

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

Form C-104  
Revised 10-01-78  
Format 08-01-83  
Page 1

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OIL CONSERVATION DIVISION

P. O. BOX 2088

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DEC 17 1986

REQUEST FOR ALLOWABLE  
AND

O. & G. D. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
ARTESIA OFFICE

I. Operator  
Mallon Oil Company  
Address  
1616 Glenarm Place, Suite 2850, Denver, CO 80202

Reason(s) for filing (Check proper box)		Other (Please explain)	
<input checked="" type="checkbox"/> New Well	Change in Transporter of:		
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate	

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Amoco-Federal	Well No. 11	Pool Name, including Formation Brushy Draw-Cherry Canyon	Kind of Lease State, Federal or Fee Federal	Lease No. NM38636
Location Unit Letter <u>D</u> : <u>330</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>West</u> Line of Section <u>27</u> Township <u>26 S</u> Range <u>29 E</u> , NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

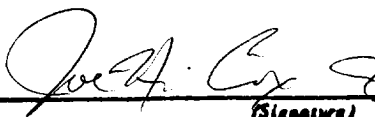
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, TX 77251-1183	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Conoco	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1267, Ponca City, OK 74603	
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 27
	Twp. 26S	Rge. 29E
Is gas actually connected?		When
Yes		12-12-86

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

  
(Signature)

Engineer

(Title)

12-15-86

(Date)

OIL CONSERVATION DIVISION

APPROVED DEC 22 1986, 19

BY Original Signed By  
Mike Williams

TITLE Oil & Gas Inspector

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple completed wells.

#### 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 10-28-86	Date Compl. Ready to Prod.	Total Depth 6,200				P.B.T.D. 6,156'			
Elevations (DF, RKB, RT, GR, etc.) 2883.4GL 2888.4KB*	Name of Producing Formation Cherry Canyon	Top Oil/Gas Pay 4889'				Tubing Depth 4839'			
Perforations 4889-90, 4894', 4899-4901, 4915-16, 4924-25, 4932-33, 4936-39, 4943-44, 4952-54, 4963-64, 4969-70' ISPF						Depth Casing Shoe 6198'			
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"		8 5/8" - 24#/ft		455.78' KB		450 sx			
7 7/8"		5 1/2" - 15.5#/ft		6,199' KB		725 sx			
Tubing		2 7/8" - 6.5#/ft		4,884' KB					

#### V. TEST DATA AND REQUEST FOR ALLOWABLE (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 Tanks 12-01-86	Date of Test 12-06-86	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure Average 40 psi	Casing Pressure Average 40 psi	Choke Size Csq. 10/64"
Actual Prod. During Test	Oil - Bbls. 112	Water - Bbls. 173	Gas - MCF 67.2

#### 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