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

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

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Well					Well API No.	API No.	
BANNON ENERGY INCORPORATED					30-039-057620		
3934 FM 1960 We	st, Ste #240) Houstor	n, TX 77068				
Reason(s) for Filing (Check proper box) Other (Please explain)							
New Well Change in Transporter of: Change of Operator & Owner						ner	
Recompletion Oil Dry Gas Change in Operator Casinghead Gas Condensate							
If change of operator give name	Casinghead Gas (Condensate					
and address of previous operator	DCO, Seaso						
II. DESCRIPTION OF WELL Lease Name	ool Name, Includ			T			
Campos	npos Well No. Pool Name, Include Pool Name, I		0		Kind of Lease State, <u>Federal</u> or Fee	Lease No. SF 073272-A	
Location	4000	· · · · · · · · · · · · · · · · · · ·			I	51 073272 N	
Unit LetterK	:F	eet From The	Vest Line and 18	830	Feet From The Sc	outhLine	
Section 4 Township 23N Range 7W			, NMPM, Rio Arriba County			County	
III DECIGNATION OF THE						County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil				a which a	per and a pen of this farm		
Giant Refining Co			Address (Give address to which approved copy of this form is to be sent) POBOX 256 Farmington, NM 87499				
Name of Authorized Transporter of Casinghead Gas XX or Dry Gas Address (Give address to which approximately Address to which approximately Address (Give address to which approximately Address to which approximately Address (Give address to which approximately Address to which approximately Address to which approximately Address (Give address to which approximately Address to which approximately Address to which approximately Address (Give address to which approximately Address to which approximately Address to which approximately Address (Give address to which approximately Address to which approximately Address to which approximately Address (Give address to which approximately Address to which approximately Address to which approximately Address (Give address to which approximately Address to which approximately Address to which approximately Address (Give address to which approximately Address to which approximately Address to which approximately Address (Give address to which approximately Address to which approximately Address to which approximately Address (Give address to which							
If well produces oil or liquids,	 ,,-			0 Wes		ouston, TX 7706	
give location of tanks.	Unit Sec. T	wp. Rge. 7 W		17 1	When?	.01	
If this production is commingled with that	from any other lease or po	ol, give commingl	yes ling order number:		early 196	50 ' S	
IV. COMPLETION DATA		-					
Designate Type of Completion	- (X) Oil Well	Gas Well	New Well Workover	r De	epen Plug Back Sa	me Res'v Diff Res'v	
Date Spudded	Date Compl. Ready to P	rod.	Total Depth	l	P.B.T.D.	I	
Elevations (DF, RKB, RT, GR, etc.)	ns (DF, RKB, RT, GR, etc.) Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth	Tuhing Denth	
					Tuoing Deput		
Perforations					Depth Casing S	hoe	
	TUBING, C	ASING AND	CEMENTING RECO	ORD			
HOLE SIZE CASING & TUBING SIZE		DEPTH SI		SAC	SACKS CEMENT		
V. TEST DATA AND REQUES							
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Test	load oil and must	be equal to or exceed top of Producing Method (Flow,			full 24 hours.,	
	Date of Test		roducing Medica (Fibm,	, <i>ршт</i> ир, გ ս	13 tyt, etc.)		
Length of Test	Tubing Pressure		Casing Pressure		chi) si E	EVEN	
Actual Prod. During Test	011 201		11/				
Actual Front During Test	Oil - Bbls.		Water - Bbls.		JUN	JUN2 5 1991	
GAS WELL					OIL C	ON. DIV	
Actual Prod. Test - MCF/D	Length of Test		Bbls. Conciensate/MMCF		Gravity of Cond	Gravity of Condensate DIST. 3	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size		
VI. OPERATOR CERTIFICA				MCE	DVATION DI	VICIONI	
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.			OIL CONSERVATION DIVISION				
			Date Approved MAY 28 1991				
Baleharand			Original Signed by CHARLES GHOLSON				
Signature Russell A. Chabaud SR VP Production			Ву				
Printed Name Title 05/28/91 (713) 537-9000			eltiT	DEPUTY	OIL & GAS INSPECT		
Date							

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.