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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

DISTRICT II
P.O. Drawer DD, Artesia, NM \$8210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NIM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	T	OTRA	NSP	ORT OIL	AND NAT	URAL GA	.S		•		
Permon Energy, Inc. c/o Holcomb Oil & Gas,]						Tric 30-					
Mdress					, inc.		30-	045-25064			
P.O. Box 2058, Fa	rmingte	on, NM	87	499							
Reason(s) for Filing (Check proper best) New Well					Othe	r (Please expla	ia)				
Recompletion		Change in	•		Ef	fective	January	1, 1990)		
Change in Operator XX	Oil Casinghead		Dry Ga				-				
chappe of coepitor sine same			*	 -							
			ID Pa	artnersi	nip, P.O.	Box 200)9 Amari	110, TX	79189		
L DESCRIPTION OF WELL	IND LEA										
Court Plane Name	, .	_		lame, Includia	-			l Lease Federal or Fed		ase No.	
South Blanco Navajo 2	2.5	1	гу	brook G	allup Ex	τ.		rajo	NOO-0	C-14-20-8	
Unit Letter P	. 330		Total E		south Line	95	0 _		east		
	•		rea r	TOTO I DE	Line	and	Fe	et From The .		Line	
Section 25 Township	2	4N	Range	. 8W	, NA	νην, Sa	n Juan	.1		County	
TI DESIGNATION OF TO AN	EDAD TYPE	D OF O	PT 15					1			
II. DESIGNATION OF TRANS Name of Authorized Transporter of Oil	IXX	or Conden		NA IU		e address 10 wh	ick approved	com of this f	orm is to be se	er()	
Permian	P.O. Box 1183, Houston, TX 77251										
Name of Authorized Transporter of Casing	nead Gas 🔀 or Dry Gas 🗀				Address (Give	e address so wh	rick approved	copy of this f	copy of this form is to be sent)		
Bannon Energy, Inc.	1								Houston	TX.77068	
If well produces oil or liquids, give location of tanks.	Unsit P	Sec. 25	Т мр. 24N	: -	is gas actually	y connected?	When		1001	•	
f this production is commingled with that	1				yes	<u> </u>		10-	18-81	 	
V. COMPLETION DATA					ing order auth						
Designate Type of Completion	. ~	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spadded		pi. Ready to	Part 1		Total Depth		<u> </u>		<u> </u>	1	
	Des Com	pr. Kessy u) FIOCL		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	etc.) Name of Producing Formation			*	Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casi	ng Shoe		
		<u> </u>		D10 +17	<u> </u>	NO DECOR			<u> </u>		
HOLE SIZE	TUBING, CASING AND						1	010/00051555			
. Post det	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT				
	 	 					· · · · · · · · · · · · · · · · · · ·	•			
V TECT DATA AND DEALER	T FOR										
V. TEST DATA AND REQUE: OIL WELL (Text must be ofter t											
OIL WELL (Test must be after to Date First New Oil Russ To Tank	Date of Te		oj toda	a ou and mus		ethod (Flow, p			jor juli 24 ko	<i>E</i> 73.)	
Length of Test	Tubing Pro	Tubing Pressure			Casing Pressure			Thomas S	EIV	2 1	
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			FEB 2 6 1990			
CAS YERY I	1				<u> </u>	 		- 1			
GAS WELL Actual Frod Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			OIL CON. DIV.			
	Leagur or rest			Bols. Concentrate MIMICP			Gravity of Gistrans				
Testing Method (pilot, back pr.)	Tubing Pr	ressure (Shu	ut-m)		Casing Press	sure (Shut-in)		Choke Siz			
					1_		:))	
VL OPERATOR CERTIFIC	ATE O	F COM	PLIA	NCE							
I hereby certify that the rules and regu	lations of the	e Oil Conse	ervalion	1	-	OIL COI	NSERV	'A FION	DIVISION	ON ;	
Division have been complied with and is true and complete to the best of my	ing the info inowiedee:	ormation gi and belief.	ven abo	ove	_	_		EED 0	g 1000		
10 1/0	Λ				Date	e Approvi	ed	FEB 2	טבבו ט		
_ Wp Xelcom	<u></u>				_				1		
Signature W. J. Holcomb	Agent				∥ By₋	By					
Printed Name		Age	Title	 -			SUPE	RVISOR	DISTRICT	7 ∦3	
2-19-90	(505)	326-0		•	Title	9					
Date			lephon	e No	Н						

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 with Rule 111.
- 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 not