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

Santa Fe, New Mexico 87504-2088

3018 R.

000 Rio	Rd.,	Aztec,	NM	87410	

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I,		OTHA	MSP	OHI OIL	AND NA	I UHAL GA		· · · · · · · · · · · · · · · · · · ·			
Operator	OD A HED						Well	API No.		į	
BANNON ENERGY INCORE	PORATED										
Address 3934 FM 1960 WEST, S	מתחשב 24	lo HOI	HSTO	N TEXA	s 77068	3					
		10, 110		117 12711		ет (Please expl					
Reason(s) for Filing (Check proper box) New Well		Change in	Transc	orter of:		ci (i ieuse expir	<i>101)</i>				
Recompletion	Oil		Dry G								
Change in Operator	Casinghead		Conde	,							
If change of operator give name											
and address of previous operator				· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·			
II. DESCRIPTION OF WELL			1=				1				
Lease Name		Well No.	1	Name, Includ RITO GA	ing Formation		Kind State	of Lease $_{ m FEI}$	SF-07	ease No. 18532	
MESA 25	<u> </u>	<u> </u>	ESC	RIIO GA	TILOF				151 07		
т	1883	1		\$	SOUTH	e and			EAST		
Unit Letter	- :		. Feet I	rom The	Lib	e and	r	et From The		Line	
Section 25 Township	24N		Range	, 7W	. N	MPM, F	RIO ARRI	BA		County	
100000	<u></u>							······································			
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL A	ID NATU							
Name of Authorized Transporter of Oil	X	or Conden	sale			e address to wi				ent)	
GIANT REFINING						12999, SC					
Name of Authorized Transporter of Casing	_	EX.	or Dry	Gas	Address (Give address to which approved copy of this form is to be sent) STAR ROUTE 4, BOX 20, CUBA, NM 87013						
BANNON ENERGY INCOR If well produces oil or liquids,		Sec.	Twp.	l Roe	Is gas actual		When		07013		
give location of tanks.	: :	25	24	7	YES	y connected	•	-17-91		ļ	
f this production is commingled with that	 			ive comming		ber:					
IV. COMPLETION DATA		_									
D. i. a. T. a. of C. a. i.d.	an.	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		L _x			T-1-I D-1-1	<u> L. </u>	<u> </u>	l	<u> </u>	_L	
Date Spudded	Date Compi		Prod.		Total Depth 5850			P.B.T.D.	5805		
8-11-91 Elemtions (DE PKR PT CR etc.)					ł	Top Oil/Gas Pay					
Elevations (DF, RKB, RT, GR, etc.) Name of Pro 6945 GR GALL			ducing Formation			5656			Tubing Depth 5606		
Perforations	0		······		<u> </u>			Depth Casir	ng Shoe		
5656-78	5726	-32									
	Т	UBING,	CAS	NG AND	CEMENTI	NG RECOR	D				
HOLE SIZE		ING & TU				DEPTH SET			SACKS CEM		
12 1/4"	8 5/8		24.		258.22		230 sx 2/1 ft 3				
7 7/8"	4 1/2		11.	60#	5848.	65		830 82		024 10	
	2 3/8	3			5606			 			
V. TEST DATA AND REQUES	T FOR A	LLOW	ARLE		1				· · · · · · · · · · · · · · · · · · ·		
OIL WELL (Test must be after r					t be equal to or	exceed top all	owable for th	is depth or be	for full 24 hou	ers.)	
Date First New Oil Run To Tank	Date of Tes			·		ethod (Flow, pr			· · · · · · · · · · · · · · · · · · ·		
10-21-91	10-2	24-91			FLC	WING					
		ng Pressure			Casing Pressure			Choke Size			
24 HOURS	120	120			420				48/64		
Actual Prod. During Test Oil - F		ibls.			Water - Bbls.			Gas- MCF			
	13				0			50			
GAS WELL											
Actual Prod. Test - MCF/D	est			Bbls. Conde	Bbls. Condensate/MMCF			Gravity of Condensate			
				6			Choke Size				
Testing Method (pitot, back pr.) Tubing Press			ure (Shut-in)			Casing Pressure (Shut-in)			Choke Size		
					١	-					
VI. OPERATOR CERTIFIC				NCE			ISFAV	ATION	DIVISIO	NC	
I hereby certify that the rules and regul				ve	OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date Approved DEC 1 9 1991						
						Date Approved					
Balehaband						Original Signed by EDANIK T. CHANGE					
Signature RUSSELL A. CHABAUD, SR VP PRODUCTION						By Original Signed by FRANK T. CHAVEZ					
Printed Name Title						Title SUPERVISOR DISTRICT # 3					
12-19-91	(713)	537-90			Title				·· ·	· · · · · · · · · · · · · · · · · · ·	
Date		Tele	ephone	No.							
-											

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.