Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 000 Rio Brazos Rd., Aztec, NM 87410	DECLIECT	COD ALLOWADI	E AND AUTUODIZA	TION			
•			LE AND AUTHORIZA AND NATURAL GAS	HON			
• Operator	AND NATORAL GAS	Well API No.					
Mallon Oil Company					300392368900\$1		
Address				1 3003	323003000		
999 18th Street, Suit	e 1700, Denv	er, CO 80202					
Reason(s) for Filing (Check proper box)	,		Other (Please explain)				
New Well	Change	in Transporter of:	Normal and				
Recompletion [`	Dry Gas					
Change in Operator	Casinghead Gas	Condensate					
f change of operator give name and address of previous operator							
II. DESCRIPTION OF WELL	AND LEASE						
Lease Name	Well N	o. Pool Name, Includir	ng Formation	Kind of		Lease	No.
Howard Federal I	8 Gavilan Man		COS		Pederal or Fee NM- 40644		
Location Unit LetterH	:1650	Feet From The No	orth Line and 870	Fce	t From The <u>Ea</u>	st	Line
Section 1 Townsh	hip 25N	Range 2W	, NMPM, Rio	Arriba			County
III. DESIGNATION OF TRA	NSPORTER OF	OIL AND NATU	RAL GAS				
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)						
Giant Refining Compar	ıy	L1	P.O. Box 256, Farmington, NM 87499			7499	
lame of Authorized Transporter of Casinghead Gas [X] or Dry Gas [Address (Give address to which approved copy of this form is to be sent)				
Mallon Oil Compan		-	999 18th St., St				80202
If well produces oil or liquids,	Unit Sec.	Twp. Rge.	Is gas actually connected?	When			
give location of tanks.	н 1	25N 2W	YES	1/8	36		
If this production is commingled with the	at from any other lease	or pool, give commingl	ing order number:	•			
IV. COMPLETION DATA	•						
	Oil V	Vell Gas Well	New Well Workover	Deepen	Plug Back Sar	ne Res'v	Diff Res'v
Designate Type of Completio	n - (X)	i	i i i	Ò	l	1	
Date Spudded	Date Compl. Read	y to Prod.	Total Depth		P.B.T.D.		
1							
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth		
Perforations					Depth Casing S	1100	
	TUBIN	IG, CASING AND	CEMENTING RECORL)			
HOLE SIZE	CASING 8	R TUBING SIZE	DEPTH SET		SAC	CKS CEMEN	<u>11</u>
V. TEST DATA AND REQU							1
		wne of load oil and mus	t be equal to or exceed top allow	wable for the	s depth or be for	The same	13
Date First New Oil Run To Tank	Date of Test		Producing Method (Flow, pur	np, gas igs			
\					Choke Size		LU
Length of Test	Tubing Pressure		Casing Pressure	J	JUN ?	1993	
			Water Dut				
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.		OIL CON. DIV.		
				1,4	DIST.		· · · · · · · · · · · · · · · · · · ·
GAS WELL							
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF		Gravity of Cor	idensale	
lesting Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size		
VI OPERATOR CERTIE	ICATE OF CO	MPLIANCE					
VI. OPERATOR CERTIFICATE OF COMPLIANCE 1 hereby certify that the rules and regulations of the Oil Conservation			OIL CONSERVATION DIVISION				
Division have been complied with	1						
is true and complete to the best of			Data Animore		UN 7 199	13	
1			Date Approve		A		
Theresa (-Mc)	-	1 3 m					
Valuesa (f-McChidrews			By Sur, Grang				
Theresa A. McAndre		By SUPERVISOR DISTRICT #3					
Printed Name		Title	Title				,
5/18/93	(303) 29						
Date		Telephone No.	11				

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.