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Appropriate District Office
DISTRICT
P.O. Box 1980, Hobbs, NM 88240 DISTRICT

State of New Mexico Energy, Minerals and Natural Resources Department

RECEIVEL

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

## OIL CONSERVATION DIVISION NOV - 2 1953

P.O. Diawer DD, Anexia, NM 88210	P.O. B	Sox 2088	CO7 & 1999	
DISTRICT III 1000 Rio Biazum Rd., Aziec, NM 87410	Santa Fe, New M	lexico 87504-2088	Q. C. D	
I.	REQUEST FOR ALLOWA	BLE AND AUTHORIZAT	JON	
Operator	TO TRANSPORT OIL	L AND NATURAL GAS		
Mallon Oil Com	pany		Well API No. 30-015-20225	
999 18th Stree	t, Suite 1700, Denve	C. 1		
Reason(s) for Filing (Check proper box) New Well		Other (Please explain)	202	
Recompletion [7]	Change in Transporter of:	, , , , , ,		'
Change in Operator X	Oil X Dry Gas Casinghead Gas X Condensate			
If change of operator give name and address of previous operator	zoil Exploration & F	Production Compa	D 0 11	
II. DESCRIPTION OF WELL	AND LEASE	Но	ouston, TX 77252-29	6.7
Big Eddy Unit	Well No. Pool Name, Includ	ing Formation	Kind at Lease No.	<del></del>
Location Location	Big Eddy	- Bone Spring	State, Federal or Fee NMO4082	
Unit Letter D	: 660 Feet From The	Month Harry CCO		
Section 21 Township		North Line and 660	Feet From TheWest	Line
TOWNAR	ZOG Kange JIE	, NMPM, Edo	ly Cou	inty
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTER OF OIL AND NATU	RAL GAS		
Maclaskey Oil Field Ser	r== 1 Of Condensate	Address (Give address to which a	pproved copy of this form is to be sent)	
Name of Authorized Transporter of Casing	ghead Gas X or Dry Gas	P.O. box 580, Hobb	s. NM 88241	
GPM Gas Corporation		P.O. Box 5050. Bar	pproved copy of this form is to be sent) Elesville, OK 74005	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected?	When ?	
If this production is commingled with that	from any other lease or pool, give comming	Yes	10/19/81	
IV. COMPLETION DATA		ling order number:		
Designate Type of Completion	Oil Well Gas Well	New Well   Workover   D	eepen Plug Back Same Res'v Diff R	
Date Spanded	Date Compl. Ready to Prod.	Total Depth	- July Mark Dank Res A Dill K	(es v
5/15/69	8/17/69		P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	8,678 Tubing Depth	
Ferforation 523 KB = 3,507 GR	Bone Spring	8,563'	8.538'	
8,565', 8,568', 8,586'	8,589' 8,593', 8,597', 8,	6001 8 6021	Depth Casing Shoe	
	TUBING, CASING AND	CEMENTING RECORD	8,740'	
HOLE SIZE20''	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
15"	11-3/4"	740!	800 of FV	0-3
10=5/8''	8-5/8"	2,1501	2,300 11-19	-93
V. TEST DATA NO REQUES	4-1/2"	3,992'		y
OIL WELL (Test must be after re	ecovery of total volume of load git and must			<b>∤</b> J
Date First New Oil Run To Tank	Date of Test	Proxincing Method (Flow, pump, 8	for this depth or be for full 24 hours.)	
Length of Test	711			
	Tubing Presente	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF	
			3	
GAS WELL Actual Frod. Test - MOVID	11			
Test - Riget/U	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
lesting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	25-T- BI-	
VI ONED		B (turn; (ii)	Choke Size	par 12
VI. OPERATOR CERTIFICA	ATE OF COMPLIANCE	011 0011		
Division have been complied with and that the information gives at		OIL CONSERVATION DIVISION		
is true and complete to the best of my k	nowledge and belief.	D-1	NUV 1 2 1993	
Ine gl Cy		Date Approved _	47 4 7000	
Signature		ByORIG	NALISIGNED BY	
Printed Name			WILLIANS	
Joe H. Cox, Jr	· Vice President:		RVISOR, DISTRICT II	
Date	Vice President - Operations (303) 2 dello 2333	Not to	· · · · · · · · · · · · · · · · · · ·	
		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
- 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.