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

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWARI F AND ALITHORIZATION

Coperator	ר	OTRA	NSP	ORT OIL	AND NA	TURAL GA	ZATION AS				
Barron Roscow. Too o/o Helecal Oil a c								API No. -045-25218			
P.O. Box 2058, Farmington, NM 87499											
Reasco(s) for Filing (Check proper bex) New Well					Oth	et (Please expl	zin)				
Recompletion		Change in	Transpo	orter of:				. 1 100	•		
Change in Operator XX	Oil Dry Gas Effective January 1, 1990 Casinghead Gas XX Condensate										
Change of operator sine same											
mesa Operating LTD Partnership, P.O. Box 2009 Amarillo, TX 79189											
L. DESCRIPTION OF WELL.	AND LEA	SE									
•	Well No. Pool Name, Including							of Lease No.			
South Blanco Federa	l 26 5 Lybrook Ga				llup Ext.			Continue Fee	1	2233	
D	000					**************************************					
Unit Letter B	<u> 820</u>		Feet Fr	rom The	orth Line	and 17	700	et From The _	east		
Section 26 Township				arrouning_		Lin	8				
Section 26 Township	24N		Range	8W	, NI	ирм, Sa	n Juan	.1		County	
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Type of Condenses Authorized Transporter of Oil Type of Condenses											
and the second s		or Conden	sale		Address (Give	e address to wi	uch approved	copy of this fo	rm is to be se	nt)	-
P.O. Box 1183, Houston, TX 77251											
Bannon Energy, Inc.	Address (Give address to which approved come of this form is to be and)										
If well produces oil or liquids,	116		·		3334 F.M. 1900 West			Suite 240 Houston, TX. 77068			
ive location of tanks.	•		Twp		is gas actually	y connected?	When			·······	$\overline{}$
this production is commissed with the	B /2	26	24	NI 8W	yes			11-28-	82		
f this production is commingled with that f V. COMPLETION DATA	nom any othe	r lease or i	pool, giv	ve comming!	ing order numb	ж.					
		Oil Well									
Designate Type of Completion	- (X)	I ON MEN	1 '	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spadded	Date Compl	. Ready to	Prod		Total Depth						
					· · · · · · · · · · · · · · · · · · ·			P.B.T.D.			\neg
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas I	Pay		Tubing Dept			_
Perforations								Tubing Depth			
HILLER								Depth Casing Shoe			
					,		ı				
HOLE SIZE	TUBING, CASING AND				CEMENTIN	NG RECOR	D				
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET		SACKS CEMENT			
											\neg
	<u> </u>										
. TEST DATA AND REQUES	T FOD AT	LOWA	DIE		<u> </u>						\neg
IL WELL (Test must be often re	control of the		LDLL.								
Date First New Oil Russ To Tank	be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)										
	Date of Test				1 tomerna twe	usos (riow, pu	mp, ges up, e	(c.)			ı
ength of Test	Tubing Press	RUIP .			Casing Pressu			· Autor			_
·					Carring 110000		i i	DIEG	EIV	FIN	
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			MCF	- GJ 21 G		_
							u		2 6 1990		
GAS WELL	<u> </u>				<u>. </u>	· · · · · · · · · · · · · · · · · · ·		ILD	2 0 133U		لـــ
Actual Prod. Test - MCF/D	Length of To	ret			DCI. C. A	4 6 3 4		OILC	ON D	IV	
		-			Bbls. Condens	me/MMCF		Cravity of C	On Gentale	-	\neg
esting Method (pitot, back pr.)	Tubing Press	sure (Shut-	in)		Casing Pressu	m (Chief in)		4 11 11 11 11	ST. 3		
		•	•		Casing 110sec	ie (Siut-18)		Choke Size		-	
L OPERATOR CERTIFICA	ATE OF	COLO	7 7 4 3 3		├ ──						$oldsymbol{ol}}}}}}}}}}}}}}}}}$
I hereby certify that the rules and regula	MIE OF I	COMP	LIAN	ICE	ے اا	OIL CON	CEDV	TION))\/\C\C		
PARTIE DAYS DOES COMPOSED WITH MAN I	but the inform	mtion aiu	anoe a shove	•			SERVA	ALION L	טופועונ	N	
is true and complete to the best of my knowledge and belief.					D-1.4						
4124/0.1					Date Approved FFB 26 1990						
Wardent	-								•		
Signature W. J. Holcomb		3			By_		3.	40	1	•	
Printed Name	Agent									_	
2-19-90	Title (505) 326-0550					Title SUPERVISOR DISTRICT #3					
Date	1202)		boos N	<u> </u>						<i>T y</i>	
			17	~.							
THETOLICITONS - '-											_

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 well