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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM \$8240

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89

DISTRICT II P.O. Drawer DD, Antenia, NM \$2210

I.

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM \$7410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Operator					AND NA	UHAL GA		UPI No.	-		
Ballin Energy, inc. c/o Holcomb Oil & Cas. Inc											
P.O. Box 2058, Farmington, NM 87499							1 30-	045-24681	·		
Responds) for Filing Wheels are a line											
New Well		Change in	Trans	der of:	Othe	A (Please expla	zin)		-		
Recompletion	Oil		Dry Gar		Ef	fective	January	1, 1990			
Change in Operator XX	Cazinghea	d Gas XX									
If change of operator give name and address of previous operator Mesa	Operati	ng ITD	Dane	nonel:	-			<del></del>		· · · · · · · · · · · · · · · · · · ·	
and address of previous operator Mesa Operating LTD Partnership, P.O. Box 2009 Amarillo, TX 79189  II. DESCRIPTION OF WELL AND LEASE											
Lease Name	AND LE		D1 32								
South blanco State 3	th blanco State 36 2				ng Formation			Kind of Lease Nate Federal or Fee		Lease No.	
Location States State 30 2			ГГАГ	rook G	alinb			Casa di Fe		NMLG 1034-2	
Unit Letter H	. 23	310	Engl En	~~ The	north Line	. 6	60 =				
			. 104 11	An 186	Line	and	Fe	et From The	east	Line	
Section 36 Township	p 24N		Range	8W	, NA	лем,	San Jua	$\mathbf{n} \downarrow_{i}^{l}$		County	
III. DESIGNATION OF TRAN	ידים (אם)	D OF O	YY 430	D \$14 mm r		_				<u> </u>	
Name of Authorized Transporter of Oil	RAL GAS		111								
Permian					Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, TX 77251						
Name of Authorized Transporter of Casinghead Gas XX or Dry Gas					Address (Give address to which approved come of this form is to be sent)						
Bannon Energy, Inc.  If well produces oil or liquids, Unit Sec. Then Beauty					3934 F.M. 1960 West, Suite 240 Houston, TX. 77068						
give location of tasks.				Is gas actually	connected?	When			<del></del>		
If this production is commincial with that from any other lease or pool give according											
IV. COMPLETION DATA											
Designate Type of Completion	- 00	Oil Well		as Well	New Well	Workover	Deepen	Plug Back S	me Res'v	Diff Res'v	
Date Spudded		nl Pandu te				<u></u>	<u> </u>				
	Date Compl. Ready to Prod.				Total Depth P.B.T.D.						
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay						
					_			Tubing Depth			
Perforations					Depth Casing Shoe						
		7177.0									
HOLE SIZE	TUBING, CASING AND				CEMENTI		D				
	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT				
					:			•			
· · · · · · · · · · · · · · · · · · ·											
V. TEST DATA AND PROLIES	T FOR	II OW	ADIR								
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.)  Due First New Oil Run To Tonk											
Date First New Oil Run To Tank	Date of Test				Producing Method (Flow, pump, gas lift, etc.)						
					The same in town, purity, gas tyl, etc.)						
Length of Test	Tubing Pro	sure.			Casing Pressu	ne .	p <sup>b</sup> s	Challet Size	10 <b>9 6</b> 6		
Actual Prod. During Test	1 During Total						Section 1.		PETEIVEN		
Oil - Bbls.					Water - Bbls	<del></del>		Gu- MCF			
GAS WELL								FEB2 6 1990			
Actual Prod. Test - MCF/D	11	*						MI CC	ואו ה	V	
	Length of	lest			Bbls. Conden	□ L/MMCF	y	St. May de Co	dentite		
Testing Method (pitot, back pr.)	Tubing Pre	saure (Shu	(-in)		Casing Press	re (Shut-in)	<u>;</u>	DR	Hardre		
						iic (3104-111)		Choke Size			
VL OPERATOR CERTIFIC	ATE OF	COME	PLIAN	ICF.	<del> </del>		-	<u> </u>			
i hereby certify that the rules and regulations of the Oil Consequence					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.					FEB 26 1990						
And a lot of					Date ApprovedFEB 26 1990						
- Wy Wolcomb						. ,			1)	,	
Signature W. J. Holcomb Acent					By_ Bill Chang						
Printed Name		Ager						RVISOR D		13.	
<del>2-19-9</del> 0	(505)	326-05	Title 550		Title.					• •	
Date	,,,,,,		phone N	0.							
INSTRUCTIONS: This same					И						

: 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