

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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Mallon Oil Company
Address 999 18th Street, Suite 1700, Denver, Colorado, 80202
Well API No. 30-025-30413
Reason(s) for Filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☒ Dry Gas ☐
Change in Operator ☒ Casinghead Gas ☒ Condensate ☐
If change of operator give name and address of previous operator Penzoil Exploration & Production Company, P.O. Box 2967, Houston, TX 77252-2967

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lea Chapparal Federal
Well No. 1
Pool Name, Including Formation Quail Ridge, Bone Spring South
Kind of Lease State, Federal or Fee
Lease No. NM60789
Location
Unit Letter K : 1980 Feet From The South Line and 1980 Feet From The West Line
Section 33 Township 19S Range 34E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
Maclaskey Oil Field Services, Inc.
Address (Give address to which approved copy of this form is to be sent) P.O. Box 580, Hobbs, NM 88241
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Warren Petroleum Co.
Address (Give address to which approved copy of this form is to be sent) P.O. Box 1589, Tulsa, OK 74102
If well produces oil or liquids, give location of tanks. Unit K Sec. 33 Twp. 19S Rge. 34E
Is gas actually connected? When? 1-2-90
If this production is commingled with that from any other lease or pool, give commingling order number:

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 7/19/88 Date Compl. Ready to Prod. 10/01/88
Elevations (DF, RKB, RT, GR, etc.) 3662.6 GR Name of Producing Formation Bone Spring
Perforations 10,153' to 10,162' - 10 holes - 1 JSFP
TUBING, CASING AND CEMENTING RECORD
HOLE SIZE 17-1/2" 12-1/8" 7-7/8"
CASING & TUBING SIZE 13-3/8" 9-5/8" 5-1/2" 2-7/8"
DEPTH SET 513' 5,300' 13,680' 9600'
SACKS CEMENT 670 2750 1400

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
Testing Method (pilot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size
Bbls. Condensate/MMCF Gravity of Condensate

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, Jr.
Printed Name Joe H. Cox, Jr. - Vice President
Date (303) 293-2333
Title Operations

OIL CONSERVATION DIVISION

Date Approved NOV 10 1993
By ORIGINAL SIGNED BY JERRY SEXTON
Title DISTRICT I SUPERVISOR

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.