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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 Bannon Energy, Incorporated c/o Holcomb Oil & Gas		Well API No. 30-039-24547
Address P.O. Box 2058, Farmington NM 87499		
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 State 16	Well No. 2	Pool Name, Including Formation Counselors Gallup Dakota	Kind of Lease State, Federal or Fee	Lease No. E-1207-1
Location Unit Letter <u>F</u> : <u>1672</u> Feet From The <u>North</u> Line and <u>1722</u> Feet From The <u>West</u> Line Section <u>16</u> Township <u>23N</u> Range <u>6W</u> , NM PM, <u>Rio Arriba</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Giant Refining <input checked="" type="checkbox"/>	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 9156, Phoenix, AZ 85068				
Name of Authorized Transporter of Casinghead Gas Cole Development Co. <input checked="" type="checkbox"/>	or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 191, Farmington, NM 87499				
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 16	Tw. 23N	Rge. 6W	Is gas actually connected? yes	When? 11-28-89

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 XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v.	Diff Res'v
Date Spudded 11-3-89	Date Compl. Ready to Prod. 11-28-89		Total Depth 5618		P.B.T.D. 5574			
Elevations (DF, RKB, RT, GR, etc.) 6851' GR	Name of Producing Formation Mayze Gallup		Top Oil/Gas Pay 5440		Tubing Depth 5516			
Perforations 5440-5458, 5480-5530					Depth Casing Shoe 3347			

TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/2	8 5/8	300	190 sx Class B
7 7/8	4 1/2	5618	315 sx 65/35 poz & 100 sx 50/
	2 3/8	5516	50 poz; 83 sx 65/35 & 50 sx 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 11-28-89	Date of Test 11-28-89	Producing Method (Flow, pump, gas lift, etc.) gas lift	
Length of Test 24 hrs.	Tubing Pressure 2280	Casing Pressure 500	Choke Size 16/64
Actual Prod. During Test	Oil - Bbls. 85	Water - Bbls. 0	Gas - MCF 282

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.

W. J. Holcomb
Signature
W. J. Holcomb, Operating Agent, Bannon
Printed Name
11-28-89 (505) 326-0550
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 29 1989

By Original Signed by FRANK T. CHAVEZ

Title SUPERVISOR DISTRICT # 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.