Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

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

Revised 1-1-89

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

I.	HEQU	EST FO	OH AI	LLOWA! ORT OII	BLE AND	AUTHORIZ	ZATION				
Operator TO TRANSPORT OIL									API No.		
Bannon Energy, Inc	- · · · · <u>-</u>	30-045-25064]				
3934 F.M. 1960 West,	Suite 2	240, H	ousto	on, Tex	as 7706	8					
Reason(s) for Filing (Check proper box) New Well		<u> </u>	_	_	VY Oth	es (Please expla	zin)	* · · · · · · · · · · · · · · · · · · ·			-
Recompletion	Oil	Change in	Dry Ga		Tffoot	(1 O					
Change in Operator	Caninghes		Conde			ive 6-1 - 9 <u>ge of add</u>	-				
If change of operator give name and address of previous operator					<u> </u>	ge or auc	iress	· · · · · · · · · · · · · · · · · · ·			J
II. DESCRIPTION OF WELL	AND LEA	SE									-
Lease Name	anco Navajo 25 Well No. Pool Name, li						Kind o	(Lease	L	ease No.	7
Location Dianeo Navaje	, 25	Lybroc			k Gallup &			ate, Federal or Fee NOO-C-14-20-8			¥50
Unit Letter P	:33	0	. Feet Fr	rom The SC	outh Lin	e and950) Fe	et From The	east	Line	
Section 25 Township	24N		Range	8W	, N	мрм,	San	Juan		County	
III. DESIGNATION OF TRANS	SPORTE	R OF O	IT AN	IN NATTI	DAT CAS					<u> </u>	J
terms or versionized 1 issusboutes of Orl		or Conden	SHE	C NAIO	Address (Giv	e address 10 wh	ich approved	copy of this form	n is to be w	ent)	7
Giant Refining Company Name of Authorized Transporter of Casinghead Gas (AX) or Dry Gas					P. O. Box 9156, Phoenix, AZ 85068						
Name of Authorized Transporter of Casinghead Gas XX or Dry Gas Bannon Energy, Inc.					Address (Give address to which approved copy of this form is to be sent) 3934 F.M. 1960 West, Suite 240, Houston, TX.]
If well produces oil or liquids, give location of tanks.					Is gas actually connected? Why						77068
If this production is commingled with that fi	P	25	I –	8 Wee	, , ,		10-	18-81			
IV. COMPLETION DATA	our any our	er lease or	pool, gav	ve comming	ling order num	ber:	·				-
Designate Type of Completion -	(X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back S	ume Res'v	Diff Res'v]
Date Spudded	Date Compl. Ready to Prod.			Total Depth	<u> </u>		P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay						
					Top Old Gar Pay			Tubing Depth			
Perforations									Depth Casing Shoe		
TUBING, CASING AND						CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			<u></u>
					 					•	
											-
V. TEST DATA AND REQUES	TEODA	HOW	DIE]
OIL WELL (Test must be after re	covery of low	al volume	of load o	oil and must	be equal to or	exceed ion allo	wahle for this	denth or he for	641 24 have	1	
Date First New Oil Run To Tank Date of Test					be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)]
Length of Test	Tubing Pressure				Casing Pressure			Choke Size	INE	· (C)	-
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF	# V C		
GAS WELL					ł			MAY22	1990 -		}
Actual Prod. Test - MCF/D	Bbis. Condensate/MMCF			H-CON	len sta		7				
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)				A DIA	'• ➡ •• ``;	
rubing freezing (Sunt-in)					Casing Press	ire (Shut-in)	. •	Choke Size			
VL OPERATOR CERTIFICA	ATE OF	COMP	LIAN	ICE]
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION						
is true and complete to the best of my knowledge and belief.					Date	Date ApprovedMAY 2 2 1990					
- hthowarf						• •		. \ ~/) _	,	•
Signature W.J. Holcomb Agent					By_			<i>L)</i>			-
Printed Name 5-18-90	710		Title		Title		SUPER	AVISOR DI	STRICT	#3	
Date	/13	537-90 Tele	000 phone N	lo.							•

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 must be filed for each pool in multiply completed wells.

VIO 4/00-110