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

DISTRICT II P.O. Drawer DD, Antesia, NIM 88210

OIL CONSERVATION DIVISION

P.O/Box 2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 1	Santa Fe, No	W Mexico 87504-2088		
I.	REQUEST FOR ALLO	WABLE AND AUTHORIZ	ATION	
Operator	TO THANSPUR	TOIL AND NATURAL GA	<u>S</u>	
Bannon Energy	, Inc.		Well API No.	
Address			30-045-24781	
Reason(s) for Filing (Check proper	West, Suite 240, Houston	, Texas 77068		
New Well	out)	XX Other (Please emlais	n)	_
Recompletion	Change in Transporter of	of: Effective $6-1-9$	·	
Change in Operator	Oil XX Dry Gas Casinghesd Gas Condensate	Change of addr		
If change of operator give name and address of previous operator	Condensity			
II. DESCRIPTION OF WI	ELL AND LEASE			
Tease Marine	Well No. Pool Name	Including Formation	Kind of Lease	
Location	ederal 25 4 Lyb	rook Gallup	Cate Federal on Fra	
	. 910 _		NM 12233	
One Letter	Feet From T	he north Line and 660	Feet From The West Lin	e
10	waship 24N Range 8W	, NMPM,	San Juan County	
Name of Authorized Transporter of	RANSPORTER OF OIL AND N	ATURAL GAS		
Giant Refining Co	OF CORDERER	Address (Give address to which	h approved copy of this form is to be sent)	
Name of Authorized Transporter of		P. O. Box 9156.	Phoenix AZ RSAKO	
Bannon Energy, Inc	Casinghead Gas AX or Dry Gas	I AGE CON COINE GEOGRESS TO Which	armemial come of this to the	\dashv
If well produces oil or liquids	Unit Sec. Twp.	Rge. Is gas actually connected?	est, Suite 240, Houston, TX.	770
give location of tanks.	ID 125 PAN 8W	VAC	When ? 4-16-81	
If this production is commingled with IV. COMPLETION DATA	a that from any other lease or pool, give com	mingling order number:		
Designate Type of Comple	Oil Well Gas W	ell New Well Workover	Deepen Plus Back Same Perly Downson	_
Date Spudded			Deepen Plug Back Same Res'v Diff Res'v	
	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			
	or reading romanog	Top Oil/Gas Pay	Tubing Depth	\dashv
Perforations			Depth Casing Shoe	_
	TUBING, CASING A	ND CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		
		DEPTH SET	SACKS CEMENT	
· .			•	_
V. TEST DATA AND DECL	UEST FOR ALLOWABLE			-
OIL WELL Test must be at	OEST FOR ALLOWABLE			
Date First New Oil Run To Tank	fter recovery of total volume of load oil and Date of Test	must be equal to or exceed top allowa	ble for this depth or be for full 24 hours.)	
	See Of 1CH	Producing Method (Flow, pump,	gas lift, etc.)	\neg
Length of Test	Tubing Pressure	Code D		
		Casing Pressure	DETEN	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls	Gas- MCF	
			MAY2 2 1990	
GAS WELL			MAT & & 1330	
Actual Prod. Test - MCF/D	Length of Test	Bbis. Condensate/MMCF	OIL CON, DIV	
		Bott. Concentate/MMCF	Gravity of Condensate	7
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	_
T OPERATOR CER	70.477			
I beneby certify that the action	ICATE OF COMPLIANCE	011 00115		
I hereby certify that the rules and re Division have been complied with:	and that the information since it	UL CONS	ERVATION DIVISION	
is true and complete to the best of t	my knowledge and belief.			
1011.		Date Approved	MAY 2 2 1990	
WHolion	mf		Λ	-
Signature W. J. Wellersh		- By	3 (1) Chang	
W.J. Holcomb	ngent			-
5-18-90	Title	Title	SUPERVISOR DISTRICT #3	

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

713 537-9000

5-18-90

- 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.

Telephone No.

- 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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