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

DISTRICT III 1000 Rio Brizza Rd., Aziec, NM 87410		Sa	anta F	e, New M	lexico 8/150	04-2088						
I.	REQU	JEST F	OR A	ALLOWAI	BLE AND A	AUTHORIZ	ZATION					
Operator				0	EAILD HA	TOTIAL GA		API No.	· · · · · · · · · · · · · · · · · · ·			
Bannon Energy Inc Address	 -											
3934 F.M. 1960 West, Reason(s) for Filing (Check proper box)	Suite	240		Houston	TX 7706	8						
New Well			_		Oth	es (Please expla	iin)	· · · · · · · · · · · · · · · · · · ·				
Recompletion	Oil	Change in	Dry C									
Change in Operator		ıd Gas 🔀										
If change of operator give name and address of previous operator			Calla					-				
II. DESCRIPTION OF WELL	AND LE	ASE						*******				
Lease Name		Well No.	Pool 1	Name, Includ	ing Formation		Kind	of Lease				
Mesa 25	2 Escrito Ga							Federal or Fee SF078532				
Location	01/			-								
Unit Letter I	: 2140 Feet From The S				outh Line and 1000.			et From TheLine				
Section 25 Township	24	N	Range	e 7W	, NI	мрм,	Rio	Arriba		County		
III. DESIGNATION OF TRANS	SPORTE	ים חד ח	TT 47	אווא אווא	mar cac							
Name of Authorized Transporter of Oil	or Condensate				Address (Give	a addrasa (a l	1.1					
Conoco Inc.					PO Box	1429 R1	oomfiel	copy of this form is to be sent) d NM 87413				
Name of Authorized Transporter of Casing								copy of this form is to be sent)				
Cole Development Co.					PO B ox	191, Far	mington	ngton NM 87499				
If well produces oil or liquids, give location of tanks.	Uzuit	S∞c. 25	Twp. 1 241		is gas actually	y connected?	When			:		
If this production is commingled with that f					ling order sum			L				
IV. COMPLETION DATA			7, 8	, vo containing	mig order mink	жа, 						
Designate Type of Completion -	- (X)	Oil Wel	1	Gas Well	New Well	Workover	Деерец	Plug Back	Same Res'v	Diff Res'v		
Date Spudded		pi. Ready t	o Prod.		Total Depth		l	P.B.T.D.	<u></u>	<u> </u>		
Element (DE DVD DE CO					1.5.1.5.							
Elevations (DF, RKB, RT, GR, etc.)	Name of P	roducing F	omatio	D	Top Oil/Gas Pay			Tubing Depth				
Perforations								Depth Casing Shoe				
		TIDDIC	C+ C	DIC WE								
HOLE SIZE	TUBING, CASING AND OLE SIZE CASING & TUBING SIZE											
	CASING & TOBING SIZE				DEPTH SET			SACKS CEMENT				
												
V. TEST DATA AND REQUES	T FOP	IIOW	ARIT		1							
OIL WELL (Test must be after re	covery of u	otal volume	of load	i i oil and mus	the equal to on	exceed too allo	numble for thi	a dameh b	f f-11 2 ()	,		
Date First New Oil Run To Tank	st must be after recovery of total volume of load oil and must. To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tuhing Pr	Tubing Pressure				Casing Pressure				· · · · · · · · · · · · · · · · · · ·		
					Caring Fleasu	Carling Freezeric		Choke Size				
Actual Prod. During Test	Oil - Bbls.				Water - Bbls			Gas- MCF				
GAS WELL	<u> </u>					-						
Actual Prod. Test - MCF/D	Length of Test				Thu- A	[Du. 6.4.4.4.4.6.4.6.5.4.4.4.4.4.4.4.4.4.4.4.						
					Bbls. Condensate/MMCF			Gravity of C	Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	Choke Size			
VI OPED ATON CONTRACTOR	<u> </u>				- -							
VI. OPERATOR CERTIFIC.	ATE OF	COM	PLIA	NCE			ICEDIA	ATION	טוייויסוס			
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above						OIL CONSERVATION DIVISION						
is true and complete to the best of my knowledge and belief.						•		CED 9	SEP 28 1989			
10 11.0 D					Date	Approve	a	JEF 4	0 1303			
WHolie	0						_		\sim 1	_		
Signature W. I. Holcomb Operati	(na 4=-	n+ +-	. n -		<u> </u>		۵.	<u> (بن</u>	Thomas			
W. I. Holcomb Operati	ug Age	ut Ior	Ban Tide	mon Ene	11.		SUP	ÈRVISOF	DISTRIC	T #3		
September 19, 1989		50		6-0550	Intle					-		

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 Services I II III

Telephone No.