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

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

Revised 1-1-89 See Instruction

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT II P.O. Drawer DD, Artesia, NIM 88210 DISTRICT III

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aziec, NM 87410  I.	REQUEST TO TR	FOR A	ALLO POR	OWAB	LE AND A	AUTHORIZ	ZATION				
Operator TO TRANSPORT OIL AND						W.n. a St. M					
Bannon Energy, Inc. c/o Holcomb Oil & Gas,						T			045-24780		
P.O. Box 2058, P.	armington,	NIM 8	37499	9							
Reason(s) for Filing (Check proper box) New Well	0				Othe	a (Please expla	in)	<del></del>		<del></del>	
Recompletion		is Trans Dry		of:	Ef	ffective	January	1, 1990	)		
Change in Operator	Casinghead Gas X			. 🗀			_				
If change of operator give name Mes and address of previous operator	a Operating				hip. P.O	Boy 20	00 4===	111			
II. DESCRIPTION OF WELL	ANDIELER		*			• DO.A 20	OF AMari	LILO, IX	79189	<del></del>	
Lease Name	- F		····								
South Blanco Federal 23 Well No. Pool Name, Includi					1			Clear of Fee	The later		
Location			3) 02.	JOK O	arrup Ex				NM 2	0304	
Unit Letter M	<u> : 795</u>	Fea	From '	The _S	outh Lim	and71	.5 Fe	et From The _	west	Line	
Section 23 Township	24N	Rang	!	8W		~~ · · · · · ·					
						лрм, Sa	n Juan	<del></del>		County	
III. DESIGNATION OF TRAN	SPORTER OF	OTL A	ND 1	NATUI	RAL GAS						
Permian	ן כ	Address (Give address to which approved copy of this form is to be sent)									
Name of Authorized Transporter of Casinghead Gas XX or Dry Gas					P.O. Box 1183, Houston, TX. 77251  Address (Give address to which approved copy of this form is to be sent)						
Bannon Energy, Inc.					3934 F.	M. 1960	West, Su	copy of this form is to be sent): ite 240 Houston, TX.77068			
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp.   M   23   124N			Rge. 8W	is gas actually connected? When						
If this production is commingled with that if				mmineli	yes					<del></del>	
IV. COMPLETION DATA						~		···········			
Designate Type of Completion	- (X)	'ell	Gas '	Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready	lo Prod	<u> </u>		Total Depth		<u> </u>			<u> </u>	
								P.B.T.D.			
Elevations (DF, RKB, RT, GR, stc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations											
								Depth Casing	2pos		
HOLE SIZE	TUBING, CASING AND				CEMENTING RECORD			<u>'</u>			
POCE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
							<del></del>			•	
						<del></del>		· · · · · · · ·	·		
V. TEST DATA AND DECUES	T COD ALL O									<del></del>	
V. TEST DATA AND REQUES OIL WELL (Test must be often in	I FOR ALLO	WABL	E d ail a		. ,						
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Test	NE 0) 100	a ou a	na musi	Producing Me	exceed top allo thod (Frow, pu	wable for this		r full 24 hours	K FR	
Length of Test						( , <b>, , -</b>	77.	DEGERVE			
·	Tubing Pressure				Casing Pressu	re		Choke Size	- 4000	<u> </u>	
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			FEB 2 6 1990			
								OIL CON. DIV.			
GAS WELL									IST. 3		
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)						
		<b>_,</b>			Casing Fieses	re (Sum-ID)		Choke Size			
VI. OPERATOR CERTIFIC	ATE OF COM	IPLIA	NC	F		· · · · · · · · · · · · · · · · · · ·	<del></del> -	L			
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.					OIL CONSERVA			ATION DIVISION			
								FEB 26		•	
1.10		•			Date	Approved	t		1000		
Ug Nolcomb					2110						
W. J. Holcomb Agent					By						
Printed Name Title					SUPERVISOR DISTRICT #3						
2-19-90 Date	(505) 326-(				Title.					<del></del>	
	1	elephone	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
- 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 month is Clerk for packing seed in search of the such changes.