

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

RECEIVED

DEC 16 1993

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator <b>Mallon Oil Company</b>		Well API No. <b>30-015-20182</b>
Address <b>999 18th Street, Suite 1700, Denver, Colorado, 80202</b>		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Transporter of: Oil <input checked="" type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Change in Operator <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
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>Allied '21' Federal Comm.</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>White City, Penn Gas</b>	Kind of Lease State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> or Fee	Lease No. <b>CA SW 545</b>
Location Unit Letter <b>J</b> : <b>1,980</b> Feet From The <b>South</b> Line and <b>1,980</b> Feet From The <b>East</b> Line Section <b>21</b> Township <b>24S</b> Range <b>26E</b> , NMPM, <b>Eddy</b> County				

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

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Macliskey Oil Field Services, Inc.</b>	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 <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>Transwestern Pipeline</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. box 1188, Houston, TX 77251</b>	
If well produces oil or liquids, give location of tanks. Unit <b>J</b> Sec. <b>24S</b> Twp. <b>26E</b> Rge. <b>1</b>	Is gas actually connected? <input checked="" type="checkbox"/> When? <b>9/25/69</b>	

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) <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" 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>11/11/68</b>	Date Compl. Ready to Prod. <b>2/22/69</b>	Total Depth <b>11,528'</b>	P.B.T.D. <b>11,479'</b>
Elevations (D.F., RKB, RT, GR, etc.) <b>3360 RKB</b>	Name of Producing Formation <b>MORROW</b>	Top Oil/Gas Pay <b>11,085'</b>	Tubing Depth <b>11,040'</b>	Depth Casing Shoe <b>11,528'</b>
Perforations <b>11,085 - 11,447' (32 holes)</b>				
TUBING, CASING AND CEMENTING RECORD				
HOLE SIZE <b>17-1/2"</b>	CASING & TUBING SIZE <b>13-3/8"</b>	DEPTH SET <b>375</b>	SACKS CEMENT <b>350</b>	
<b>12-1/4"</b>	<b>9-5/8"</b>	<b>5,240</b>	<b>810</b>	
<b>8-3/4"</b>	<b>4-1/2"</b>	<b>11,528</b>	<b>650</b>	
		<b>11,040</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

Printed Name

**Joe H. Cox, Jr. - Vice President**  
Date **12-8-93** (303) 293-2333

### OIL CONSERVATION DIVISION

DEC 22 1993

Date Approved

By

Title

**SUPERVISOR, DISTRICT II**

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 changes of operator, well name or number, transporter, or other such changes