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Appropriate District Office
DISTRICT I
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

## **OIL CONSERVATION DIVISION**

P.O. Box 2088

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

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

Santa Fe, New Mexico 87504-2088

1000 kio brazok ka., Aziec, NM 8/419 I.	REQU	_	_		_	BLE AND A		_		1				
Operator Operator									į	I API No.	7500g 1			
Mallon Oil Company Address	<u></u>		<del></del>			<del></del>	···	<del> </del>		300392397	50051			
1099 18th Street,		750	Denv	ver	<b>,</b> co	80202				93-2333				
Reason(s) for Filing (Check proper box New Well	)	Change in	n Trans	porte	¤ of:	Ouh	er (Please	expla	in)					
Recompletion	Oil		Dry	Gas										
Change in Operator	Casinghe	ad Gas	Cond	lenn	te _									
f change of operator give name and address of previous operator														
II. DESCRIPTION OF WEL	L AND LE			<del></del>									<del></del>	
Lease Name	Well No.   Pool Name, Includi					ing Formation Kind o				d of Lease e(Federal or Fe	ee . NIM	<b>Lease No</b> 43753	i	
Post-Federal 13	<del></del>	1 0	-1	3d V	TTail-	riancos			15	e Federal or, F	ed NH	43733		
Unit LetterF	:1	850	_ Feet	Fron	n The _N	orth Lin	e and	1670	00	Feet From The	West	<del> </del>	_Line	
Section 13 Town:	ship 25N	I	Rang	e.	2W	. N	мрм,	R	io Arr	iba		Cou	mtv	
000008 10 1000	<u> </u>		1140	<u></u>			******						<u></u>	
III. DESIGNATION OF TRA Name of Authorized Transporter of Oil		or Conde		ND	NATU		a addrass	to wh	ich appro	ad som of this	form in to be		<del></del> -	
Giant Refining Com	Address (Give address to which approved copy of this form is to be sent)  23733 North Scottsdale Road Scottsdale, AZ 8													
Name of Authorized Transporter of Casinghead Gas						Address (Give address to which approved copy of this form is to be sent)								
Phelps Dodge Refin			In	<sub>1</sub>		<del></del>				hoenix,	AZ 850	04		
If well produces oil or liquids, give location of tanks.	Unit F	Sec.   13	Twp.		kge. 2W	is gas actuall Yes		eg/	I Wh	e <b>n ?</b> 1/86				
f this production is commingled with the IV. COMPLETION DATA	_+	her lease or	1 - 2 -			<del></del>				1700				
Designate Type of Completic		Oil Well	i_		s Well	New Well	Worko	ver	Deepen	Plug Back	Same Res'v	Din P	les'v	
Date Spudded	Date Com	pl. Ready to	o Prod.	•		Total Depth				P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation  Perforations						Top Oil/Gas Pay				Tubing De	Tubing Depth  Depth Casing Shoe			
										Depth Casi				
HOLF OIZE	<del></del>					CEMENTI			<u> </u>		SACKS CIE	AENT		
HOLE SIZE	- CA	CASING & TUBING SIZE				DEPTH SET					SACKS CEMENT			
						ļ. <u>.</u>								
V. TEST DATA AND REQU	EST FOR A	ALLOW	ABL	E		1								
OIL WELL (Test must be afte					and must						for full 24 ho	nurs.)		
Date First New Oil Run To Tank	Producing Method (Flow, pump, gas lift, etc.)													
Length of Test	Casing Press	ire	- <del>حر</del> د دور	N 11	Choke Size	Choke Size								
						11,1		'' ,1 <del>11</del>	N U					
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.					Water - Bbla NOV 98 1939				Qab- MCF			
CACIUELI		<del></del>				<u> </u>								
GAS WELL Actual Prod. Test - MCF/D	Length of	Test				Bbls. Conder	sate/MM	CF, r	V. 11	Gravity of	Condensate			
							35.4 C						:	
Festing Method (pitot, back pr.)	Tubing Pro	Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)				Choke Size			
VI. OPERATOR CERTIFI	CATE OF	COMI	PLIA	NC	CE.									
I hereby certify that the rules and regulations of the Oil Conservation						OIL CONSERVATION DIVISION								
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						NOV 08 1989								
// // //	1					Date	Appr	ove	a	1 ? U Y		-	<del></del>	
Yamela U. alleson						D.,	1 Du 7 1 1							
Signature Pamela A. Allison Production Assist						SUPERVISOR DISTRICT #3								
Printed Name		11	Title		22	Title			St	Jrehviso 	H DISTR	ICT #	<u>ಶ</u>	
7/02 7, 1989 Date			50	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	25								_ <del></del>	

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.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.