	NM 12233		
Unit Letter C	:_660		_ Feet From The	north Lin	229	5.	. Feet From The	west Line		
Section 26 Towns	nino 2	4 N	Range 8W		Servi Se	an Jua				
TII DECICIATION OF THE					MITM,			County		
III. DESIGNATION OF TRAINMENT OF Authorized Transporter of Oil	NSPORTE	or Coade	IL AND NAT	URAL GAS						
Permian	ل مما			P.O. 1	we <i>aaaress 16 w.</i> Вох 1183.	hick appro	wed copy of this form ton TY 77	copy of this form is to be sent)  1, TX 77251		
Name of Authorized Transporter of Canaghead Gas Bannon Energy, Inc.			or Dry Gas	Address (Gin	P.O. Box 1183, Housto			come of this farm in to be asset.		
If well produces oil or liquids	Unit	Sec.	Twp. R	3934 F	•M• 1900	west,	Suite 240 H	ouston,TX.7706		
give location of tanks.	j c	i 26	1 24Ni 8W	VAC		j wi	hen ? 1-	3-82		
If this production is commissied with the IV. COMPLETION DATA	t from any of	her lease or	pool, give commi	ngling order num	ber:					
		Oil Wel	Gas Well	New Well	Workover	Deepe	Drug Deat C			
Designate Type of Completion  Date Spudded		_ـــــــــــــــــــــــــــــــــــــ	i	_ii		Locate	n   Plug Back  Si	me Res'v Diff Res'v		
· ·	Desiz Com	pl. Ready I	o Prod.	Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top OiVGas	Top Oil/Gas Pay			Tubing Depth		
Perforations										
							Depth Casing S	ihoe		
HOLE SIZE		TUBING	, CASING AN	D CEMENTI	NG RECOR	D				
NOCE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
							<u> </u>	•		
V. TEST DATA AND REQUE	ST FOR	LLOW	ABLE							
OIL WELL (Test must be after Date First New Oil Run To Tank	recovery of to	xal volume	of load oil and m	usi be equal to or	resceed top allo	owable for	this depth or be for	full 24 hours )		
Date that New Oil Kits To Task	Date of Te	: <b>1</b>		Producing M	ethod (Flow, pe	नक्, हुट्ड दि	ft, etc.)			
Length of Test	Tubing Pro	STURE		Casing Press	ure		Sholmsize			
Actual Prod. During Test							DEC	EINEW		
The same test	Oil - Bbls.			Water - Bbis			1 As- MCF	- IUI		
GAS WELL	<del></del>		<del></del>		<del></del>		FEB2	6 1990		
Actual Prod. Test - MCF/D	Leagth of	Test		Bbls. Conder	Bbls. Condensate/MMCF			N-DIV		
Testing Method (pitot, back pr.)						جوده در	DIS			
thouse (book) there by 1	I moing 14	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			# W. T		
VL OPERATOR CERTIFIC	CATE OF	COM	PLIANCE	r	<del></del>			<del></del>		
I DOTODY COLLEY Best the rules and want	elucione of sta	O1 C		.    (	OIL CON	<b>ISER</b>	VATION D	IVISION		
Division have been complied with and that the information given above is true and complete to the best, of my knowledge and belief.										
ballo.				Date	Approve	d	FEB 26 1	990		
Signature				D.,	By - 1					
W.J. Holcomb Agent				By -	By 3					
Printed Name 2-19-90	(505)	326-0	Title	Title	TitleSUPERVISOR DISTRICT #3					
Date	1,000	<u> </u>	220	11						

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

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 mass be filed for each pool in multiply completed well-