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 Instruction at Bottom of Page

7068

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

OIL CONSERVATION DIVISION P.O. Box 2088

NOTRICE III		
1000 Rio Brazos	Rd., Aziec, NM	\$7410

District		c		E.	1 .U. <i>I</i>	OX 2000						
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM \$7410		ა	anta	re,	New W	lexico 875	04-2088					
7410 KL, AMEC, NM \$7410	REO	I IEST E		ALI	Olaza	DI = 4310						
I.		TOTO	ANIC			BLE AND	AUTHORI	ZATION				
Operator		10 10	ANG	DPU	HI OI	L AND NA	TURAL G					
Bannon Energy, In	ne							Wel	API No.			
Address								_ 30	-045-25219)		
3934 F.M. 1960 West	, Suite	240,	Hou	sto	n. Te	xas 770	68					
Reason(s) for riling (Check proper box)												
New Well		Change i	a Tras	usport	er of:	CMX On	et (Please expl	aur)				
Recompletion	Oil	Χ̈́X	מם [Gae		P.F.F.						
Change in Operator	Casinghe	ad Gas		dens	=	Cha	ive 6-1-9	90 Idroso				
If change of operator give name and address of previous operator								idress				
												
II. DESCRIPTION OF WELL Lease Name	AND LE											
		Well No.	Poo	і Мал	e, Includ	ing Formation		Kind	Kind of Lease Lease No			
South Blanco Feder	al 26	4		Ly	rbroo	k Gallup		State	Federal or Fee	1	ease No.	
Location						<u>·</u>				NM 12	233	
Unit LetterC	_ :6	60	Fee	t From	The no	rth Lin	229	5	_	West		
0.4							= and	;	eet From The	west	Li	De
Section 26 Townshi	p 24N		Ran	ge	8W	. NI	MPM,	Sar	ı Juan			
III DESIGNATION OF THE									. oddii		County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORT	ER OF O	IL A	ND	NATU	RAL GAS						
		or Conde	a serie	Г	7	Address (Giv	e address to wh	ich approve	d copy of this for	is to be su	(1	
Giant Refining Compa Name of Authorized Transporter of Casing	ny	1717				Address (Give address to which approved copy of this form is to be sent) P. O. Box 9156, Phoenix, AZ 85068						
Bannon Energy, Inc.	ghead Gas	XX	or D	ry Ga	· 🗀	Address (Giv	e address to wh	ich approve	d come of this for	n in to but		
If well produces oil or liquids,	1 ** **	·				3934 F.	M. 1960	West,	Suite 240,	Houst	<i>ጫ)</i> .0ከ. ፐሄ	
ive location of tanks.	Unit	Sec.	Twp	-	Rge.	is gas actually	connected?	When	n ?			· · ·
I this production is commingled with the	I C	26	<u>24N</u>		8W	yes		<u> 1-3</u>	8-82			
I this production is commingled with that IV. COMPLETION DATA	HOUR RELY OU	ner lease or	pool,	give o	commingl	ing order numb	er:					
		0			•	·						
Designate Type of Completion	- (20)	Oil Well	. !	Gas	Well	New Well	Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v	
Date Spudded		pl. Ready to	!						i		i i	<u> </u>
		he westy to	PTOG	-		Total Depth			P.B.T.D.			\dashv
Elevations (DF, RKB, RT, GR, etc.)	Name of B	roducing Fo				T 512			1			
		sometiff 14)	08		Top Oil/Gas Pay			Tubing Depth			
Perforations	L											
									Depth Casing S	hoe		
	7	TIPNIC	<u> </u>									
HOLE SIZE	CA	CINC A T	CAS	STAC	AND		IG RECORI)				
	UA	SING & TU	BING	SIZ		DEPTH SET			SACKS CEMENT			
		·		·			·					\neg
												\dashv
. TEST DATA AND REQUES	T FOD A	HOW	Di									\neg
IL WELL (Test must be after re	e e Okt n	tel valoma	MIL.									
OLL WELL (Test must be after re	Date of Tes	H POLITICE	of load	z ou a	nd must b	se equal to or o	xceed top allow	vable for thi	s depik or be for j	full 24 hours	s.)	
	Dett. 01 161	•				Producing Mel	hod (Flow, pun	φ, gas lift, d	uc.)		 ,	\neg
ength of Test	Tubing Pres									-		
	rantiff Lies	PRILE			ľ	Casing Pressur	2	(D)	Que La	V.	F	\neg
ctual Prod. During Test	Oil - Bbls.					11/ 50	· · · · · · · · · · · · · · · · · · ·			# च ५ः		
	DUIS.				1	Water - Bbis.		UU	Gas- MCF		مئند	\dashv
GAS WELL									MAY22	1990		
count Prod. Test - MCF/D	· · · · · ·											
- MOCID	Length of I	est				Bbis. Condens	ILE/MMCF		Cavily a Co.			
sting Method (pitot, back pr.)	**************************************							• • • • • •	DIST	1		
White (pice, pack pr.)	Tubing Pres	saure (Shut-	m)			Casing Pressur	(Shut-in)	- ·	Choke Size		Mark *	\dashv
					l							
L OPERATOR CERTIFICA	TE OF	COMPI	IA	NC	<u>. </u>							

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature W.J.

Date

Holcomb Printed Name <u>5-18-90</u>

713 537-9000

Telephone No.

Agent

Title

OIL CONSERVATION DIVISION

MAY 2 2 1990 Date Approved .

SUPERVISOR DISTRICT #3 Title.

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.

A CONTRACTOR OF THE STATE OF TH