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

d 1-1-29

DISTRICT II P.O. Drawer DD, Arlesia, NIM \$8210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM \$7410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. Bannon Energy, Inc. 30-039-22542 Address 3934 F.M. 1960 West, Suite 240, Houston, Texas Resson(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Recompletion XX Dry Gas Effective 6-1-90 Change of Address Oil Change in Operator Casinghead Gas Condensate If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. | Pool Name, Including Formation Kind of Lease South Blanco Federal 6 Lease No. Lybrook Gallup State, Federal or Fee NM 023050 Location Feet From The North Line and Unit Letter _ 1660. East Feet From The 23N Township 7 W Range Rio Arriba NMPM. County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent)
P. O. Box 9156, Phoenix, AZ 85068 Giant Refining Company Name of Authorized Transporter of Casinghead Gas ΧX Address (Give address to which approved copy of this form is to be sent) or Dry Gas [Bannon Energy, Inc. 3934 F.M. 1960 West, Suite 240, Houston, TX. If well produces oil or liquids, give location of tanks. 7706 Unit Sec. Twp Rge. Is gas actually connected? When? B 6 23N | 7W yes If this production is commingled with that from any other lease or pool, give commingling order number: 1-25-81 IV. COMPLETION DATA Gas Well New Well Workover | Deepen | Plug Back | Same Res'v Oil Well Designate Type of Completion - (X)

Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE

(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 Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Tubing Pressure Casing Pressure Actual Prod. During Test Oil - Bbls Water - Bhis MAY22 1990 **GAS WELL**

CON DIV Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size

VL 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

Printed Name

713_537-9000 -18-90

Telephone No.

Agent

Title

OIL CONSERVATION DIVISION

MAY 2 2 1990 Date Approved

(المندة By_

SUPERVISOR DISTRICT #3 Title_

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
- 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.

OIL CON. DIV

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