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

State of New Mexico Energy, Minerals and Natural Resources Department

d 1-1-**2**9

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 Santa Fe, New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. Bannon Energy, Inc. c/o Holcomb Oil & Gas, Inc. 30-045-25215 Address P.O. Box 2058, Farmington, NM 87499 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Effective January 1, 1990 Recompletion Dry Gas Oil Change in Operator Casinghead Gas XX Condensate change of operator give name. Mesa Operating LTD Partnership, P.O. Box 2009 Amarillo, TX 79189 II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lean South Blanco Federal 25 Lease No. 7 Lybrook Gallup Ext. State, Federal or Fee NM 12233 Location Unit Letter 2025 Feet From The _____ Line and _ 1905. west Foot From The 25 24N Township 8W Range San Juan NMPM, County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) or Condensate XX Permian P.O. Box 1183, Houston, TX. 77251 Name of Authorized Transporter of Casinghead Gas **XX** or Dry Gas [Address (Give address to which approved copy of this form is to be sent)
3934 F.M. 1960 West, Suite 240 Houston, TX.77068 Bannon Energy, Inc. If well produces oil or liquids, give location of tenks. Unit Sec Twp Rge. Is gas actually connected? When? F 25 1 24N | 8W yes If this production is commingled with that from any other lease or pool, give commingling order number: 3-16-82 IV. COMPLETION DATA Oil Well Gas Well New Well Workover | Deepen | Plug Back | Same Res'v Designate Type of Completion - (X) Diff Resy Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Elevations (DF. RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay **Tubing Depth** Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) Date First New Oil Run To Tank Producing Method (Flow, pump, gas lift, etc.) Length of Test **Tubing Pressure** Casing Pressure Actual Prod. During Test Oil - Bbis. Water - Bbls EER2 6 1990 **GAS WELL** Actual Prod. Test - MCF/D Leagth of Test Bbls. Condensate/MMC Ott COAL DIV Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) VL OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation OIL CONSERVATION DIVISION on have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Date Approved ____FFB 26 1990 con Signature / W. J. Holcomb Agent Printed Name Title SUPERVISOR DISTRICT #3 (505) 326-**-**05<u>50</u>

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.

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