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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

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

3075/W

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR

Operator Bannon Energy, Incorporated c/o Holcomb Oil & Gas	Well API No. 30-039-24571
Address P.O. Box 2058, Farmington NM 87499	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Other (Please explain) 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 Grace Federal 24	Well No. 1R	Pool Name, Including Formation Devils Fork-Gallup	Kind of Lease State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> or Fee	Lease No. SF078563
Location Unit Letter <u>D</u> : <u>980</u> Feet From The <u>FNL</u> Line and <u>985</u> Feet From The <u>FWL</u> Line Section <u>24</u> Township <u>24 North</u> Range <u>7 West</u> , <u>NMPM</u> , <u>Rio Arriba</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Conoco Oil	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1429, Bloomfield, NM 87413					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Cole Development Co.	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 D	Sec. 24	Twp. 24N	Rge. 7W	Is gas actually connected? yes	When? 12-4-89

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff Res'v.
Date Spudded 11-8-89	Date Compl. Ready to Prod. 12-4-89		Total Depth 5700		P.B.T.D. 5650			
Elevations (DF, RKB, RT, GR, etc.) 6678' GR	Name of Producing Formation Mayre Gallup		Top Oil/Gas Pay 5504		Tubing Depth 5547			
Perforations 5504-5520					Depth Casing Shoe 5694'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/2	8 5/8		300		190 Class "B"			
7 7/8	4 1/2		5694		375 sx 65/35, 100 sx 50/50			
	2 3/8		5547		650 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 12-4-89	Date of Test 12-4-89	Producing Method (Flow, pump, gas lift, etc.) gas lift	
Length of Test 24 hrs.	Tubing Pressure 120	Casing Pressure 120	Choke Size 16/64
Actual Prod. During Test	Oil - Bbls. 1	Water - Bbls. 0	Gas- MCF 56

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)	DEG 51989

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 - co
Signature
W. J. Holcomb, Operating Agent, Bannon
Printed Name
12-4-89
Date
(505) 326-0550
Title
Telephone No.

OIL CON. DIV.
OIL CONSERVATION DIVISION

Date Approved DEC 11 1989

By Original Signed by FRANK T. CHAVEZ

Title SUPERVISOR DISTRICT 2

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.