

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

I. Operator

Operator <u>Mallon Oil Company</u>	Well API No. <u>30-025-30043</u>
Address <u>999 18th Street, Suite 1700, Denver, Colorado, 80202</u>	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator <u>Penzoil Exploration & Production Company, P.O. Box 2967, Houston, TX 77252-2967</u>	

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>State '16'</u>	Well No. <u>4</u>	Pool Name, Including Formation <u>Lovington Penn Northeast</u>	Kind of Lease <u>State</u> Federal or Fee	Lease No. <u>K-6806</u>
Location Unit Letter <u>F</u> : <u>1,650</u> Feet From The <u>North</u> Line and <u>2,100</u> Feet From The <u>West</u> Line				
Section <u>16</u>	Township <u>16S</u>	Range <u>37E</u>	, NMPM, <u>Lea</u> 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"/> <u>Texas New Mexico Pipe Line Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>205 E. Bender, Hobbs, NM 88240-2528</u>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Warren Petroleum Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1589, Tulsa, OK 74102</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>F</u>	Sec. <u>16</u>	Twp. <u>16S</u>	Rge. <u>37E</u>
Is gas actually connected?	When?		<u>Yes</u> <u>12/11/87</u>	

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded <u>9/19/87</u>	Date Compl. Ready to Prod. <u>11/17/87</u>	Total Depth <u>12,084'</u>	P.B.T.D. <u>12,034'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>3,809.9GR</u>	Name of Producing Formation <u>STRAWN</u>	Top Oil/Gas Pay	Tubing Depth					
Perforations <u>11,481' to 11,504' and 11,512' to 11,558'</u>		Depth Casing Shoe						
Total of <u>141</u> Holes - Size <u>0.41"</u>								
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>17-1/2"</u>	<u>13-3/8"</u>		<u>426'</u>		<u>450</u>			
<u>11</u>	<u>8-5/8"</u>		<u>4,400'</u>		<u>1,650</u>			
<u>7-7/8"</u>	<u>5-1/2"</u>		<u>12,084'</u>		<u>840</u>			

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	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 (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 Joe H. Cox, Jr.

Printed Name Joe H. Cox, Jr. - Vice President - Operations

Title Operations

Date (303) 293-2333

OIL CONSERVATION DIVISION

Date Approved NOV 08 1993

By ORIGINAL SIGNED BY JERRY SEXTON

Title DISTRICT I SUPERVISOR

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

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.

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