

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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FILE	
U.S.S.A.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PERMITS OFFICE	

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 08-01-83  
Page 1

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FEB 28 1986

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS OIL CON. DIV.  
DIST. 3

I. Operator  
Mallon Oil Company

Address  
1616 Glenarm Place, Suite 2850 Denver, CO 80202

Reason(s) for filing (Check proper box)  
 New Well  
 Recompletion  
 Change in Ownership  
 Change in Transporter of:  
 Oil  
 Casinghead Gas  
 Dry Gas  
 Condensate  
 Other (Please explain)  
 This a pool change from Basin-Dakota to Gavilan-Greenhorn-Graneros-Dakota. extension

If change of ownership give name and address of previous owner  
*Pool Change only*

II. DESCRIPTION OF WELL AND LEASE

Lease Name: Ribeyowids-Federal 2  
 Well No.: 16  
 Pool Name, including Formation: Gavilan-Greenhorn-Graneros-Dakota  
 Kind of Lease: State, Federal or Fee Federal  
 Lease No.: NM-4064  
 Location:  
 Unit Letter: P : 860 Feet From The South Line and 990 Feet From The East  
 Line of Section: 2 Township: 25N Range: 2W, NMPM, Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil  or Condensate   
 Name of Authorized Transporter of Casinghead Gas  or Dry Gas   
 Address (Give address to which approved copy of this form is to be sent)  
 P.O. Box 1799, Santa Fe, NM 87499  
 1616 Glenarm Place, Suite 2850 Denver, CO 80202  
 If well produces oil or liquids, give location of tanks.  
 Unit: P Sec.: 2 Twp.: 25N Rge.: 2W  
 Is gas actually connected? Yes When:

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

*[Signature]*  
 Production Assistant  
 2/25/86  
 (Date)

OIL CONSERVATION DIVISION

APPROVED *[Signature]* FEB 28 1986  
 BY *[Signature]*  
 SUPERVISOR DISTRICT #3

This form is to be filed in compliance with RULE 1104.  
 If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviator tests taken on the well in accordance with RULE 111.  
 All sections of this form must be filled out completely for all wells on new and recompleted wells.  
 Fill out only Sections I, II, III, and VI for changes of ownership name or number, or transporter, or other such change of conditions.  
 Separate Forms C-104 must be filed for each pool in multi-completed wells.

**IV. COMPLETION DATA**

<b>Designate Type of Completion - (X)</b>		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, CR, 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** *(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)*  
**OIL WELL**

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

**GAS WELL**

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