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 Set Instructions at Bottom of Page

7068

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

OIL CONSERVATION DIVISION P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

I.	REQL	JEST F	OR	AL	TOMA	BLE AND	AUTHOR	IZATION					
Operator		IO TR	ANS	SPO	ORT OI	L AND NA	TURAL G	ias .					
Bannon Energy, In		Well API No. 30-045-24903											
3934 F.M. 1960 West.	, Suite	240.	Hou	sto	on. Te	xas 7706	5.8		3.3 2430				
Reason(s) for Filing (Check proper box) New Well				-	J11, 1C.		et (Please exp	lain)					
Recompletion	•	Change is	e Tra	uspo	rter of:	Change	of Addre	ess					
Change in Operator	Oil Casinghear	<u>₩</u>	ם סק			Effect:	ive 6-1-	90					
If change of operator give name and address or previous operator	Configuration	4 O11	<u> </u>	0.0en	nak 📗								
					<del></del>			<del></del>		-			
II. DESCRIPTION OF WELL Lease Name	AND LEA												
South Blanco Stat	e 36 Well No. Pool Name, Includi					1 0 1 1			of Lease Lease No.				
Location	<u>.c                                    </u>	<u> </u>	ــــــــــــــــــــــــــــــــــــــ		,, 5100	K Garrab	······································	33.	, reactal of rec	LNMLG	1034		
Unit LetterA	_ :9	90	_ Fee	t Fra	on The <u>n</u>	orth Lin	e and 330		eet From The	east			
Section 36 Townshi	p 24N		_						eer Lions 106 -		Line	;	
			Rat		<u>8W</u>		MPM,	San	Juan		County		
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTE	R OF O	IL A	ANI	D NATU	RAL GAS							
Giant Refining Compa		Address (Give address to which approved come of this form is to be and)											
Name of Authorized Transporter of Casinghead Gas (XX) or D. C.						P. O. Box 9156, Phoenix, AZ 85068							
Bannon Energy, Inc.						Address (Give address to which approved copy of this form is to be sent) 3934 F.M. 1960 West, Suite 240, Houston					ent)	_	
If well produces oil or liquids, give location of tanks.	Unait     A	<b>Sec.</b> 36	Twy		Rge.	is gas actually	y connected?	When	?	, 110030	Jon, IX.	÷	
If this production is commingled with that IV. COMPLETION DATA	from any other	r lease or	<u> 24</u>	oiv.	18W	yes		18-3	<del>-</del> 81				
IV. COMPLETION DATA			, ,	give	Containing	inf ourse mus	er:	<del></del>					
Designate Type of Completion	- (X)	Oil Well		G	as Well	New Well	Workover	Deepen	Plug Back	Same Resi'v	Diff Res'v		
Date Spudded	Date Compl	. Ready to	Proc	<u>.                                    </u>		Total Depth		<u> </u>	<u> </u>			i	
Clandian (DE DVD DO						,			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas Pay Tubing Depth				<del></del>	_		
Perforations													
									Depth Casing	Shoe			
HOLE SIZE CASING AND						CEMENTIN	IG RECOR	D	<u> </u>			4	
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET			S	SACKS CEMENT			
											,		
								<del></del>				$\dashv$	
. TEST DATA AND REQUES	T FOD AT	LOW	DI	12							<del></del>	ᅱ	
OIL WELL (Test must be after re	covery of sou	il volume i	MDL of loa	E doil	l and must	he equal to an							
Date First New Oil Run To Tank Date of Test						Producing Method (Flow, pump, gas lift, etc.)							
ength of Test	Tubing Press												
	I doing Fress	ure				Casing Pressur	•	ID) E	2 5 T	VE	Ř	7	
Actual Prod. During Test	Oil - Bbls.					Water - Bbls.			Gas- MCF	AF	<b>!</b>	4	
GAS WELL									AY22 1990				
Count Prod. Test - MCF/D	Tabel 元本							<b>0</b> 44	-				
Length of Test						Bbls. Condens	te/MMCF	- ON	to the second	DIY-		٦	
esting Method (pitat, back pr.) Tubing Pressure (Shut-in)						Casing Pressure (Shut-in)			Choke Size	-	No.		
W 0777						•			CHOKE SIZE				
L OPERATOR CERTIFICA	TE OF	COMP	LIA	N	Œ							ل	
Division have been compiled with and that the information							IL CON	SERVA	TION D	IVISIO	N		
is true and complete to the best of my knowledge and belief.									MAY 22	1800			
1.014	1					Date	Approved	J	mrt & &	1000		_	
Signature						By							
W.J. Holcomb Agent											_		
5-18-90 713 537-9000 Title						TitleSUPERVISOR DISTRICT #3				13			
Date	Telephone No.									<del></del>	<u> </u>	-	

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
- 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.

