

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
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OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Mallon Oil Company	
Address 2750 Security Life Building, Denver, CO 80202	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate

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OIL CON. DIV.  
DIST. 3

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Howard 1	Well No. 8	Pool Name, including Formation <del>Santa Fe</del> Undes. Gallup	Kind of Lease State, Federal or Fee FEE	Lease No.
Location Unit Letter <u>H</u> : <u>1650</u> Feet From The <u>North</u> Line and <u>870</u> Feet From The <u>East</u> Line of Section <u>1</u> Township <u>25 North</u> Range <u>2 West</u> , NMPM, <u>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"/> Giant Refining Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 256, Farmington, NM 87499					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 1	Twp. 25N	Rge. 2W	Is gas actually connected?	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.

Kevin H. McGold

(Signature)

Agent

(Title)

7-22-85

(Date)

OIL CONSERVATION DIVISION

7-23-85  
APPROVED

JUL 23 1985

Original Signed by FRANK T. CHAVEZ

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 multiply completed wells.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)

Oil Well	X	New Well	X	Workover	Deepen	Plug Back	Same Res'v.	Ditt. Res'v.
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Date Spudded	6-2-85	Date Compl. Ready to Prod.	7-16-85	Total Depth	8300'	P.B.T.D.	8240'
Elevations (D.F., R.K.H., R.T., C.R., etc.)	7511' G.L.	Name of Producing Formation	Gallup	Top Oil/Gas Pay	6909'	Tubing Depth	7748'
Perforations	7511' G.L.	Depth Casing Shoe	8299'				

#### TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13-3/8"	270'	280 sx Class B w/2% CaCl <sub>2</sub>
7-7/8"	5 1/2"	8299'	1st. 425 sx 50-50 pozmix w/2% gel
	2-7/8"	7748	2nd. 100 sx Class B w/2% econolite
	7/8" & 3/4"	7708	tailed by 225 sx 50-50 w/2% gel

#### 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	7-16-85	Date of Test	7-16-85	Producing Method (Flow, pump, gas lift, etc.)	Swabbing
Length of Test	24 hours	Tubing Pressure	100	Casing Pressure	700
Actual Prod. During Test	564 bbls./day	Oil - Bbls.	226	Water - Bbls.	338
		Gas - MCF	--		

#### GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (Plot, each pr.)	Tubing Pressure (Start-End)	Casing Pressure (Start-End)	Choke Size

IV. (Cont.)

Perfs:

Cement: 3rd: 250 sx Class B w/2% econolite tailed by 125 sx 50-50 pozmix w/2% gel. Good circulation throughout.

6909'	6983'	7078'	7145'	7199'	7304'	7370'	7447'	7645'
6915'	6993'	7095'	7152'	7214'	7311'	7380'	7469'	7656'
6925'	7005'	7112'	7156'	7232'	7329'	7388'	7509'	7695'
6935'	7017'	7115'	7169'	7248'	7341'	7403'	7522'	7705'
6954'	7030'	7119'	7176'	7280'	7346'	7419'	7530'	7713'
6962'	7047'	7123'	7183'	7283'	7351'	7423'	7596'	7722'
6971'	7066'	7133'	7188'	7298'	7362'	7432'	7620'	