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

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

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Bannon Energy Incorporated	Well API No. 30-045-28163
Address 3934 FM 1960 West, Suite 240, Houston, TX 77068	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name  
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name S. Blanco Federal Unit 23	Well No. 3	Pool Name, Including Formation Lybrook Gallup	Kind of Lease State, Federal or Fee	Lease No. NM20304
Location Unit Letter <u>0</u> : <u>627'</u> Feet From The <u>south</u> Line and <u>1765'</u> Feet From The <u>east</u> Line Section <u>23</u> Township <u>24N</u> Range <u>8W</u> , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 9156, Phoenix, AZ 85068					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 3934 F.M. 1960 West, Suite 240, Houston, TX 77068					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 23	Twp. 24N	Rge. 8W	Is gas actually connected? yes	When? 12/27/90

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well x	Gas Well	New Well x	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 10/18/90	Date Compl. Ready to Prod. 12/27/90		Total Depth 5721		P.B.T.D. 5682			
Elevations (DF, RKB, RT, GR, etc.) 6837GR	Name of Producing Formation Lybrook Gallup		Top Oil/Gas Pay 5424		Tubing Depth 5653			
Perforations 5540-46, 5424, 5586, 5601, 05, 27, 30					Depth Casing Shoe 5738			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	8 5/8		315		250			
6 1/2'	4 1/2		5718		580			
N/A	2 3/8		5653		N/A			

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 12/27/90	Date of Test 12/27/90	Producing Method (Flow, pump, gas lift, etc.) pumping	
Length of Test 24	Tubing Pressure 100	Casing Pressure 220	Choke Size N/A
Actual Prod. During Test	Oil - Bbls. 30	Water - Bbls. 2	Gas - MCF 60

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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 Russell A. Chabaud  
Printed Name Russell A. Chabaud, Vice President-Operations  
Title  
1990 (713) 537-9000  
Date Dec. 28, 1990 Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 25 1991

By Original Signed by FRANK T. CHAVEZ

Title SUPERVISOR DISTRICT # 3

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 with Rule 111.
- 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.