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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
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Bannon Enrgy, Inc. c/o Holcomb Oil & Gas, Inc.		Well API No. 30-039-24623
Address P.O. Box 2058, Farmington, NM 87499		
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <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 Federal 29	Well No. 2	Pool Name, including Formation Devils Fork Ext.	Kind of Lease State, Federal or Fee	Lease No. SF 079428
Location Unit Letter <u>P</u> : <u>825</u> Feet From The <u>south</u> Line and <u>825</u> Feet From The <u>east</u> Line Section <u>29</u> Township <u>34N</u> Range <u>6W</u> , NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <u>XXX</u> or Condensate <input type="checkbox"/> Giant Refining	Address (Give address to which approved copy of this form is to be sent) P.O. Box 12999, Scottsdale, AZ 85267					
Name of Authorized Transporter of Casinghead Gas <u>XXX</u> or Dry Gas <input type="checkbox"/> Bannon Energy, Inc.	Address (Give address to which approved copy of this form is to be sent) 3934 FM 1960 West, Suite 240, Houston, TX 77068					
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 29	Twp. 24N	Rge. 6W	Is gas actually connected? yes	When? 5-3-90

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 XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 4-15-90	Date Compl. Ready to Prod. 5-8-90		Total Depth 5900'		P.B.T.D. 5843'			
Elevations (DF, RKB, RT, GR, etc.) 6917' GL	Name of Producing Formation Gallup Mayre		Top Oil/Gas Pay 5544'		Tubing Depth 5745'			
Perforations 5732-5750'					Depth Casing Shoe 5895'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		330'		190 sx Class B Neat: cmt.			
7 7/8"	4 1/2"		5895'		750 sx lead & 150 sx tail			

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 5-8-90	Date of Test 5-8-90	Producing Method (Flow, pump, gas lift, etc.) plunger lift	
Length of Test 24 hrs.	Tubing Pressure 570	Casing Pressure 780	Choke Size 1/4"
Actual Prod. During Test	Oil - Bbls. 20	Water - Bbls. 0	Gas- MCF 0

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate (if any)	Flow 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.

Signature W. J. Holcomb
W. J. Holcomb Agent
Printed Name 5-10-90 Title 505 326-0550
Date Telephone No.

OIL CON. DIV
OIL CONSERVATION DIVISION
DIST. 3

Date Approved MAY 8 1990

By 30321
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.

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