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 at Bottom of Page

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

OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	S	Santa Fe, New M	fexico 875	04-2088				
I.	REQUEST I	FOR ALLOWA BANSPORT OI	BLE AND	AUTHORIZ	ZATION			
Operator		IANGFORT OF	LANDNA	TUHAL GA		API No.	· · · · · · · · · · · · · · · · · · ·	<u>-</u>
Bannon Energy, Inc.					30-045-25097			
3934 F.M. 1960 West,	Suite 240,	Houston, Tex	xas 7706	58				
Reason(s) for Filing (Check proper box) New Well				et (Please expla	in)			
Recompletion	Change Oil X	in Transporter of: Dry Gas	Effect	ive 6-1-9	90			
Change in Operator	Casinghead Gas	Condensate		e of addi				
If change of operator give name and address of previous operator								
II. DESCRIPTION OF WELL Lease Name								
1 •	ral 22 Well No	ing Formation				_	Page No.	
Location		1 290200	oallul	/ 	, Sale,	Federal or Fee	NM :	23233
Unit Letter P	_ : <u>660</u>	_ Feet From The _	south Lin	e and660	Fe	et From The	east	Line
Section 22 Townshi	ip 24N	Range 8W	, N	МРМ,	San	Juan		,
III. DESIGNATION OF TRAN	SPORTER OF	איר אול חולא דור						County
The second state of the	- or Cond	CORNE	Address (Gir	e address to wh	ich approved	come of this for	- is to be so	
Giant Refining Compa Name of Authorized Transporter of Casin	•		r. 0.	BOX 9136,	Phoeni	.x, AZ 85	068	
Bannon Energy, Inc.	ghead Gas KX	or Dry Gas	Address (Gin	e address so who	ich approved	copy of this for	m is to be se	nt)
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rge.	Is gas actual	M. 1960 y connected?	When		, Houst	on, TX. 7
If this production is commingled with that IV. COMPLETION DATA	from any other lease o	24N 8W	yes		11-	15-81		
IV. COMPLETION DATA		. post, give comming	hing order min	ber:				
Designate Type of Completion	- (X)	II Gas Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v
Date Spudded	Date Compl. Ready	to Prod.	Total Depth	<u> </u>	···	P.B.T.D.		<u>i </u>
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay					
Perforations			Top Olivate Fay			Tubing Depth		
. 4.144						Depth Casing	Shoe	
	TUBING	, CASING AND	CEMENTI	NG RECORT	<u> </u>			
HOLE SIZE	CASING & T	DEPTH SET			SACKS CEMENT			
								
V. TEST DATA AND REQUES	T FOR ALLOW	ARIE						
UIL WELL (Test must be after n	Date of Test	reduce. t of load oil and must	be equal to or	erceed ion allow	uahla fan thia	adamet an tark		
Date First New Oil Run To Tank	Date of Test		Producing Me	thod (Flow, pur	φ, gas lift, e	ic.)	Juli 24 hour	5.)
Length of Test	Tubing Pressure		Casing Pressu	æ		Charling.		
Actual Prod. During Test	0.5				(D)	EEE	IVE	
The same state of the same sta	Oil - Bbls.		Water - Bbis.		M	Gas- MCF		TU
GAS WELL	<u>.l</u>		<u> </u>			MAY22	1990	
Actual Prod. Test - MCF/D	Length of Test		Bbis. Conden	Hate/MMC:F	0	H-COA	-DIV	
Testing Method (pitot, back pr.)	Tubing Pressure (Shu	t-in)	Casing Pressure (Shut-in)			DIST. 9		
		Casing Pressure (Snut-In)			Choke Size			
VL OPERATOR CERTIFIC.	ATE OF COM	PLIANCE				<u> </u>		
Division have been complied with and t	ations of the Oil Conse	montion		OIL CON	SERVA	ATION D	IVISIO	N
is true and complete to the best of my k	Dowledge and belief.	rea above	Deta	Ann		MAY 22	1000	
10 Ollston D	7 -		Date	Approved	-	WITH 64	19311	
Signature U. J. W. J.			∥ ву_		3	w) d		
W.J. Holcomb		ent	-		SUPE	SVICOR	~~	
	537-9000	Tide	Title.		JOPE	RVISOR DI	STRICT	13
Date	Tek	phone No.	11	,			· · · · · · · · · · · · · · · · · · ·	

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.