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Appropriate District Office
DISTRICT I 30x 1980, Hobbs, NM 88240

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

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III 1000 Rio Brizos Rd., Aziec, NM 87410		Sar	nta Fe,	New M	exico 8750	04-2088					
I. ,	REQU	EST FO	R AL	LOWA	BLE AND	AUTHORI	ZATION				
Operator		OTRA	NSP(	DRT OIL	AND NA	TURAL G					
•				API No.							
Address	Barnon Energy, Inc. c/o Holcomb Oil & Gas					, Inc.   30-			045-25063		
P.O. Box 2058, F	'armingt	on, NIM	874	199							
Reason(s) for Filing (Check proper box)					Oth	er (Please expl	ata)				
New Well		Change in	Тганаро	ter of:		•	•			İ	
Recompletion	Oii	•	Dry Gar	_	E:	ffective	January	7 1, 1990	)	1	
Change in Operator XX	Casinghead	Gas XX									
If change of operator give name and address of previous operator Mesa					odn P O	Post 20/	20 4	11			
•			<u> Lai</u>	. thetsi	nip, P.O.	BOX 200	9 Amarı	110, TX	79189	<del> </del>	
II. DESCRIPTION OF WELL Lease Name						·					
•				of Lease No.							
Location	South Blanco Navajo 25 3 Lybrook Ga					.11up State,			Federal or Fee NOO-C-14-20-845		
Unit Letter J	. 1710	)						<del>avajo -</del>			
Unit Least	-: <u>-1/10</u>		Fea Fra	m The	south Lim	and190	<u> </u>	et From The_	east	Line	
Section 25 Township	p 24N		Range	8W	N	м <b>г</b> м, Sa	n Juan	1.1			
						virivi, Da	u Juan	<del>- 11</del>	·····	County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTE	R OF OT	L AN	D NATU	RAL GAS						
Permian	[XX]	or Condens	ale		Address (Giv	e address to w	hick approved	copy of this fo	rm is to be se	ent)	
	1		<del></del> -		P.O. B	ox 1183,	Housto	n, TX 7	7251	l	
Bannon Energy, Inc.	Name of Authorized Transporter of Casinghead Gas Or Dry Gas Rannon Engage. The					e address to wi	hick approved	come of this fo	ru is to be se	mt)	
If well produces oil or liquids	175	5-5-		<del></del>	3934 F.	M. 1960	West,Su	ite 240	Houston	7TX - 77068	
give location of tanks.	Unit	Sec.   25	Twp. 24N	Rge.   8W	is gas actually	y connected?	When				
If this production is commingled with that				OW	yes	<del></del>		10-18-	81		
IV. COMPLETION DATA	nom any our	a rease or p	1001, gzvi	e comming	ing order numb	xer	<del></del>				
		Oil Well		as Well	New Well	Workover	l Dames	70 7		C	
Designate Type of Completion		j	i			" (12015)	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded Date Compl. Ready to Prod.					Total Depth			P.B.T.D.			
Elevations (DF. RKB, RT, GR. etc.)	Devations (DF PKR PT CP etc.)					To Olica bu					
					Top Oil/Gas Pay			Tubing Depth			
Perforations	<u> </u>				<u> </u>			2.46			
								Depth Casing	3 Spoe	i	
	T	UBING.	CASIN	IG AND	CEMENTI	NG RECOR	<u>n</u>	1	<del></del>		
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				SACKE OFFICE		
	SHORTE TOBING SIZE				DEPTH SET			SACKS CEMENT			
	<del>                                     </del>							<del>  · ·</del>	<del></del>	<u>`</u>	
							<del></del> -	<del> </del>			
								+			
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE			······································		1	<del></del>		
OIL WELL (Test must be after n	ecovery of lot	al volume o	fload o	il and must	be equal to or	exceed top alli	owable for this	s depth or be f	or full 24 how	r <del>s</del> .)	
Date First New Oil Run To Tank	Date of Tes	1			Producing Me	thod (Flow, pr	emp, gas lift, i	uc.)			
Length of Total	<del> </del>										
Length of Test	Tubing Pres	SUITE			Casing Pressu	re		Show Silk	FIN	E ITT	
Aspel Prof. Dec. 10	<u></u>	<u>.</u>			<u> </u>		1	F 10 2 2 2 11 12 10 11 11			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF		113	
						·		FEB	2 6 1990		
GAS WELL								Ni.	ON. U	iV	
Actual Prod. Test - MCF/D	Length of T	esi			Bbis. Conden	sale/MMCF	<del></del>	Gravity of C	CIV. D	110	
	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			UISI. 3			
Testing Method (pitot, back pr.)								Choke Size			
	1						<u>.</u>			:	
VL OPERATOR CERTIFIC	ATE OF	COMPI	LIAN	CE				<u> </u>		······································	
I hereby certify that the rules and regul:	ations of the (	Oil Conserv	ation			DIL CON	<b>ISERV</b>	ATION [	DIVISIO	N ·	
Division have been complied with and	that the inform	mation give	above							•	
is true and complete to the best of my i	mowiedge an	d belief.			Data	Annrous	<u>ا</u> ا	FEB 26	1990		
11/al/-0					Dale	Approve	u	LUNU	.500	<del></del>	
Simon								/	)		
Signature W. J. Holcomb		Agent	-	<del>-</del>	∥ By_		-	$\omega$	-		

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

Printed Name

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

SUPERVISOR DISTRICT #3

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Title

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.

(505) 326-0550