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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

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 <b>Mallon Oil Company</b>	Well API No. <b>30-025-23503</b>
Address <b>999 18th Street, Suite 1700, Denver, Colorado, 80202</b>	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Operator <input type="checkbox"/> Change in Transporter of: <input checked="" type="checkbox"/> Oil <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Other (Please explain)	
If change of operator give name and address of previous operator <b>Penzoil Exploration &amp; Production Company, P.O. Box 2967, Houston, TX 77252-2967</b>	

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Mescalero Ridge Unit</b>	Well No. <b>3</b>	Pool Name, Including Formation <b>Lea Delaware N E</b>	Kind of Lease State, Federal or Fee	Lease No. <b>NM052</b>
Location Unit Letter <b>P</b> : <b>554</b> Feet From The <b>East</b> Line and <b>554</b> Feet From The <b>South</b> Line Section <b>35</b> Township <b>19S</b> Range <b>34E</b> , NMPM, <b>Lea</b> County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <b>Maclaskey Oil Field Services, Inc.</b>	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 580, Hobbs, NM 88241</b>
Name of Authorized Transporter of Casinghead Gas <b>GPM Gas Corp.</b>	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 5050, Bartlesville, OK 74005</b>
If well produces oil or liquids, give location of tanks. Unit <b>P</b> Sec. <b>35</b> Twp. <b>19S</b> Rge. <b>34E</b>	Is gas actually connected? <b>Yes</b>	When? <b>8/16/86</b>

**IV. COMPLETION DATA**

Designate Type of Completion - (X) <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v <input type="checkbox"/> Diff Res'v	Date Spudded <b>4/29/70</b>	Date Compl. Ready to Prod. <b>8/1/86</b>	Total Depth <b>10,250'</b>	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.) <b>3770.5 GR</b>	Name of Producing Formation <b>Delaware</b>	Top Oil/Gas Pay <b>5,780'</b>	Tubing Depth <b>4,945'</b>	Depth Casing Shoe <b>10,250'</b>
Perforations <b>5,780-5,805'</b>	<b>w/26 holes</b>			
<b>TUBING, CASING AND CEMENTING RECORD</b>				
HOLE SIZE <b>17-1/2"</b>	CASING & TUBING SIZE <b>13-3/8"</b>	DEPTH SET <b>346'</b>	SACKS CEMENT <b>340'</b>	
<b>11</b>	<b>8-5/8"</b>	<b>4,050'</b>	<b>525'</b>	
<b>7-7/8"</b>	<b>4-1/2"</b>	<b>10,250'</b>	<b>1,120'</b>	
<b>4-1/2"</b>	<b>2-3/8"</b>	<b>4,945'</b>		

**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*

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

Date: \_\_\_\_\_ Telephone No: **(303) 298-2333**

**OIL CONSERVATION DIVISION**  
**NOV 08 1986**

Date Approved \_\_\_\_\_

By **ORIGINAL SIGNED BY JERRY SEXTON**  
**DISTRICT I SUPERVISOR**

Title \_\_\_\_\_

**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.