

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-104
Revised 10-01-78
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Page 1

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

FEB 14 1986
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)

<input type="checkbox"/> New Well	Change in Transporter of: and	Other (Please explain)
<input type="checkbox"/> Recompletion	<input checked="" type="checkbox"/> Oil	Pool name changed from
<input type="checkbox"/> Change in Ownership	<input checked="" type="checkbox"/> Casinghead Gas	Undesignated Mancos to Gavilan Pool
	<input type="checkbox"/> Dry Gas	by virtue of order R8063
	<input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Ribeyowids-Federal 2</u>	Well No. <u>16</u>	Pool Name, including Formation <u>Gavilan Mancos</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>NM-40645</u>
Location				
Unit Letter <u>P</u>	<u>860</u>	Feet From The <u>South</u> Line and	<u>990</u>	Feet From The <u>East</u>
Line of Section <u>2</u>	Township <u>25N</u>	Range <u>2W</u>	<u>NMPM, Rio Arriba</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>Mancos Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1320, Farmington, NM 87499</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Gavilan Joint Venture</u>	Address (Give address to which approved copy of this form is to be sent) <u>1616 Glenarm Pl., Suite 2850 Denver, CO 80202</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. <u>P. 2 25N 2W</u>
Is gas actually connected?	When <u>Yes</u>

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.

Robert L. Searcy
(Signature)
Production Assistant
(Title)
2/11/86
(Date)

OIL CONSERVATION DIVISION

APPROVED *Frank J. [Signature]* FEB 14 1986
BY _____
SUPERVISOR DISTRICT # 3
TITLE _____

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 deviation tests taken on the well in accordance with RULE 111.

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

Fill out only Sections I, II, III, and VI for changes of owner well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple completed wells.

IV. COMPLETION DATA

Designate Type of Completion -- (X)		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.S.T.D.				
Elevations (DF, RKB, RT, GR, 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)

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 (pilot, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size