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DISTRICT II
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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

RECEIVED

NOV - 3 1993

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Mallon Oil Company	Well API No. 30-015-20286
Address 999 18th Street, Suite 1700, Denver, Colorado, 80202	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	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 Penzoil Exploration & Production Company, P.O. Box 2967, Houston, TX 77252-2967	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Gulf Federal Comm.	Well No. 1	Pool Name, Including Formation South Carlsbad Morrow	Kind of Lease State, Federal or Fee	Lease No. NM040547
Location Unit Letter K : 1980 Feet From The South Line and 1980 Feet From The West Line Section 1 Township 23S Range 26E, NMPM, Eddy 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"/> MacLaskey Oil Fields 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 <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Transwestern Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1188, Houston, TX 77251-1188	
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 1
	Twp. 23S	Rge. 26E
	Is gas actually connected? Yes	When? 7/6/70

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
		X						
Date Spudded 3/7/70	Date Compl. Ready to Prod. 6/24/70		Total Depth 12,075'		P.B.T.D. 12,030'			
Elevations (D.F., RKB, RT, GR, etc.) 3,235' GR	Name of Producing Formation Morrow		Top Oil/Gas Pay 11,647'		Tubing Depth 11,550'			
Perforations 1 hole ea. @ 11,647, 11,652, 11,654, 11,656, 11,658, 11,660, 11,662, 11,664, 11,669, 11,670, 11,671, 11,672, 11,673, 11,675, 11,677, 11,679, 11,681, 11,683		TUBING, CASING AND CEMENTING RECORD		Depth Casing Shoe 12,075'				
HOLE SIZE 20"	CASING & TUBING SIZE 16"		DEPTH SET 382'		SACKS CEMENT 450			
12-1/4"	9-5/8"		7,100'		1,650			
8-1/2"	5-1/2" liner		6,704 - 12,075'		1,350			
	2-3/8"		11,550'					

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 posted ID-3 1-14-94
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF 8,169 CF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Gas
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, Jr. - Vice President
Printed Name
Joe H. Cox, Jr. - Vice President
Date
(303) 293-2333

OIL CONSERVATION DIVISION

Date Approved NOV 26 1993

By
SUPERVISOR, DISTRICT II
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.