Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions at Bottom of Page

# OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

3021/N

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

| Operator | Well API No. |
|---|---|
| Bannon Energy Incorporated | 30-043-20836 |
| Address: 3934 F.M. 1960 West, Suite 240, Houston, Texas 77068 | |

Reason(s) for Filing (Check proper box)

New Well [X] Change in Transporter of: Other (Please explain)
Recompletion [ ] Oil [ ] Dry Gas [ ]
Change in Operator [ ] Casinghead Gas [ ] Condensate [ ]

If change of operator give name and address of previous operator

DEC 1990 OIL CON. DIV. DIST. 3

## II. DESCRIPTION OF WELL AND LEASE

| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease State, Federal or Fee | Lease No. |
|---|---|---|---|---|
| ~~Grace Federal 19~~ Lybrook South | 12 | LYBROOK GALLUP | | SF-078360 |

Location
Unit Letter E : 1815 Feet From The North Line and 825 Feet From The West Line
Section 19 Township 23N Range 6W NMPM, Sandoval County

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| Name of Authorized Transporter of Oil [X] or Condensate [ ] | Address (Give address to which approved copy of this form is to be sent) |
|---|---|
| Giant Refining Company | P.O. Box 9156, Phoenix, AZ 85068 |
| Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ] | Address (Give address to which approved copy of this form is to be sent) |
| Bannon Energy Incorporated | 3934 F.M.1960W, Ste. 240, Houston, TX 77068 |

| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When ? |
|---|---|---|---|---|---|---|
| | M | 18 | 23N | 6W | YES | 10/3/90 |

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 | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v |
|---|---|---|---|---|---|---|---|---|
| | X | | X | | | | | |

| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. |
|---|---|---|---|
| 9/11/90 | 10/4/90 | 5700' | 5620' |
| **Elevations (DF, RKB, RT, GR, etc.)** | **Name of Producing Formation** | **Top Oil/Gas Pay** | **Tubing Depth** |
| ~~6971~~' GR 6947 | Gallup | 5270 | 5340' |
| **Perforations** | | | **Depth Casing Shoe** |
| 5270 - 5474 | | | |

TUBING, CASING AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|---|---|---|---|
| 12 1/4" | 8 5/8" | 328 | 250 |
| 7 7/8" | 4 1/2" | 5684 | 900 |
| N/A | 2 3/8" | 5340 | N/A |

## 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 | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
|---|---|---|---|
| 10/4/90 | 10/4/90 | Plunger Lift | |
| **Length of Test** | **Tubing Pressure** | **Casing Pressure** | **Choke Size** |
| 24 | 200 | 400 | N/A |
| **Actual Prod. During Test** | **Oil - Bbls.** | **Water - Bbls.** | **Gas- MCF** |
| | 10 | 2 | 100 |

GAS WELL

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

RECEIVED DEC 19 1990 RECEIVED OCT 15 1990

## 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.

J. M. Harrison

Signature
J.M. Harrison-Operations Manager
Printed Name Title
October 9, 1990 (713)537-9000
Date Telephone No.

## OIL CONSERVATION DIVISION

Date Approved DEC 26 1990

By Original Signed by CHARLES GHOLSON

Title DEPUTY OIL & GAS INSPECTOR, DIST. #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.