Submit 5 Copies
Apprepriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

3007/N

Printed Name

1990Dec . 28 Date

1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST F	OR ALLOWA	BLE AND	AUTHOFU	ZATION				
REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS									
Operator						Well API No.			
Bannon Energy Incorporated Address					30-045-28162				
3934 FM 1960 West, Su:	ite 240. Hous	ston. Texas	77068						
Reason(s) for Filing (Check proper box)	2,0, 1104	Jeon, Tekab		er (Please expl	ain)	···			
New Well	Change is	n Transporter of:		(,				
Recompletion	Oil _	Dry Gas							
Change in Operator If change of operator give name	Casinghead Gas	Condensate			· · · · · · · · · · · · · · · · · · ·				
and address of previous operator		·							
II. DESCRIPTION OF WELL Lease Name		Th							
S. Blanco Federal Uni	Well No. Pool Name, Including Formation t 23 2 Lybrook Gallup					Kind of Lease No. State Federal or Fee NM 20304			
Location	1 1 2 3 3 1								
Unit Letter N : 973' Feet From The South Line and 2004 Feet From The West Line									
Section 23 Township 24N Range 8W , NMPM, San Juan County									
III DECICNATION OF TRAN	Chonena on o					······································			
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	RAL GAS Address (Give address to which approved copy of this form is to be sent)								
Giant Refining Company	P.O. Box 9156, Phoenix, AZ 85068								
Name of Authorized Transporter of Casing	Address (Give address to which approved copy of this form is to be sent)								
Bannon Energy Incorpor		3934 FM	1960 We		240, Houston, TX 77068				
If well produces oil or liquids, give location of tanks.	Unit Sec.	Is gas actually connected? When							
If this production is commingled with that f	4	PAN 8W	Yes	····	112/2	27/90			
IV. COMPLETION DATA		, , ,							
Designate Type of Completion -	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back Sai	me Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to	Prod.	X Total Depth		L	P.B.T.D.		1	
10/29/90	10/27/90	5808			5703				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing F	Top Oil/Gas Pay			Tubing Depth				
6806 GR Lybrook Gallup						5601			
 5508-13, 5554,68,70 94 5605						Depth Casing Shoe			
5508-13, 5554,68,70,94,5605 5793 TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE	CASING & TO	DEPTH SET			SACKS CEMENT				
12 1/4	8 5/8	313			250				
7 7/8	4 1/2	5793			850				
N/A	2 3/8	5601			N/A				
V. TEST DATA AND REQUES			1			L	· · · · · · · · · · · · · · · · · · ·		
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Test	of load oil and must					ull 24 hour	s.)	
12/27/90	12/27/90	Producing Method (Flow, pump, gas lift, et			ic.)				
Length of Test	Tubing Pressure	Pumping Casing Pressure			Choke Size				
24 hours	110	230			N/A				
Actual Prod. During Test Oil - Bbls.		Water - Bbls.			Gas- MCF				
CACTURE	2.4	• • • • • • • • • • • • • • • • • • • •	5 65 h 166	A C I	WE F	45			
GAS WELL Actual Prod. Test - MCF/D	Length of Test			5 6 1	WE		· · · · · · · · · · · · · · · · · · ·		
	Exagai or Test				Gravity of Condensate				
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in)			Casing Pressure (Shur-in) Choke Size						
				CON	DIV				
VI. OPERATOR CERTIFICATE OF COMPLIANCE				CH CON. DIV					
I hereby certify that the rules and regulations of the Oil Conservation				OIL CONSERVATION DIVISION					
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				IAN GO PO MONTE					
				Approve	g	JAN 25	الالا		
mx Mehaband				A					
Signature Russell A.Chabaud, VP-Operations				By Original Signed by FRANK T. (HAVE?					

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

713-537-9000

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

SUPERVISOR DISTRICT #

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Title

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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.